

Reproductive Health Training

For Primary Providers

A SourceBook
for
Curriculum Development

User's Guide

PRIME

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ACKNOWLEDGMENTS

Over the years that the PRIME team members worked on the development of the *SourceBook*, they identified many useful ideas, concepts, and techniques to share with the users of the *SourceBook* modules. This User's Guide represents the compilation of those efforts. It is designed to supplement and complement the *SourceBook* modules and provide users with suggestions for the many ways in which the important information in the *SourceBook* can be used. The PRIME team would like to extend their appreciation to the following people for their invaluable contributions to the *SourceBook* User's Guide:

the reproductive health training teams around the world, the service providers, and their clients who helped the contributors to the User's Guide gain the field experience that makes the *SourceBook* unique;

Lucy Harber, Instructional Design Specialist, INTRAH Office in Chapel Hill, NC, for writing sections or editing sections contributed by the other writers, and for compiling all of the sections in a meaningful way to create this User's Guide;

Catherine Murphy, Senior Instructional Designer, INTRAH Office in Chapel Hill, NC, for her overall project coordination, expert technical guidance, detailed reviews and suggestions for improvements in the User's Guide;

Jo Ella Holman, former Director of Instructional Design and Instructional Technology, INTRAH Office in Chapel Hill, NC, for her work in defining PRIME's approach to performance-based training; for authoring INTRAH's original document, *7 Planning Questions for Family Planning Trainers* (from which Chapter 3, section 3.1 is adapted); and for her assistance in the initial organization of the User's Guide;

Grace Mtawali, Regional Clinical Officer of the INTRAH Regional Office for East and Southern Africa in Nairobi, Kenya for her depth of experience in reproductive health training that continually inspired the development of the *SourceBook* and for creating the initial drafts of the Introduction to the *SourceBook*, the Glossary and Chapter 3, sections 3.2 and 3.3;

Marcia Angle, Clinical Officer, INTRAH Office in Chapel Hill, NC, for her many detailed reviews of the User's Guide;

Candy Newman, Director for Evaluation and Research, INTRAH Office in Chapel Hill, NC, for her consultative input on performance-based training and training evaluation examples included in the User's Guide;

Lynn Sibley, Frances Ganges and Phyllis Long, Senior Technical Advisors to PRIME, American College of Nurse-Midwives (ACNM), Special Projects Section; Judith Winkler, Director of Communication, Ipas; Nancy Kiplinger, Instructional Design Specialist, and Lynn Knauff, Deputy Director, INTRAH Office in Chapel Hill, NC, for their careful technical reviews and suggestions for improvements;

Judith Bruce, Program Director, Gender, Family and Development, the Population Council, for her review and suggestions for improvements on Chapter 1, sections 1.2 and 1.3;

Elaine Murphy, Senior Technical Advisor, PATH, for her review and suggestions on the Module Map, Chapter 2, section 2.2;

Liisa Ogburn, former Instructional Design Specialist, INTRAH Office in Chapel Hill, NC, for her reviews and instructional design assistance on the early drafts of the User's Guide;

James McCaffrey, Senior Vice-President, Training Resources Group, for his assistance in compiling the information on the Experiential Learning Cycle;

User's Guide

Julia Cleaver and Victor Braitberg of INTRAH, Phyllis Long of ACNM, and Ellen Clancy of PATH for annotating and identifying information about the availability of the key resources for the modules;

Ralph Wileman, INTRAH consultant, for designing the cover and title pages and helping with overall organization of *SourceBook* modules and the User's Guide;

Beth Rimmer, Ipas graphics designer, for rendering the cover and title page designs;

Lynn Garrett and Barbara Wollan for their careful wordprocessing and formatting;

Susan Eudy for reviewing and editing the final guide and overseeing the production, printing and distribution process;

Diane Catotti for reviewing and editing the final guide; and

for their unfailing encouragement and overall support, Pauline Muhuhu, Regional Director, and Jedida Wachira, Regional Director of Programs for the INTRAH Regional Office for East and Southern Africa; Pape Gaye, Regional Director for the INTRAH Regional Office for West, Central and North Africa; Wilda Campbell, Regional Director for the INTRAH Regional Office for Asia and the Near East; Lynn Knauff, INTRAH Deputy Director; and James Lea, INTRAH Director; and Wilma Gormley, PRIME Interim Executive Director.

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	information, education and communication
IUD	intrauterine device
LAM	lactational amenorrhea method
MAQ	maximizing access to and quality of care
MCH	maternal and child health
MH	maternal health
MVA	manual vacuum aspiration
RH	reproductive health
RTI	reproductive tract infection
SDP	service delivery point
STI	sexually transmitted infection
UTI	urinary tract infection

Chapter 1

Introduction to the SourceBook and Its Key Concepts

Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development is a modular training resource intended to help trainers integrate aspects of reproductive health (RH) into training curricula. The *SourceBook* is based on the principles of performance-based training—the knowledge, skills, and support a primary provider needs to meet performance standards on the job and improve the quality of care offered to clients. The *SourceBook* focuses on the knowledge and skills needed to do a job well. The authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. The *SourceBook* consists of eight modules and this User's Guide.¹

Modules:

- 1 Counseling clients for family planning/reproductive health services²
- 2 Educating clients and groups about family planning/reproductive health²
- 3 Providing family planning services
- 4 Providing basic maternal and newborn care services
- 5 Providing postabortion care services
- 6 Providing selected reproductive health services
- 7 Working in collaboration with other reproductive health and community workers²
- 8 Organizing and managing a family planning/reproductive health clinic for MAQ²

The *SourceBook* can be used as a reference by trainers, faculty of professional schools, and curriculum developers to develop or revise a pre-service or in-service training curriculum for primary providers of client-oriented, integrated RH services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs and tasks of *clinic-based* primary providers. However, it can also be adapted or used “as is” to develop curricula for primary providers who serve in *community-based or non-clinical settings*. Other users of the *SourceBook* may include policymakers, program managers and the trainees themselves. Chapter 2.3 in this User's Guide describes the uses and users in greater detail.

¹ Other jobs, or modules, may be identified and developed in the future.

² Modules 1 & 2 and modules 7 & 8 are bound together due to their related content and short length.

The *SourceBook* is based on three key concepts that provide the foundation for its content and structure. These concepts are:

- **use of performance-based training** helps organizations achieve the results they desire in an efficient manner
- **provision of “integrated” reproductive health services** helps individuals and couples achieve their reproductive health goals
- **provision of high quality care**, as measured by technical standards *and* clients' perception, also helps individuals and couples achieve their reproductive health goals.

These concepts are described in more detail in the following sections.

1.1 Performance-based Training

The components of each *SourceBook* module have been developed and the content selected based on principles of performance-based training. This philosophy of training focuses on the jobs, tasks, knowledge, skills and support that a provider needs to meet job performance standards. These standards are established by determining what is necessary for individuals to accomplish so that the organization as a whole can achieve the results it desires (i.e., providing quality reproductive health (RH) services).³

In performance-based training, curriculum developers and trainers determine training needs by carefully evaluating the service delivery site to determine the cause(s) of the performance problem(s) or anticipated problems or circumstances created by changing service demands. Then the causes of identified performance problems are evaluated. If the problem can be resolved by training, the curriculum developers and trainers plan training that is closely linked to the trainees' job responsibilities/requirements.⁴ The trainees' job responsibilities/ requirements are based on performance standards described in service guidelines, work plans, and job descriptions. Curricula and training are specifically targeted by selecting *only* those tasks, skills or knowledge areas in which trainees have deficits or where new job responsibilities (for which new skills are needed) are being added to the jobs trainees perform. During training, trainees learn how to apply their new knowledge and skills so that they can improve their job performance and contribute effectively to the organization's desired results.

The learning materials developed and training approaches used will vary depending on:

- trainees' characteristics
- trainees' existing knowledge/skills
- trainees' post-training job responsibilities and related performance standards
- trainees' current or future work site conditions
- organizations' resources available for training.

Selection of effective learning materials and the most appropriate training approach, whether a group training, a clinical practicum, a self-directed learning activity, a structured on-the-job training, a job aid, or any combination of approaches and related materials is determined by what will best prepare the trainee to perform well on the job. Objectives should be clearly stated at the outset and appropriate

³ Gilbert T: *Human Competence: Engineering Worthy Performance*. Amherst, MA, HRD Press, Inc., 1996.

⁴ Using the 7 Planning Questions, Chapter 3.1 in this User's Guide, provides a structured means for examining the parameters discussed in this section.

hands-on experiences should be arranged for trainees to learn by doing. Trainees should receive immediate and constructive feedback. They should also have opportunities to reflect on their new knowledge and skills, as well as on how these can be incorporated with their existing skills and then applied at their service delivery site.⁵ The *SourceBook* does not make specific suggestions about training approaches, methods or materials, but it does include numerous references to key resources. Trainers can use these resources to locate more detailed content, guidance on appropriate activities and methods, and appropriate learning materials.

Performance-based training does not end when the training activity ends. Training that is well planned and executed includes follow-up and support for a trainee back at the work site and provides continuing opportunities for evaluation and increased proficiency. Following up with a written plan for applying new knowledge and skills at the service delivery site helps to ensure that performance problems identified in the needs analysis are successfully addressed.⁶ On-going evaluation continues to identify problems and new opportunities and if necessary, trainees can receive refresher training so their performance and accomplishments continue to contribute positively to the organization's desired results.

In summary, the following are characteristics of performance-based training:

- Front-end needs analysis is conducted at the trainees' service delivery site to ensure that the performance problem is one that can be remedied by a training intervention.
- Training objectives are linked to actual trainee job responsibilities (what the individual must accomplish to contribute to the organization's desired results) and conditions at the service delivery site; objectives address gaps between the trainees' current knowledge and skill levels and the requirements of the job.
- New knowledge and skills build incrementally on what the trainee already knows or can do.
- Approaches, methods and materials are targeted to trainees' characteristics, their existing knowledge and skills, their job responsibilities, performance standards, and conditions at the service delivery site as well as the organization's resources for training.
- Training activities require active participation by trainees and provide practice, timely feedback, and opportunities to reflect on learning.
- Evaluation and follow-up are built into the training design to ensure that new knowledge and skills are integrated and sustained at the work site and permit program management to monitor the trainee's accomplishments (contributions to the organization's desired results).

⁵ The Experiential Learning Cycle, Chapter 3.2 in this User's Guide, provides guidance on designing appropriate learning activities.

⁶ Developing Plans for Applying Skills On-the-Job, Chapter 3.3 in this User's Guide, provides a model plan.

How the SourceBook Integrates Performance-based Training

For training to be performance-based, the curriculum must be specifically targeted to those tasks, skills or knowledge areas where the trainees have deficits or where new job responsibilities (for which new skills are needed) are being added to the trainee's job. The components⁷ of the *SourceBook* modules are designed to facilitate the work of curriculum designers and trainers who must first examine the job(s) to be done and determine the tasks, skills and knowledge required of individuals at the service delivery site. Next, they determine which knowledge and skills individuals lack that may prevent them from accomplishing the job(s). Finally, they develop an appropriate curriculum that fills gaps in knowledge and skills. Of course the ultimate measure of success is whether the performance and accomplishments of the trainees contribute to the organization's desired results and improve the RH care offered to clients.

The components of the *SourceBook* modules can and should be modified to reflect the specific jobs and tasks at a service delivery site. Although the design of the *SourceBook* supports the production of training that is performance-based, it is only through appropriate use and adaptation of the *SourceBook* that a curriculum and the related training experiences can be truly performance-based and result in improved RH care for clients. Additional information about the content and structure of the *SourceBook* modules and how the module components can be turned into effective training plans appears in Chapters 2.2, 3.1, 3.2 and 3.3.

1.2 “Integrated” Reproductive Health Services to Meet Clients’ Needs

The *SourceBook* content has been carefully selected to help trainers and educators prepare primary providers to appropriately address the reproductive health needs of each client. In the Programme of Action developed at the 1994 International Conference on Population and Development (ICPD) in Cairo, emphasis is placed on achieving reproductive health at the level of individual women and men. This focus on the individual is a dramatic shift from the earlier view of achieving demographic goals at the national and global level. Over the past several years, many countries have moved toward this focus on the individual's reproductive health. The ICPD was the first time that the complexity of individual women's lives and the consequent variety of their reproductive health needs were formally addressed on an international level. This section of the User's Guide defines reproductive health and what is meant by “integrated” reproductive health services. It also examines how the *SourceBook* reflects the important shift in focus to the individual and the importance of meeting the reproductive health needs of clients.

⁷ See Chapter 2.2 in this User's Guide, for a description of the *SourceBook* module components (jobs, major tasks, knowledge outline, skills lists, knowledge assessment questions and skills assessment tools).

What is reproductive health?

The ICPD defined reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”⁸ The ICPD recognized that women’s reproductive health needs vary significantly depending on both their life stage (e.g., adolescence, preconceptional, antepartum, postpartum, perimenopausal, postmenopausal) and their life circumstances (e.g., single or married, with children or without, postabortion, circumcised, infertile, or in a non-monogamous or abusive relationship). Also, because a woman’s male partner is often involved in her decision-making about matters affecting her reproductive health, his role and responsibility in sexual relations, contraceptive decision-making, childbearing and rearing, and prevention of sexually transmitted infections (STIs) is extremely important. Moreover, reproductive health of men is a concern in its own right.

What are “integrated” reproductive health services?

In response to a variety of needs, vertical programs such as those that deal only with family planning (FP), STIs and HIV/AIDS, or maternity care are expanding their services to offer a range of “integrated” reproductive health services. Integration can be achieved in a variety of ways. For example, individual providers or teams of providers at a single service site can gradually add services that address the holistic reproductive health needs of their clients. When it is not feasible for services to be offered at a single site, a network of sites and providers can be developed with a referral and follow-up system to link them. The goal of integration, however it is achieved, is to improve the quality, efficiency and accessibility of services to better assist individual clients and couples to meet their reproductive health goals.

Ideally, “integrated” reproductive health care services provided by primary providers address the various life circumstances and life stages of individual clients and might include:

- family planning education (including fertility awareness), counseling and services or referral
- preconceptional counseling; pregnancy, safe delivery and postpartum care, including breastfeeding education and counseling about appropriate FP methods
- newborn and child health services
- prevention and treatment of STIs, reproductive tract infections (RTIs) and HIV/AIDS
- expanded counseling and education on a variety of reproductive health issues
- services which reduce or treat gender-related abuses (e.g., female circumcision, domestic violence)

⁸ Germain A, Kyte R: *The Cairo Consensus: The Right Agenda for the Right Time*. New York, NY, International Women’s Health Coalition, 1995.

- infertility management, counseling and services
- sexuality education and health services for adolescents
- nutrition services
- postabortion care, including counseling and education to reduce unsafe abortion
- reproductive cancers detection and education
- perimenopause and menopause management

In order to move toward “integrated” reproductive health services, consideration must be given to:⁹

- drafting and operating from policies that promote a client-oriented approach to primary health care
- observance of standards and procedures for practice so that reproductive choice and health are promoted
- advocacy that ensures client choice, respect and safety
- community involvement in planning and evaluation of services
- delivering services that match client needs
- developing information, education and communication (IEC) programs that provide appropriate client-oriented messages
- managing programs and services to improve access, safety and overall quality of care
- establishing client outreach, follow-up and referral systems
- ensuring availability of necessary supplies and equipment for services offered
- creating management information systems that allow programs to collect and utilize/analyze patient and service data
- monitoring of program objectives and quality of services through observation, feedback and appropriate modifications
- designing evaluation and research to measure the success of various types of interventions
- managing finances to get the greatest return from the resources spent
- coordinating and linking programs and sectors
- utilizing supervisory systems that facilitate supportive evaluations and provide immediate feedback regarding progress toward reaching individual and organizational goals/objectives
- training and performance evaluation systems that identify problems or opportunities and prepare providers to meet the challenges at their work site.

⁹ The *SourceBook* may be a resource for many of these program functions, particularly service delivery, monitoring the quality of services, client follow-up and referral systems, supervision, training and performance evaluation systems (see Examples of *SourceBook* Users and Uses, Chapter 2.3 in this User's Guide).

How the SourceBook “Integrates” Reproductive Health Care

The *SourceBook* “integrates” the various aspects of reproductive health care in two ways. First, its modular organization focuses on the many potential jobs which may be done by providers of integrated reproductive health services. Second, it incorporates, or “infuses”, a variety of reproductive health information in each module. This dual approach ensures that all providers, regardless of the “job” they perform, are prepared by their training to promote “integrated” reproductive health care services at their practice site. These integrated reproductive health services may be delivered by a single provider or a team at a single site. The reproductive health care also may be delivered through a network of sites and providers with a referral and follow-up system to link them.

Modular organization: The *SourceBook* contains complete modules on particular reproductive health topics or jobs, including: *Providing family planning services*, *Providing basic maternal and newborn care services* and *Providing postabortion care services*. Another module, *Providing selected reproductive health services*, contains sections on providing services for adolescents, preconceptional clients and perimenopausal clients. It also covers services for RTI/STI and HIV/AIDS, selected gynecological problems, breast and cervical cancer, infertility, female circumcision and domestic violence. Each of these modules or sections of modules demonstrates the range of services (and the requisite knowledge and skills training) that could be provided by a single provider or by a team of providers as part of their “job”.

Infusion of related reproductive health information: Regardless of the job focus, each module is “infused” with related reproductive health information. For example, the module on *Providing FP services* contains tools for conducting a reproductive health history and performing a pelvic examination. These tools prompt providers to consider the holistic reproductive health needs of their clients by suggesting, for example, that they inquire about the context of the client’s life and the nature of their sexual partnership, look for signs of circumcision, abuse or STIs, discuss STI risk behaviors, take an appropriate history (which may include not only obstetrical information but also general health information and nutritional status), and discuss potentially harmful behaviors and cultural practices. Infection prevention information is included to ensure procedures are carried out safely to promote and protect the health of clients and providers. The infusion of other reproductive health-related topics is designed to prepare providers to deal with reproductive health issues that emerge during history-taking, physical examinations, counseling and referral. Related reproductive health information is woven throughout all the components of the modules and is also provided in the key resources cited in the modules.

Using this unique “modular/infusion” approach, the *SourceBook* demonstrates how “integrated” reproductive health care services can be offered in response to clients’ needs. Identifying the major jobs and tasks related to the services to be provided, and then identifying the supporting knowledge and skills required, allows appropriate training to be developed. Appropriate, effective training can contribute to successful on-the-job performance by primary providers and result in helping clients meet their reproductive health goals.

1.3 Quality Care in Reproductive Health Services

As services are expanded, program developers must carefully consider the needs of their clients and make efforts to continually enhance the quality of care offered. Judith Bruce described a simple framework for quality of care in family planning (FP) services.¹⁰ The framework examines quality of care from the client’s perspective, e.g., the client’s experience with FP services. The framework considers six elements of FP services:

- 1) choice of methods
- 2) information given to clients
- 3) technical competence
- 4) interpersonal relations
- 5) follow-up/continuity mechanisms
- 6) provision of services that are convenient and acceptable.

Bruce advocates that programs consider the needs of their client population (clients’ social context and health concepts) when determining an appropriate constellation of services. She also advocates expanding conventional FP services if new services can be delivered in a competent manner. However, before any expansion of service is considered, she recommends a careful analysis of the existing quality of care and the availability of resources to address the current scope of work. If the existing services are of an appropriate high quality and the necessary resources are available, then programs may consider expanding services.

¹⁰ Bruce J: Fundamental Elements of the Quality of Care: A Simple Framework. *Studies in Family Planning* 1990;21(2):61-91.

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When programs integrate other reproductive health services along with family planning services, it becomes necessary to broaden the scope of the other five elements addressed in the original framework. Suggested on the next several pages are some examples of how Bruce's framework can be applied when other reproductive health care services are offered along with conventional FP, STI, or maternal and child health (MCH) services. By taking an appropriate, comprehensive, client-oriented approach to providing high quality care, programs that once provided only FP, STI, or MCH services can begin to offer (or refer for) services that match the life circumstances and reproductive health needs of their clients at various life stages.

Elements of Quality of Care for “Integrated” Reproductive Health Services

1. Choice of Methods and Services

For example, programs may want to consider:

- Which methods and services are available at the service delivery point (SDP).
- If the services offered reflect the local guidelines and standards.
- How clients are informed of the existence of the methods/services. Are clients aware of the methods/services available at the SDP and at other sites (via referral)?

2. Information Given to Clients

For example, programs may want to consider:

- If the information given matches the clients' reproductive goals/intentions or reasons for their visits. Is counseling done on the methods that match clients' wishes or does it address the clients' specific RH concerns or stated reason(s) for their visit?
- What information is provided for clients. Is it complete and accurate permitting them to make informed choices? Are clients provided with information about the safety and side effects of methods and procedures?
- Whether providers discuss partnership relationship(s) with clients to draw out the implications of various aspects of those relationships so that clients can make method/procedure decisions accordingly.
- If the information is up-to-date, supported by scientific findings, and if it reflects service standards.
- How clients are informed of what will be done at the SDP. Do providers clearly explain what types of procedures or examinations are required for the method or RH service they desire?
- If visual materials can be used to help explain the methods, procedures, or services. If materials are used, are they clear and easily understood by the clients?

3. Technical Competence and Performance of the Service Provider

For example, programs may want to consider:

- If medical procedures are performed correctly and consistently (e.g., intrauterine device (IUD) insertions; pelvic examinations; counseling; management of STIs; prenatal care, postabortion care, neonatal assessment; aseptic procedures).
- If the providers assigned to services have the necessary training and competence to provide those services. Are providers observed periodically to ensure they perform procedures in a technically competent manner following the service delivery standards?
- If the appropriate instruments and commodities are available to provide the services offered.
- If screening of clients rules out FP methods and procedures that would be unsafe or inappropriate for a client given their history and partner relationship. Are contraindications scientifically-based and consistent with current eligibility criteria (e.g., *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Methods*, WHO, 1996)?
- If the referrals suggested by providers match both client needs/concerns and current RH service policies, guidelines and standards.

4. Client/Provider Interactions

For example, programs may want to consider:

- If service providers are demonstrating appropriate interpersonal relations skills (e.g., welcoming clients; providing privacy; spending adequate time with clients to prepare clients for their exam or procedure; encouraging clients to ask questions, both during the initial exam and on return visits should other questions or concerns arise; using other facilitation/counseling skills consistently).
- If service providers, with supervisors' help, are making reasonable efforts to provide services that match the variety of clients' needs—including FP, maternal health care, postabortion care, care for STIs or HIV/AIDS, child health care—both at the SDP and/or by providing appropriate referrals for services not available at the SDP.

5. Mechanisms for Follow-up/Referral and Continuity to Meet Client Needs and Goals

For example, programs may want to consider:

- What providers tell clients about follow-up and re-supply for their needs (e.g., contraceptives, other RH services).
- What clients are advised to do if they experience side effects or symptoms related to RH services (e.g., contraception, postpartum, postabortion, STIs and HIV, etc.).
- How clients are helped to remember when to return to the SDP. Are there mechanisms in place to facilitate follow-up?
- If within programmatic constraints, clients are issued enough supplies (e.g., cycles of oral contraceptives; or, for pregnant women, iron, folic acid, or antimalarial tablets) to avoid unnecessary return visits.
- If returning clients are served in a way that keeps unnecessary waiting or physical assessments to a minimum.
- If referrals are made appropriately when services are not available at the SDP.

6. Appropriateness and Acceptability of Services

For example, programs may want to consider:

- If vital health/medical needs of the population are being met by the services available in the community (e.g., child welfare services, nutrition, treatment of ailments, etc.).
- If the services at the SDP are integrated to the extent feasible so that clients do not have to visit the SDP on different days for different services.
- If the service facility is open at hours that are convenient for clients. Is the waiting time for services considered acceptable?
- If the services are conveniently located to clients.
- If the services for adolescents or men are welcoming and appropriate. If the services match the special needs of these groups.
- If it is possible to accommodate special/priority clients' needs (e.g., outside the usual hours of service, if necessary; for adolescents or other special groups).
- Developing methods for seeking feedback from clients and community members on the perceived appropriateness, quality and acceptability of services.

How the SourceBook Integrates High Quality Care

The *SourceBook* reinforces provision of high quality care by:

- building it into the content of each module
- encouraging trainers to use high quality performance standards to measure performance
- prompting trainers and trainees to plan for the application of new knowledge and skills at the work site
- promoting the assessment of trainees' performance by observing and evaluating (using the skills assessment tools) client-provider interactions after trainees return to their work sites.

Following the practices suggested above along with the other concepts described in the *SourceBook* improves the prospects that both the technical and interpersonal aspects of care offered to clients are of high quality and are appropriate to the clients' needs.¹¹ Programs and organizations must set as a goal the provision of high quality care and actively involve providers in the effort to meet that goal.

Programs and organizations can offer services that meet high performance standards and then measure the success of their efforts by observing and evaluating client-provider interactions, getting feedback from client advocates and clients themselves to determine whether the quality of services being offered meets the needs of clients.

¹¹ Bruce J: *Defining the Moment of Quality of Reproductive Health Care: Some General Thoughts*. African Journal of Fertility, Sexuality and Reproductive Health 1996:1(2):82-84.

Chapter 2

Introduction to the Modules

This User's Guide is designed to complement the eight topical modules of the *SourceBook* by providing concise information about how to use the modules. The User's Guide also provides tools and other useful information which are not repeated in each module.

This chapter of the User's Guide includes:

- brief summaries of the content of each module
- a specially designed “map” that illustrates how the components in each module fit together and a discussion of how this “map” facilitated the work of the trainer described in the example
- a series of short scenarios that demonstrate the uses of the *SourceBook* with a variety of potential users.

2.1 Module Summaries

Each module contains components for developing a curriculum or a curriculum unit. The following is a brief description of the contents of each module.

Module 1 Counseling clients for family planning/reproductive health services

This module covers basic knowledge, guidelines, skills and processes for interpersonal communication and counseling. The module also introduces situations in which trainees deal with sexuality issues that are often encountered in family planning/reproductive health (FP/RH) service delivery. Because this module is intended to be used in conjunction with the clinical skills modules (Modules 3 to 6), content and tools on the skills and processes of counseling are not repeated in those modules.

Module 2 Educating clients and groups about family planning/reproductive health

This module covers basic considerations, techniques, skills and processes for planning, conducting and evaluating FP/RH education sessions for clients or groups who would benefit from these services. The principles of interpersonal communication, counseling and information- providing skills covered in Module 1 are applied in this module. Because this module is intended to be used in conjunction with the clinical skills modules (Modules 3 to 6), content and tools on the skills and processes of providing education are not repeated in those modules.

Module 3 Providing family planning services

This module covers providing FP services, including:

- providing family planning for women at different life stages (e.g., adolescence, preconception, postpartum, perimenopause), as well as in various life situations (e.g., postabortion, with or without children, after use of emergency contraception, circumcised, or in a relationship with an uncooperative partner)
- managing side effects and other problems possibly related to contraceptive method use
- partially managing and/or referring when complications arise that cannot be treated at the service site
- referral to other health care or social services, as needed.

Module 4 Providing basic maternal and newborn care services

This module covers providing basic maternal and newborn care services, including:

- counseling, education and care for pregnant women
- care during labor and delivery
- counseling, education and care provided to women during the postpartum period
- postpartum FP counseling and service provision
- newborn care
- counseling and education of the mother on newborn and infant care
- educating women, their families and the community on larger issues in maternal and newborn health, safe motherhood and child survival.

Module 5 Providing postabortion care services

This module covers providing postabortion care services, including:

- assessment of the need for postabortion care services
- treatment of incomplete abortion and its immediate life-threatening complications
- referral and transport for complications needing treatment not available at the service site
- postabortion FP (counseling and method issues)
- referral to other needed health care or social services, as needed.

Module 6 Providing selected reproductive health services

This module covers providing selected RH services for common RH problems (e.g., STI/RTI and HIV/AIDS, specific gynecological problems, breast and cervical cancer) which may be encountered during the provision of FP or maternal health care services. It also includes RH care relevant to different life stages (e.g., adolescence, preconception, and perimenopause) and special life circumstances (e.g., infertility, female circumcision and domestic violence).

Module 7 Working in collaboration with other RH and community-based workers

This module covers the collaborative and consultative functions of service providers working in conjunction with other primary health care providers and community development colleagues. This module emphasizes a team approach to promoting primary and RH activities in the community. Special attention is given to clinic-based providers who furnish back-up and technical support to community-based health care workers (e.g., community-based distributors, traditional birth attendants, traditional healers, health post aides, extension workers).

Module 8 Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

This module covers assessing, organizing and managing a service delivery site that offers integrated reproductive health services. Key aspects of these activities include:

- using a problem-solving process to determine needs
- establishing integrated services
- applying policies and service delivery guidelines that ensure access to high quality care
- providing guidance to staff
- collecting and using data to improve service provision.

For more detailed information on the contents of the modules, see Appendix B in this User's Guide for a listing of each module's job and major tasks.

2.2 The Module Map: How the Module Design Facilitates Use

Because curriculum designers and trainers are the most likely users of the *SourceBook*, the module components are designed to facilitate their work. Module components include:

- the trainee's JOB
- the MAJOR TASKS of the job
- the KNOWLEDGE required to perform the job
- the SKILLS required to perform the job
- KNOWLEDGE ASSESSMENT QUESTIONS
- SKILLS ASSESSMENT TOOLS.

Each module in the *SourceBook* is based on one “job” that RH providers may be required to do in the course of their work. Although the “job” covered in each module is different, each module follows the same “map” of the major module components. “Map” has a unique meaning in the *SourceBook*. Like a map that shows relationships between cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The following pages contain a series of figures (Figures 1 through 4) that progressively build a “map” of a module (Module 3 is used as the example).

To illustrate the relationships among the module components and how they can be used by curriculum designers and trainers, an example has been created that follows a trainer through her work. The trainer will examine:

- 1) the job to be performed by potential trainees
- 2) the major tasks which constitute that job
- 3) the knowledge and skills needed to complete the tasks
- 4) a means to measure performance (or evaluate need) through knowledge and skills assessments.

Both the structure and the content of the modules complement a performance-based training approach.¹²

¹² See Chapter 1.1 in this User's Guide for a summary of the characteristics of performance-based training.

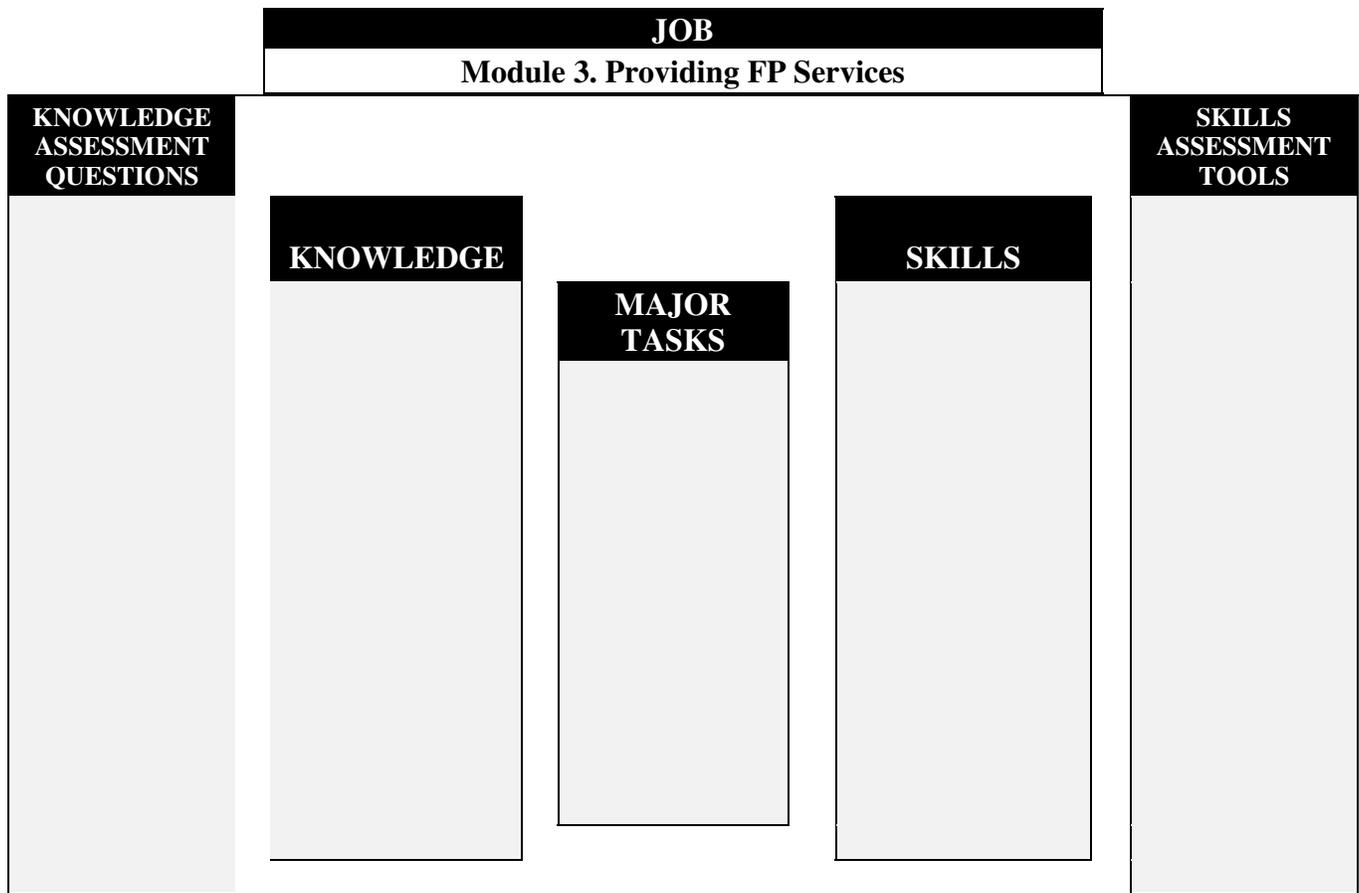


Figure 1
The Module “Map”

Note that Figure 1 contains six boxes—five vertical boxes and one horizontal box – each representing one of the six main components of a *SourceBook* module. Because the JOB is the primary component of each module, the JOB appears in the horizontal box at the top of the map. The JOB for Module 3 is “Providing FP Services.”

The trainer in this example has selected Module 3 to develop a curriculum for a series of in-service workshops for nurses. Through interviews with the program manager and the nurses’ supervisor, the trainer learned that the nurses have been providing some FP services. However, the clinic is planning to expand the range of methods and services offered, which will require the nurses to be able to counsel clients about new method options. The trainer used skills checklists adapted from Module 1, Tools 1-a, “Using Interpersonal Communication Skills” and 1-b, “Counseling the Client to Make an FP/RH Decision,” to observe nurses providing services at the clinic. The trainer determined that the nurses’ interpersonal skills and counseling abilities were adequate but they could benefit from the information covered in Module 3 (the counseling knowledge, skills, and tools specific to the new contraceptive methods the nurses will soon offer at the clinic).

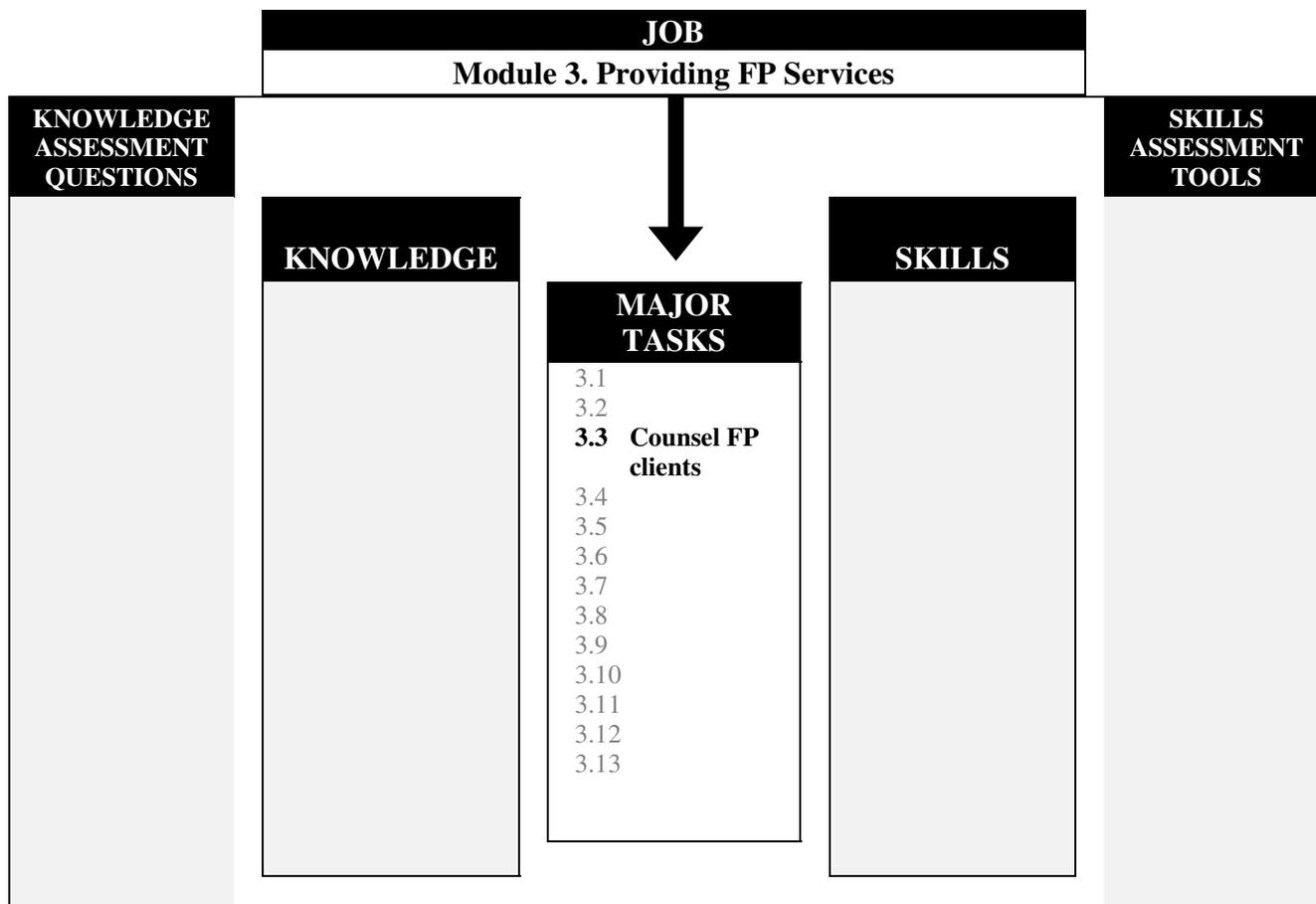


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In Module 3, the JOB, “Providing FP Services,” consists of 13 MAJOR TASKS. The JOB and its MAJOR TASKS are the central parts of the map. The arrow shows that the MAJOR TASKS flow out of the JOB.

The trainer in the example has selected Task 3.3, “Counsel FP Clients,” because her initial interviews with the program manager and the nurses’ supervisor, together with her observations of the nurses, indicated that there is a deficit in the nurses’ ability to perform this task (See Figure 2). The nurses require additional knowledge and skills in order to provide an expanded range of FP methods for their clients. The trainer also noted other MAJOR TASKS in Module 3 that she will review as she plans a curriculum that will enhance the ability of the nurses to successfully perform their new duties.

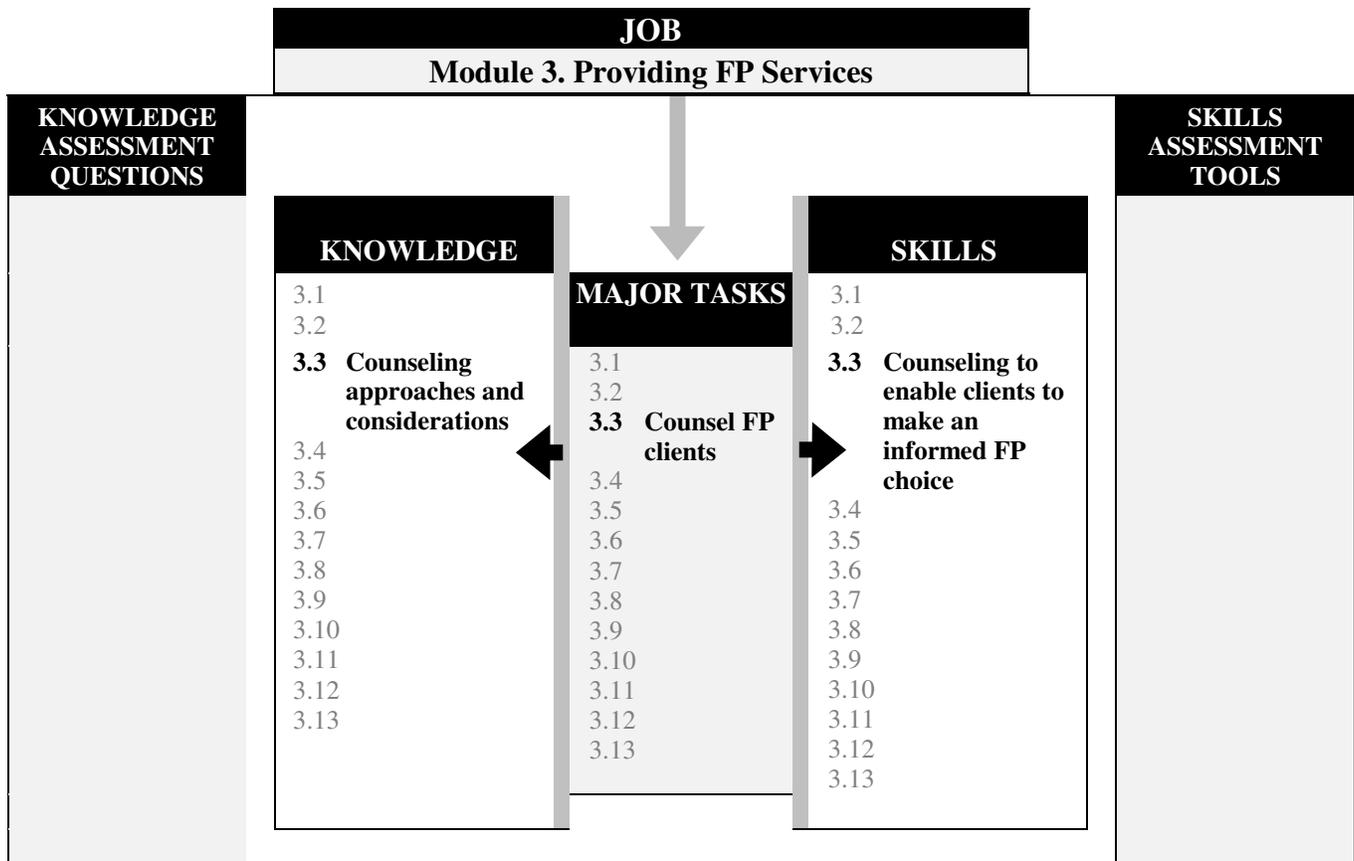


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

The MAJOR TASK in the example shown in Figure 3, “3.3 Counsel FP Clients”, includes the KNOWLEDGE component and SKILLS component related to that task. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. Each module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In the example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of “counseling approaches and considerations.”

The skills which make up the MAJOR TASK are listed in the SKILLS component of the module. In this example, the SKILL that must be practiced is “counseling to enable new clients to make an informed choice.” The trainer discovered that throughout the module the KNOWLEDGE component of each task is outlined first, followed by a SKILLS section in which the knowledge is applied. The KNOWLEDGE sections include references to additional sources of information on the subject while the SKILLS sections include references to skills assessment tools, when applicable. For this MAJOR TASK, the trainer found references to Module 1: Counseling Clients for FP/RH Services, an appendix in Module 3 on Informed Choice, references to several tools that contain various aspects of counseling skills, and the User’s Guide.

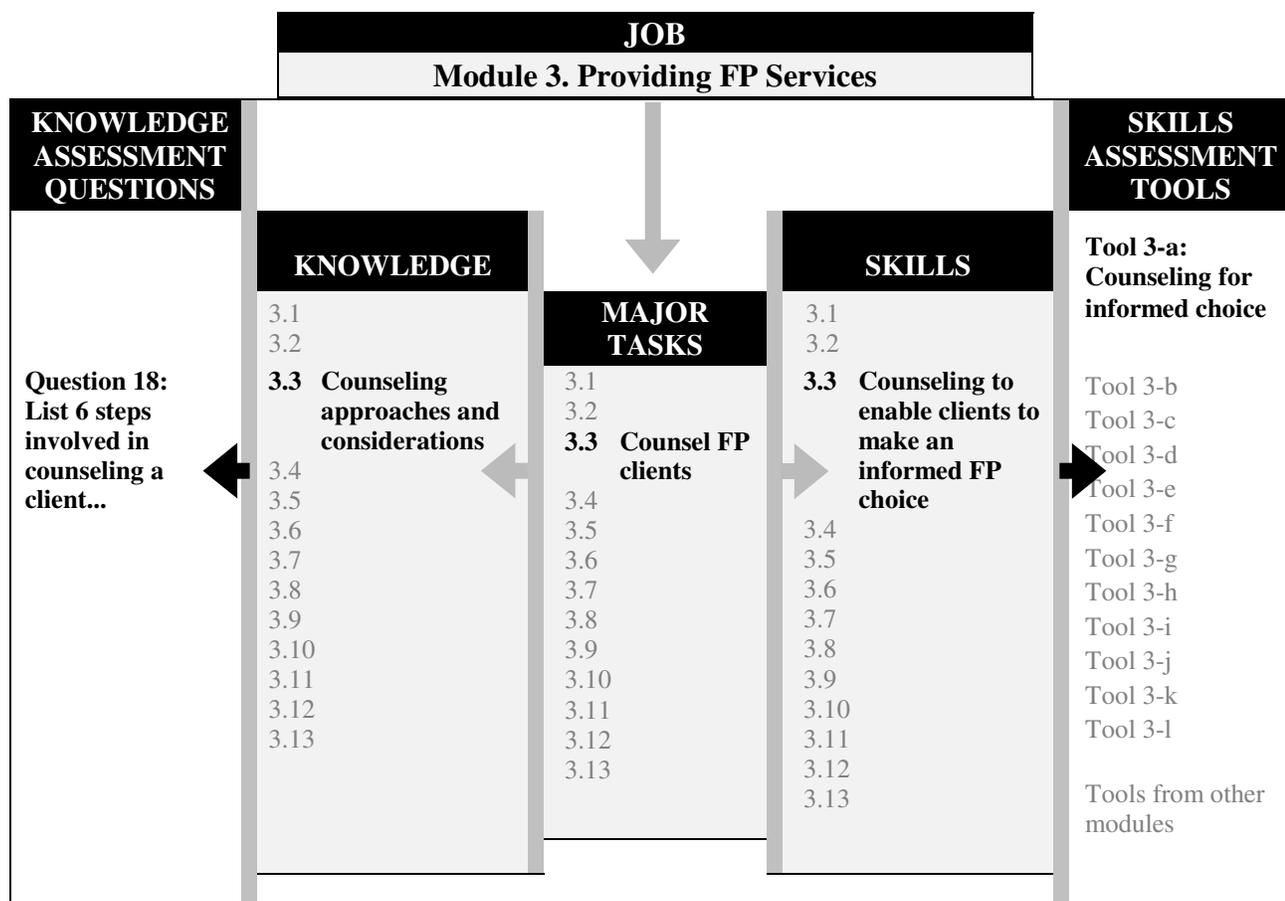


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

As the trainer explored the module further, she found two additional components designed to assist her with assessment. To ensure that trainees can adequately perform each major TASK, two types of assessment instruments are included in the modules. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (See Figure 4).

There are two types of KNOWLEDGE ASSESSMENT QUESTIONS:

- those which ask the trainee to recall information
- those that require the trainee to solve a problem which s/he will likely encounter on the job.

The SKILLS ASSESSMENT TOOLS provide:

- a list of the detailed tasks/behaviors that comprise a specific skill
- a rating scale to offer guidance about whether a trainee has mastered the skill

User's Guide

Each tool is labeled with the module number and a letter so they can be easily identified. More than one tool may be listed for a given task because tools can be combined. Or, parts of a tool may be selected to assess given skills.

Both the KNOWLEDGE ASSESSMENT and the SKILLS ASSESSMENT TOOLS cover many, but not all, of the knowledge areas and skills. In the example, the trainer identified KNOWLEDGE ASSESSMENT question 18: “List 6 steps involved in counseling a client,” and one tool: “Tool 3-a: Counseling for Informed Choice of FP Methods.” In this example, the trainer decided that the skills assessment tool would be useful with some minor modifications and the knowledge question provided was sufficient for her purposes. The *SourceBook* also encourages trainers to develop additional knowledge questions and tools for skill areas using the suggested references as resources.

The ASSESSMENTS can be used by trainers before, during and at the end of training and by supervisors and training program evaluators. After the trainee has returned to his/her job site, the ASSESSMENTS can be used to monitor the application of new skills and knowledge on the job. Additionally, they can be used by the trainees to guide skills acquisition during training, as a job aid after training, and as self-assessment tools while on the job. The chart below summarizes some of the many uses of the assessment tools.

Who can use	For what purposes	When to use
trainer, faculty, curriculum developer, training program evaluator	<ul style="list-style-type: none">• assess level of trainee skills and knowledge throughout the training process• assess trainee job performance• identify needs for refresher training and curriculum revision	<ul style="list-style-type: none">• before training to assess entry level competence• during training to monitor progress• at the end of training to assess exit competence• on-the-job to assess/ monitor trainee job performance
trainee's supervisor	<ul style="list-style-type: none">• assess trainee job performance• identify needs for on-the-job training, support, or other interventions	<ul style="list-style-type: none">• on-the-job before or after training
trainee	<ul style="list-style-type: none">• guide own acquisition and practice of knowledge and skills• job aid• self-assessment	<ul style="list-style-type: none">• during training• on-the-job

While reviewing the other MAJOR TASKS and related KNOWLEDGE and SKILLS components in the module to complete her curriculum, the trainer found some additional resources that are not shown on the module map but which are helpful in her work. In the appendices she found several documents that contain information fundamental to providing FP services. She also found pages of references which included full citations for the key resources that were mentioned in the KNOWLEDGE component, as well as several new resources that are noted as being particularly useful for trainers.

In the KNOWLEDGE component, the trainer also found references to other parts of the User's Guide. There she found valuable resources for planning a curriculum, developing participatory learning activities, planning for incorporating new knowledge and skills back on the job, and other information on RH and performance-based training. The table below summarizes some of the other resources available in the modules and User's Guide.

Other <i>SourceBook</i> Resources	Uses	Where to locate in the <i>SourceBook</i>
Listing of references and key content resources	develop content in more detail; provide refresher for trainers	each module
Specialized appendices	develop additional content; provide refresher for trainers	selected modules
7 Planning Questions	plan curriculum and training sessions	User's Guide
The Experiential Learning Cycle	develop active, participatory learning activities	User's Guide
Developing Plans for Applying Skills On-the-Job	integrate into the curriculum trainee planning for application of training at their work site	User's Guide
Integrated RH Services and Quality of Care	overview and explanation of integrated RH services and how to ensure high-quality care	User's Guide
Performance-based Training	overview describing the development of training that leads to high quality job performance	User's Guide
List of Abbreviations	identifies terms used throughout the <i>SourceBook</i>	each module
Glossary	defines terms used throughout the <i>SourceBook</i>	User's Guide

This concludes the example using the example trainer and the module map as a guide. The next section provides brief scenarios of how other types of users may use the *SourceBook*.

2.3 Examples of *SourceBook* Users and Uses

There are many potential users and uses of the *SourceBook*. This section provides a sampling of several potential user groups, including curriculum developers, trainers and faculty, supervisors, trainees, policymakers and program managers, and suggests some ways these groups might use the *SourceBook*.

Curriculum developers

- An experienced curriculum developer wants to revise her existing curriculum so that it relates more closely to her trainees' jobs. How can she use the *SourceBook*?

She may use the modules of the *SourceBook* to identify the jobs and major tasks that correspond to the jobs of her trainees and modify her curriculum accordingly.

- In response to a mandate from the Ministry of Health, a special committee is expanding the existing curriculum to include postabortion care. How can they use the *SourceBook*?

They may want to review Module 5, Providing Postabortion Care Services, to identify the jobs, major tasks, knowledge and skills required of providers offering these services.

- Curriculum developers from various professional associations of RH service providers are meeting to revise their respective curricula to ensure that RH care skills receive appropriate emphasis in each of their specialty curricula. How can they use the *SourceBook*?

They can refer to the sections in the *SourceBook* that match their particular specialty area and examine how the various RH services are interwoven. Suggestions for directly providing services and/or referral are included in the modules, where applicable.

Trainers and faculty

- After an initial needs analysis, a clinical trainer has determined that a training session on counseling is required. Before designing the training session, she wants to perform a detailed analysis of existing skill levels among the intended trainees to determine the specific knowledge and skills they are lacking. How can she use the *SourceBook*?

She may observe the trainees interacting with clients at their job sites and document their existing skill level using the Skills Assessment Tools in Module 1, Counseling Clients for FP/RH Services.

- A trainer needs to provide training on a clinical procedure/skill for which there is no tool included in the *SourceBook*. How can he use the *SourceBook*?

He may use the tools included in the *SourceBook* as a model and, depending on the content area, he may find other references in the *SourceBook* that can help him develop his own tool.

- A trainer wants her trainees to develop a post-training plan to reinforce and apply knowledge and skills learned to their jobs. How can she use the *SourceBook*?

She may use the section from Chapter 3 in the *SourceBook's* User's Guide "Developing Plans for Applying Skills On-the-Job."

- A trainer is developing simulation activities for an upcoming training session. How can she use the *SourceBook*?

She may use the section from Chapter 3 in the *SourceBook's* User's Guide, "The Experiential Learning Cycle", for guidance in designing appropriate activities.

Supervisors

- A supervisor periodically evaluates the skills of her nursing staff by observing their performance of routine tasks. How can she use the *SourceBook*?

She may adapt the skills assessment tool(s) to her setting, to assess employees' progress/effectiveness over time and to help plan remedial on-the-job training activities, when necessary.

Trainees

- After a training session, a trainee wants to review information given during the workshop. How can she use the *SourceBook*?

She may use the appropriate knowledge outline as a study guide.

- Several months after completing a training activity, a trainee wishes to review the skills he learned. How can he use the *SourceBook*?

He may use the appropriate tools for self-assessment of his skills.

- A group of trainees want to make a job aid regarding proper aseptic procedures. How can they use the *SourceBook*?

They may use Skills Assessment Tool 3-c to acquire information regarding proper aseptic procedures.

Policymakers and program managers

- An accreditation board is reviewing current nursing curricula and planning to update the requirements for certification to ensure that nurses are prepared to respond to the full range of RH care needs. How can they use the *SourceBook*?

They may want to use the *SourceBook* to develop policies that specify the range of RH services nurses must provide in order to be certified.

- A committee is reviewing the national FP service delivery guidelines for the purpose of updating/expanding them to include all aspects of RH. How can they use the *SourceBook*?

They may want to review the jobs and major tasks described in the *SourceBook* to help them consider the types of RH services to provide. This information may be useful as they discuss what level(s) of provider(s) will deliver a specific service and what types of service delivery point(s) will offer a given service.

Chapter 3

Tips and Techniques for Turning Curriculum Components into Training Plans

The *SourceBook* modules focus attention on the jobs and tasks that trainees will perform on-the-job. The curriculum components included in the modules — the knowledge outline, the list of skills, the assessment questions and tools — describe the jobs to be done in detail. Effective curriculum plans for performance-based RH training can be developed by using and/or adapting ideas in the modules. Training session plans must then be developed, based on the curriculum plans. To aid curriculum planners and trainers as they make training session plans, the User's Guide includes these tips and techniques:

- 7 Planning Questions — helps trainers focus their training session plans
- Experiential Learning Cycle — helps trainers develop interactive, participatory, performance-oriented training activities
- Developing Plans for Applying Skills On-the-Job — shows how to ensure continued progress by creating links between training and trainees' jobs.

These tips and techniques will help trainers develop performance-based training sessions to prepare RH workers to meet the needs of their clients.

3.1 Using the 7 Planning Questions

The 7 planning questions are a planning aid. The questions are **sequential**, and the answers furnish **essential** planning information and yield **consequential** training products and results.

The 7 Planning Questions:

1. What is the problem or opportunity?
2. Who are the trainees?
3. What do I want the trainees to be able to do?
4. Where and for how long will training take place?
5. What training methods will I use?
6. What training materials do I need?
7. How will I know how effective training was?



Sequential

The 7 Planning Questions provide answers in logical order:

- each question builds on the answers to the previous question

Essential

The 7 Planning Questions produce essential planning information:

- specific job performance problems or opportunities
- specific characteristics of the trainees
- observable, measurable learning objectives
- existing and required training resources
- selection of appropriate training methods and materials
- selection of appropriate evaluation methods

Consequential

Ask the 7 Planning Questions (or variations of the questions) when you want to develop:

- needs assessment plans
- training curricula and session plans
- training and educational materials plans
- evaluation plans
- educational campaign plans

The 7 planning questions can be used as written above or adapted to develop a variety of plans. The following pages explore how to use the 7 planning questions when developing a training session plan.

1 What is the problem or opportunity?

The first step is to identify the problem or opportunity and determine whether training can assist in resolving the problem or fulfilling the opportunity. Answering the first Planning Question, *What is the problem or opportunity?*, will enable the trainer to:

- clearly define the program problem or opportunity
- identify and verify that the problem or opportunity is related to job performance and can at least partially be addressed through training
- if training is a viable solution, accurately target the most appropriate group(s) of trainees and formulate learning objectives.

2 Who are the trainees?

The next step is to gather information about who is contributing to the job performance problem or who could contribute to fulfilling the opportunity and, therefore, who the trainee group will be. This information includes the number of trainees, their current levels of skills and knowledge related to the job performance problem/opportunity, the gap between expected and actual job performance levels, and the trainees' professional experience and background.

The answer to Planning Question 2, *Who are the trainees?*, will enable the trainer to:

- focus on the persons whose job performance contributes to the problem or could contribute to fulfilling the opportunity identified in Planning Question 1
- accurately target learning objectives to the trainees' current levels of knowledge and skill so the gap between what is expected and what was observed can be closed
- develop a training session with training methods and materials that are appropriate to the trainees' professional backgrounds and their familiarity with participatory training methods.

3 What do I want the trainees to be able to do?

Planning Question 3, *What do I want the trainees to be able to do?*, builds on the answers to Planning Questions 1 and 2, which identified the job performance problem/opportunity and the trainee group. Specifying what the trainees will be able to do at the end of training focuses on the job performance problem/opportunity and the gap between what is expected and what was observed.

By determining exactly what the trainees will be able to do at the end of training, the trainer will be able to:

- write clear goals and learning objectives
- determine the content to be presented in the session
- select training methods and materials that are appropriate to the learning objectives
- establish criteria and methods for evaluating the trainees' learning.

4 Where and for how long will training take place?

Planning Question 4, *Where and for how long will training take place?*, furnishes answers to the logistical aspects of the training session. Answering Question 4 also draws on information gathered during Question 1 (the job performance problem/opportunity), Question 2 (the trainees) and Question 3 (the learning objectives).

In identifying the most appropriate location and duration of training, the trainer is able to:

- select a training site or sites (e.g., for group training, clinical practicum, structured on-the-job training, self-directed learning at a distance) that are convenient to trainers and trainees and appropriate to the learning objectives and the training budget
- identify training resources that will be required
- identify any constraints in time or location and plan for how to minimize them.

5 What training method(s) will I use?

Identifying the most appropriate training methods will enable the trainer to:

- use training methods that directly relate to the job performance problem/opportunity (Question 1)
- use and build on the trainees' previous experience with training methods (Question 2)
- provide practice in the actions specified in the learning objectives (Question 3)
- use training methods that are consistent with the available time, facilities, and other resources (Question 4).

6 What training materials do I need?

Identifying the most appropriate training materials will enable the trainer to:

- use training materials that directly relate to the job performance problem/opportunity (Question 1)
- use the learning experiences of the trainees (Question 2)
- transfer or reinforce knowledge and skills to be mastered (Question 3)
- select suitable training materials within the resources and constraints (Question 4)
- support the use of the selected training methods (Question 5).

7 How will I know if training was effective?

Identifying the most appropriate evaluation methods and measures will enable the trainer to:

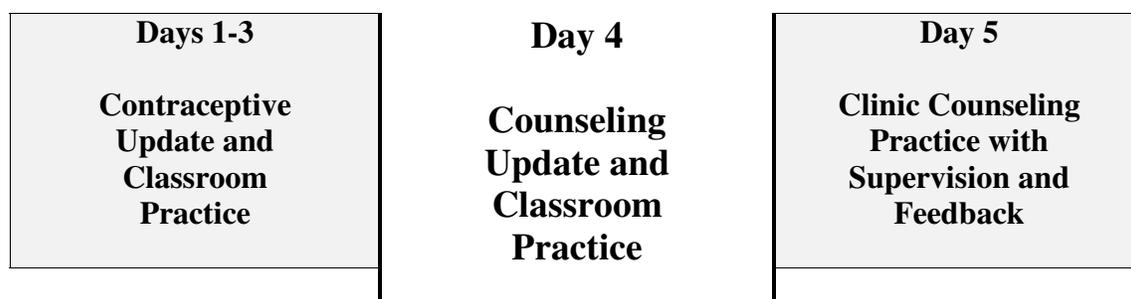
- focus on addressing the specific job performance problem or opportunity by isolating and measuring the impact of the training intervention—versus other interventions that may also have been applied to address the overall program problem or opportunity (Question 1)
- measure the trainees' mastery of the objectives (Question 3)
- use the *training* methods and materials as *evaluation* methods and materials, whenever possible (Questions 5 and 6).

Applying the 7 Planning Questions in Designing a One-Day Training Session on FP Counseling

The 7 Planning Questions make planning easier, make more efficient use of planning time and produce essential planning information. The following pages show how the 7 Planning Questions are applied to the design of a one-day training session on FP Counseling. The design starts with identification of a performance problem that training is expected to correct and concludes with the session evaluation and a plan to measure training impact.

The one-day training session on FP Counseling is the fourth day of a five-day Contraceptive Technology and Counseling Update workshop. Session design plans for the other four days are not shown in this section, but they could be developed in the same way, using the 7 Planning Questions.

Contraceptive Technology and Counseling Update: Five-Day Workshop



Planning Question 1: What is the problem or opportunity?

Program Problem: Low FP Continuation Rates

During field follow-up visits to 20 clinics, the training team learned from clinic records that FP method continuation rates were low. Clients known to have discontinued a method cited side effects, as well as difficulties in following method instructions, as reasons for discontinuation. Supervisors told the training team that they attributed low continuation rates to a combination of rumors and the lack of information being given to clients about predictable side effects.

Job Performance Problem to be Addressed by Training Intervention: FP Counseling

The training team observed that FP counseling sessions:

- did not include information about possible method side effects
- were lectures and not a dynamic and interactive counseling approach¹³
- were hurried, so clients did not get an opportunity to express concerns or ask questions.

Recommendation: The training team recommended that a five-day training update on contraceptive technology and counseling skills be planned and conducted along with a follow-up evaluation to measure the effectiveness of the training intervention.

¹³ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

Planning Question 2: Who are the trainees?

Trainees: 15 Clinic-based Nurses and Nurse-Midwives

In the clinics observed by the training team, FP counseling is primarily the job responsibility of nurses and nurse-midwives. Therefore, they were chosen as the trainee group.

Characteristics of the Trainees

Current Knowledge:

- pre-service education included FP methods
- pre-service education included counseling, but did not use a dynamic, interactive counseling approach¹⁴
- no recent training in clinical FP

Current Skills:

- history-taking skills
- physical assessment skills
- client education sessions conducted by trainees include informing the client of the health benefits of FP and listing the available methods

Experience with Educational/Training Methods:

- pre-service education primarily used lecture and demonstration as teaching methods
- few trainees have participated in in-service workshops which use participatory methods

Planning Question 3: What do I want the trainees to be able to do?

Based on the job performance problem and characteristics of the trainee group, identified in Planning Questions 1 and 2, the following goal and learning objectives for the session were developed:

Counseling Session Goal

By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach¹⁵ to explain all of the benefits and side effects of each of the available contraceptive methods in language appropriate to potential acceptors.

¹⁴ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

¹⁵ Ibid.

Counseling Session Learning Objectives	Content Topics
By the end of training, the trainees will be able to:	
1. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients.	Review of benefits and side effects of available methods
2. demonstrate a dynamic, interactive counseling approach.	Using appropriate language with clients
2a. list the skills and elements of a dynamic, interactive counseling approach.	Skills and elements of a dynamic, interactive counseling approach ¹⁶
2b. apply the skills and elements in counseling potential new FP acceptors during a role play.	How to do a role play and give feedback

Planning Question 4: Where and for how long will training take place?

Logistical Considerations

<i>Where?</i>	A classroom in the training center where the 5-day update will take place, equipped with tables, chairs and chalkboard (near the clinic that will be used for the practicum on Day 5).
<i>For how long?</i>	One day (8 hours) of a five-day workshop (followed by clinic-based practice in the morning of Day 5).

Time Estimates for the Classroom Counseling Session (Day 4)

Review day's objectives	10 minutes
Review benefits and side effects of available methods	1 hour
Counseling:	
• Skills and elements of effective counseling	1 1/2 hours
• Using appropriate language with clients	1 hour
• Trainee counseling practice and feedback	4 hours
Daily review/trainees' feedback	20 minutes

¹⁶ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

Planning Question 5: What training method(s) will I use?

Counseling Session Learning Objectives

Training Methods

<p>By the end of training, the trainees will be able to:</p> <ol style="list-style-type: none"> 1. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients. 2. demonstrate a dynamic, interactive counseling approach.¹⁷ <ol style="list-style-type: none"> 2a. list the skills and elements of a dynamic, interactive counseling approach. 2b. apply the skills and elements in counseling potential new FP acceptors during a role play. 	<p>Trainers briefly present the day's objectives.</p> <p>“grab bag”¹⁸ for review of method benefits and side effects covered on Days 1 to 3 of the update</p> <p>brainstorming and discussion of non-technical and culturally-appropriate terms used in FP</p> <p>trainers role play a counseling session and obtain feedback from trainees</p> <p>discussion of skills and elements of dynamic counseling, using the trainers' role play as a concrete example</p> <p>presentation on role play process and giving feedback</p> <p>trainee role plays practicing the use of the dynamic, interactive counseling approach in explaining method benefits and side effects and obtaining feedback on their performance</p>
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¹⁷ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

¹⁸ For a description of the “grab bag” technique, see the 1987 INTRAH Calendar for Trainers: A Collection of Training Tools, in *Tools from the INTRAH Calendars for Family Planning Trainers*. Chapel Hill, NC, INTRAH, 1987-1994.

Planning Question 6: What training materials do I need?

Learning Objectives	Training Methods	Training Materials
<p>By the end of training, the trainees will be able to:</p> <ol style="list-style-type: none"> 1. explain the benefits and side effects of available methods in non-technical terms that are culturally appropriate for their clients. 2. demonstrate a dynamic, interactive counseling approach.¹⁹ <ol style="list-style-type: none"> 2a. list the skills and elements of a dynamic, interactive counseling approach. 2b. apply the skills and elements in counseling potential new FP acceptors during a role play. 	<p>brief presentation the day's objectives</p> <p>“grab bag” review</p> <p>brainstorming and discussion</p> <p>trainers' role play</p> <p>discussion of skills and elements, using the trainers' role play as a concrete example</p> <p>presentation on role play;</p> <p>trainee role plays practicing the use of the dynamic, interactive counseling approach²⁰ and obtaining feedback</p>	<p>chalkboard & chalk</p> <p>basket or bag & questions written on slips of paper;</p> <p>chalkboard & chalk</p> <p>trainers' role play descriptions; sample contraceptives; anatomical drawings or models</p> <p>participant hand-outs about the skills and elements of a dynamic counseling approach;</p> <p>chalkboard and chalk</p> <p>written trainee role play descriptions; observation checklists; sample contraceptives; anatomical drawings or models</p>

¹⁹ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

²⁰ Ibid.

Planning Question 7: How will I know if training was effective?

Goal and Learning Objectives	Evaluation Methods and Measures
<p>Goal: By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach²¹ to explain all of the benefits and side effects of each of the available contraceptive methods, in language appropriate to potential acceptors.</p> <p>Learning Objectives: By the end of training, the trainees will be able to:</p> <ol style="list-style-type: none"> 1. explain the benefits and side effects of available methods in non-technical terms that are culturally-appropriate for their clients. 2. demonstrate the use of a dynamic, interactive counseling approach.²² 	<p>Method: Trainer uses a skills assessment checklist to assess trainee performance during role plays.</p> <p>Measures:</p> <ul style="list-style-type: none"> • trainee uses the dynamic, interactive counseling approach²³ • trainee provides correct and complete information about the benefits and side effects of a particular contraceptive method • trainee uses language appropriate for clients

The measures described above provide an example of how to measure the success of the training session that took place on Day 4. The Day 4 session plan follows on pages 44 and 45. The plan shows how to record the answers to the 7 Planning Questions so that the trainers can easily use them to conduct the FP counseling training session. Under the “Methods” column of the session plan, you may want to record more detail than this example shows on the training process to be used (e.g., see sample detailed session plan in the Experiential Learning Cycle, Chapter 3.2, pages 48 to 52).

Although not described in a detailed plan, Day 5 is a clinical practicum, *Clinic Counseling Practice with Supervision and Feedback*. As the name of the session implies, trainees will be given the opportunity to practice what they have learned in a supervised situation that is very similar to their work environment.

²¹ See Mtawali G: Counseling Clients for Family Planning/Reproductive Health Services, Module 1, and Mtawali G: Providing Family Planning Services, Module 3, in PRIME: *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. Chapel Hill, NC, INTRAH, 1997.

²² Ibid.

²³ Ibid.

Because an important part of skills acquisition is actual practice with clients, the importance of including this type of activity should not be overlooked. In performance-based training, supervised practicum experience usually follows knowledge acquisition and competent performance of skills during simulated skills practice. (Simulated skills practice was accomplished in this session using role plays, but may also involve the use of case studies and/or practice on anatomical models depending on the clinical skills being taught.) During the practicum, trainees will receive guidance from skilled clinicians who observe their interactions with clients. In this case, the practicum directly reinforces the learning on Day 4.

Another important part of performance-based training is planning for the transfer of new knowledge and skills to performance on the job. Techniques or strategies can be used to help ensure that new skills are applied at the work site (see Chapter 3.3). After the practicum experience on Day 5 and as part of the wrap-up activities for the workshop, the trainees will work with the trainers to develop an individual plan for applying their new skills at their work sites. The plans may incorporate the use of skills assessment tools to help trainees and their supervisors determine if the new skills are being performed adequately, whether they are maintained over time, and whether additional training, on-the-job technical assistance or changes in the work site are needed.

The true measure of success, in this example and in real life situations, is what occurs as a result of the training. The ultimate goal of training in this example (recall Question 1), is to increase continuation rates by ensuring that providers adequately counsel clients. This enables clients to make fully-informed choices of methods based on complete information about side effects and instructions for correct use. Research has demonstrated that better-informed clients are more likely to continue to use their chosen method.²⁴ Therefore, the training premise is that if providers are more skilled in FP counseling, they can make efforts to ensure that clients are better informed of method options, side effects and instructions for correct use. With proper evaluation planning and data collection, the results of training should be observable in increased rates of contraceptive continuation rates among clients.

²⁴ Family Health International (FHI), *Network*. Research Triangle Park, NC, FHI, September 1991.

Because performance-based training is implemented to address a job performance problem or opportunity, trainers will want to examine the *impact* of training on the problem or opportunity it was designed to correct or fulfill. The table below includes some of the questions training evaluators might want to ask when evaluating the impact of the training intervention described in the example.

Sample questions to evaluate training impact	Sample ways to answer training impact questions
<ul style="list-style-type: none"> • Has the identified job performance problem/opportunity (i.e., a deficit in providers' counseling skills) been solved/fulfilled? • Has the identified program problem/opportunity (i.e., low contraceptive continuation rates) been solved/fulfilled? • Was training responsible for the change(s)? • Are there other changes which might account for improved performance? 	<ul style="list-style-type: none"> • Observe trainees (e.g., interacting with clients, performing technical procedures). • Discuss trainees' performance and accomplishments with supervisors. • Compare the quality and range of services before and after training by reviewing client records, logbooks, and service statistics (e.g., continuation rates measured at specified intervals, number of clients served, types and number of procedures completed on site, types and number of referrals for services, number of complications). • Compare quality of care from the clients' perspective (e.g., clients' reported satisfaction with services, independent observations solicited from client advocates). • Discuss other interventions which may account for improvement or expansion with supervisors, clinic managers, and service coordinators.
<ul style="list-style-type: none"> • Have positive changes other than those intended been produced by training? • Have negative changes been produced by training? 	<ul style="list-style-type: none"> • Ask trainees, supervisors, and clinic managers if they have observed or experienced any other changes and what difference the changes have made. • Ask clients if they have observed or experienced any changes and what difference, if any, the changes have made.

Section 3.1 adapted from: *7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers*. Chapel Hill, NC, INTRAH, 1992.

Training: 5-Day Contraceptive Technology and Counseling Update

Problem or Opportunity 1		
Program problem(s)	Job performance problem(s)	Recommendation
Low method continuation rates	FP counseling sessions: <ul style="list-style-type: none"> • did not include method side effects • were lectures and not a dynamic, interactive counseling approach • were hurried. 	Five-day training update on contraceptive technology and counseling skills

Trainees and Their Characteristics 2			
Trainee group(s)	Current Knowledge	Current Skills	Experience with Educational/ Training Methods
15 Nurses and Nurse-Midwives	Pre-service training included: <ul style="list-style-type: none"> • FP methods; • counseling, but not a dynamic, interactive counseling approach Training in clinical FP: <ul style="list-style-type: none"> • none recently 	<ul style="list-style-type: none"> • history-taking skills • physical assessment skills • client education sessions conducted by trainees include informing the client of the health benefits of FP and listing the available methods 	<ul style="list-style-type: none"> • pre-service primarily used lecture and demonstration • few have been exposed to participatory training methods

Session Plan: FP Counseling Skills Practice in the Classroom

Day 4

Time 4	Goal and Objectives 3	Content 3	Methods 5	Materials 6	Evaluation 7
8:00 - 8:10	To review the goal and objectives for the day.	Day 4 objectives	Brief presentation of Day 4 objectives	Chalkboard and chalk	
8:10 - 9:10	<u>Learning objective 1</u> . Explain the benefits and side effects of available contraceptive methods in non-technical and culturally-appropriate terms to the trainees' clients.	Review of method benefits and side effects.	"Grab bag"	Basket or bag & questions written on slips of paper	
9:10 - 10:15	<u>Learning objective 1</u> , continued.	Terms appropriate to clients.	Brainstorming; Discussion	Chalkboard and chalk	
10:15-10:30	BREAK				
10:30-11:00	<u>Learning objective 2</u> . Demonstrate the use of a dynamic, interactive counseling approach.	Demonstration of a dynamic, interactive counseling approach.	Trainers' role play with trainee feedback	Trainers' role play descriptions; sample contraceptives; anatomical drawings or models	
11:00-12:00	2a. List the skills and elements of a dynamic, interactive counseling approach.	Skills and elements of a dynamic, interactive counseling approach.	Discussion of skills and elements and the role play	Handouts on dynamic interactive counseling approach; chalkboard/chalk	
12:00-1:00	LUNCH				
1:00-1:20	<u>Learning objective 2</u> , continued. 2b. Apply the steps in counseling potential new acceptors in a role play.	How to do a role play and give feedback.	Presentation on role play and giving feedback	Observation checklists	
1:20-4:40 <i>(with a break at a convenient time)</i>	Goal: By the end of training, the nurses and nurse-midwives will be able to use a dynamic, interactive counseling approach to explain all of the benefits and side effects of each of the available contraceptive methods in language appropriate to potential acceptors.	Integration of all content: <ul style="list-style-type: none"> • method benefits and side effects • terms appropriate to clients • dynamic, interactive counseling approach. 	Trainee role plays, in small groups, with feedback	Written trainee role play descriptions; observation checklists; sample contraceptives; anatomical drawings or models	Trainers use observation checklists to assess trainee performance during role plays for: <ul style="list-style-type: none"> • use of skills and elements in dynamic, interactive counseling approach • correct & complete benefits & side effects of a particular contraceptive method • use of language appropriate to clients.
4:40 -5:00	To assess trainee reactions to the day's activities.	Trainee feedback.	Discussion	Chalkboard and chalk	Pros and cons of the day

3.2 The Experiential Learning Cycle

Once a session plan is outlined using the 7 Planning Questions (see previous section), each session can be detailed following the Experiential Learning Cycle. The Experiential Learning Cycle supports the principles of performance-based training and adult learning by providing training opportunities that are closely related to performance on-the-job and by allowing the adult learner to draw on prior experiences. Training sessions that are designed following the guidance of the Experiential Learning Cycle: 1) are linked to real-life, 2) encourage the trainees to express their feelings and opinions and draw on their own prior knowledge and experience, and 3) integrate evaluation methods that provide immediate feedback to trainees regarding their learning progress. The Experiential Learning Cycle,²⁵ developed by the Training Resources Group, Inc. evolved from earlier work by University Associates, Inc.²⁶

The information in this section is presented in two parts. The first part is a review of the steps in the Experiential Learning Cycle, including what each step entails and what the step is expected to do for trainees during a learning activity. The second part is a sample session plan, based on a curriculum item from one of the *SourceBook* modules, that was designed using the Experiential Learning Cycle.²⁷ Both the description of the steps and the example are oriented toward trainer-led group activities. However, the Experiential Learning Cycle can be effectively adapted to self-study, on-the-job training, computer-based training, or other types of learning activities.

The Eight Steps of the Experiential Learning Cycle

Step 1. Climate Setting/Introduction

- Stimulates interest and curiosity. Prompts trainees to begin thinking about the subject that is being introduced.
- Helps trainees understand why the subject is important to them, how it will be useful, and what relevant experience and skills they bring to the course.

Step 2. Session Objectives

- Presents to the trainees statements describing what they will be able to do as a result of participating in the training session.
- Gives trainees an opportunity to relate the goals and objectives of the training activity to their individual job requirements and work site conditions.

²⁵ Training Resources Group, Inc. (TRG): *Design Components of an Experiential Session*. Alexandria, VA, TRG, 1997.

²⁶ University Associates, Inc.: *The Experiential Learning Cycle*. San Diego, CA, University Associates, Inc., 1990.

²⁷ INTRAH/Training Resources Group: Regional Training Methodologies Workshop. Nairobi, Kenya, 1990.

Step 3. Interactive Presentation

- A short presentation using relevant examples, posing questions to trainees, and supplementing the presentation with visual aids and handouts to highlight key points.
- Provides a framework for trainees, either a theory or a model, that becomes the basis for the experience that follows.

Step 4. Experience

- Provides an opportunity to “experience” a situation relevant to the objective of the training session (e.g., skit/drama, role plays, case studies, critical incident, video, small group task/exercise, site/field visit using a checklist to observe a demonstration of procedures). Becomes the common source of learning that trainees will share. It is the event that will be analyzed during the rest of the training.
- Provides trainees an opportunity to practice what they have learned in an actual or simulated work setting.

Step 5. Processing/Getting Immediate Reactions

- Solicits:
 - individual experiences and reactions from the trainees.
 - the principal learning of the trainees (in summary form).
- Trainees have an opportunity to reflect on their accomplishment and get feedback on their progress.

Step 6. Generalizing

- Trainees link what they have learned to the session objectives.
- Trainees identify key learning.

Step 7. Applying

- Using the insights and conclusions gained from the previous steps, the trainees identify and share how:
 - the learning applies to actual work situations
 - they will use the learning in their work situations.
- Answers the trainee’s questions: “Now what?” and “How can I use what I learned?”

Step 8. Closure

- Briefly summarizes the events of the training session.
- Links training events to job-related objectives. Determines if objectives have been met.
- Leaves trainees with a sense of completion.
- Links session to the rest of training, especially upcoming sessions.

Example Session Plan Using The Experiential Learning Cycle

Note: This session plan is a small segment of a comprehensive training plan and is included to demonstrate how to use the Experiential Learning Cycle when developing a training activity. Only minimal background information is included regarding the problem/opportunity, goals/learning objectives, trainee characteristics, and evaluation plan. Refer to the 7 Planning Questions for assistance in developing a comprehensive plan.

Workshop Title:	FP/RH Clinical Skills Workshop for Nurses and Midwives
Module Title:	Providing Family Planning Services
SourceBook Module:	3.4.2
Session Title:	The Lactational Amenorrhea Method (LAM)
Session Number:	10
Duration of Session:	about 3 hours
Participants' Profile:	15 nurses and midwives with an average of two years experience in FP/MH service delivery and some FP theory (learned during pre-service training). They have learned how breastfeeding affects the menstrual cycle and understand the benefits of FP for maternal and child health. They are skilled breastfeeding coaches but have not promoted breastfeeding as a "recognized/sanctioned" method of FP. Recent revisions to the service delivery guidelines elevate LAM to a recognized method of FP that should be promoted by providers during education and counseling sessions.

Materials/Resources Needed:

- Prepared session plan
- Co-trainer prepared to assist with activities
- Notepads and pens for trainees
- Flipchart Sheet Number 1, showing the title of the session and the session objectives
- Flipchart Sheet Number 2 with instructions for small group tasks
- Handout Number 1 (15 copies)
- Flipchart with blank sheets, markers, masking tape
- Flipchart stand or wall space for posting flipchart sheets
- Handout or procedural guidelines explaining LAM benefits and how to promote breastfeeding. [Potential sources: 1. Farrell BL: *Lactational Amenorrhea Method (LAM) Trainer's Module*. Washington DC, American College of Nurse-Midwives, 1995.
2. Family Health International (FHI): *Lactational Amenorrhea Method (LAM)*, Contraceptive Technology Update Series. Research Triangle Park, NC, FHI, 1994.
3. National service delivery guidelines.]
- Illustration which shows relation of frequent suckling of breast with hormones of hypothalamus, pituitary gland, and ovary. [Potential source: *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method (LAM)*. Washington, DC, Institute for Reproductive Health/Georgetown University, 1994.]

1. Climate Setting: 10 minutes

- Read the title of the session from the posted flipchart sheet.
- Ask those trainees who have had babies, and breastfed them, to raise their hands.
- Ask those who raised their hands (at least 5) to share one experience about the time after delivery when they resumed their menses during breastfeeding.
- Co-trainer records the responses on a flipchart sheet and posts on the wall for reference during the session.
- Allow trainees to respond. Select relevant responses. Explain that there is a relationship between breastfeeding, amenorrhea and family planning. Explain that this session will address these relationships and other learning objectives.

2. Objectives: 5 minutes

- Post Flipchart Sheet Number 1 with objectives (see page 53).
- Read them.
- Allow the trainees to ask questions about them. Clarify, if necessary.

3/4. Interactive Presentation and Experience:

Brainstorming/Identification of Key Points: 10 minutes

- Briefly explain the rules of brainstorming.
- Ask trainees to offer a description of what they know or have heard about LAM.
- Allow trainees to respond (trainer writes responses on posted flipchart sheet).
- With the trainees, select the relevant responses and mark them.
- Post the flipchart sheet with the relevant responses that accurately describe LAM marked. Read it aloud. Summary should highlight the three criteria of LAM: LAM is most reliable during the first 6 months postpartum, as long as the menses have not resumed and the baby is fully breastfeeding.
- Commend the trainees who have provided relevant responses.

Small Group Work: 20 minutes

- Divide the trainees into three groups.
- Post the instructions (Flipchart Sheet Number 2, see page 53) for the group work and assign topics to each group:

Group 1

- a. How LAM prevents pregnancy
- b. Benefits of LAM and of breastfeeding
- c. Three practices that mothers working outside the home or those mostly performing home duties can follow to make breastfeeding successful

Group 2

- d. Disadvantages of LAM
- e. Differences and similarities of breastfeeding and LAM

Group 3

- f. Who can use LAM
 - g. Who should not use LAM
 - h. At least three practices that a health provider can use to promote effective breastfeeding from the birth of the baby onwards.
- Have the small groups outline their ideas. Recorder writes on her/his note paper.

Presentation: 30 minutes

- Lead trainer asks small groups to present the results of their work.
- Recorders for small groups present each group's results.
- Co-trainer records the results of all groups on flipchart sheets.
- Lead trainer invites trainees to add ideas to each other's small group work.
- Lead trainer adds any key ideas not already listed and commends trainees for the ideas generated.
- Lead trainer refers trainees to the procedural guidelines or handouts on the areas discussed about LAM. Link some of the responses generated in the brainstorming exercise to the ideas presented by the small groups.

Lecturette: 20 minutes

- Explain the importance of:
 - each provider promoting exclusive breastfeeding for 4 to 6 months as a child survival practice.
 - any provider who is currently breastfeeding her own baby to model the use of LAM for clients where appropriate and feasible.
 - providers taking time to counsel mothers who are breastfeeding and within 4 to 8 weeks postpartum about using LAM; for women who decide to use LAM, make sure they understand when to begin using another method and which methods are appropriate for breastfeeding women.
- Refer trainees to the flipchart sheet which had some of the trainees' breastfeeding experiences (from the Climate Setting Activity). Ask how any of the experiences may be relevant in applying the learnings on LAM.
- Allow trainees to ask questions. Clarify, as necessary.

Simulations on Client Education: 40 minutes

- Ask participants to divide into five groups of three trainees each to prepare the client education sessions. The lead trainer will observe and facilitate as needed the activities of groups 1, 2, and 3. The co-trainer will observe and facilitate groups 4 and 5.
- Assign each group one of the topics from Session Objective 4:
 1. Who can use LAM?
 2. Who should *not* use LAM?
 3. What are the differences and similarities between breastfeeding and LAM?
 4. What is meant by “fully breastfeeding”? What is meant by “nearly fully breastfeeding”? How are these breastfeeding styles different?
 5. What practices of health providers and mothers promote breastfeeding?
- Trainers guide participants to prepare written client education sessions that will last 5 minutes. Allow about 20 minutes to prepare presentations. Use the format on client education (Handout Number 1) to guide preparation activity.
- Simulate client education. Combine groups 1, 2, and 3 into one group, and combine groups 4 and 5 into another group. Each sub-group within a combined group presents to other members of the combined group and trainer or co-trainer.
- Trainers identify skills needing strengthening based on the simulations.
- Trainers share observations (from learning and simulation sessions) about skills that need strengthening and state where the information will be found by trainees.
- Trainer summarizes the responses and links them with some of the reactions shared by trainees during processing activity, where necessary.

5. Processing: 5 minutes

- Trainees re-assemble into large group.
- Ask individual trainees what they thought about the session as a whole or portions of the sessions.
- Allow trainees to respond. Trainer notes strengths or limitations of the session.

6. Generalizing: 10 minutes.

- Allow trainees to review the session objectives and reflect on the small group outputs.
- Ask what they have learned.
- Ask trainees which areas they would like to read more about or practice more.

7. Applying: 15 minutes

- Ask the trainees: “In what situation will you use these learnings about LAM? What are some factors in your work site that will promote acceptance of LAM? What are some of the problems you anticipate in promoting LAM among colleagues, clients and/or in your community?”

8. Closure:*Lecturette/Discussion:* 15 minutes

- With input solicited from the trainees, summarize the learning. Emphasize applying the learning on the job. Relate the learning to each session objective, as appropriate.
- Explain what will be done by you, the trainer, to rectify any problems stated by trainees.
- Link the session on LAM to subsequent sessions on FP or RH or child survival.

Sample Flipchart Sheet Number 1

Session Objectives:

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

1. Explain the physiological basis of LAM.
2. State at least four benefits of LAM, including the benefits of exclusive breastfeeding for 4 to 6 months after delivery.
3. Cite at least three disadvantages/limitations of using LAM for childspacing.
4. Demonstrate the ability to educate clients on the following LAM topics:
 - a. Who can use LAM?
 - b. Who should not use LAM?
 - c. What are the differences and similarities between breastfeeding and LAM?
 - d. What is meant by fully breastfeeding? What is meant by nearly fully breastfeeding? How are these breastfeeding styles different?
 - e. What practices of health providers and mothers promote breastfeeding?

Sample Flipchart Sheet Number 2

Session Objectives:

Instructions for small group work:

1. Choose a recorder, a facilitator and a timekeeper of the small group.
2. Follow the rules of giving and receiving feedback during discussion.
3. Refer to the procedure manual or handout, if necessary.
4. Write the group product on a flipchart sheet.
5. Recorder will make the presentation but all group members will provide inputs to the presentation if necessary.

*Sample Handout Number 1***Client Education on Aspects of LAM
Simulation Exercise**

Description of Activity: Trainees will “role play” the part of clients during the simulation.

Profile of intended clients: Postpartum mothers who have not attended similar group education sessions offered at your clinic. However, they already know you by name. One or two mothers in the group have had personal experience of no menses while breastfeeding but they have not had an opportunity for clarifying why that happened and all are curious about using LAM.

Prepare notes for your education session as follows:

1. Subject of simulated client education (indicate the subject assigned to your small group):
 1. Who can use LAM?
 2. Who should not use LAM?
 3. What are the differences and similarities between breastfeeding and LAM?
 4. What is meant by fully breastfeeding? What is meant by nearly fully breastfeeding? How are these breastfeeding styles different?
 5. What practices of health providers and mothers promote breastfeeding?

2. Two things my client will do after the client education session:

3. Instructional methods I'll use are: lecture/discussion; questions and answers; visual presented along with discussion; etc. Describe at least 2.

4. Main points (list 2 to 3) about the subject/topic are:

User's Guide

5. Time allotted for session--keep it brief, not more than 5 to 10 minutes:

6. Visual aids I'll use to help my clients understand:

7. Methods I'll use to check the clients' understanding:

8. How I will close the session:

3.3 Developing Plans for Applying Skills On-the-Job

Helping trainees put training to use at their work sites

Most people would agree that training is only valuable if put to use. Health workers may attend “good” training sessions, but when they return to the work site, they may be unable to apply what they have learned. There may be several reasons for this dilemma, but the most common is simply that the trainee may not know how to go about applying new skills at their work site. During the training, guidance may not have been given for how to apply and further develop their new skills on the job. Other possible reasons for non-application of new skills are:

- lack of support from a supervisor, colleagues or the community
- lack of supplies and equipment
- lack of flexibility in work site set-up
- lack of compatibility with job responsibilities.

Performance-based training addresses this problem by closely linking training activities to the trainees’ work and work site, thereby helping to close the gap between training and the on-the-job use of new skills. By starting at the work site to discover and determine the cause(s) of the performance problem (or anticipate problems that may arise as new services or procedures are added), program managers, supervisors and the trainees themselves, can gain insight into the problem. They can then conduct an intervention that specifically addresses the problem. Before training is initiated, with guidance from supervisors and managers, trainees will develop a clear understanding of:

- the purpose of the training intervention
- what they must achieve as a result of training
- how their individual accomplishments can contribute to the organization’s desired results.

Throughout the training process, trainees should be encouraged to reflect on the knowledge and skills they are learning and make concrete plans for applying these skills at their work site. One means of planning for on-the-job application of new skills is to have trainees keep a learning journal during training. Then, near the end of training, they can create their own written activity plan for applying their new learnings at their work site. This plan describes the specific skills and knowledge that an individual has acquired during training and wishes to incorporate at her/his workplace.

The purpose of this type of activity plan is to:

- help the trainee to retain knowledge and skills learned
- share learnings with others (co-workers and supervisors)
- improve the quality of FP/RH services in her/his work site
- ensure impact of training on the FP/RH service.

A suggested format for an activity plan is included on page 59. During the training, the trainee is asked to review the five sections of the plan and consider how s/he would like to respond to each.

1. Identify specific changes that you would like to introduce/recommend at your work site.
2. Identify the activities that must take place to make these changes happen.
3. Identify specific outcomes that you expect at the work site and/or among the clients as a result of the changes you are proposing.
4. Identify the time period for implementing the changes.
5. Use the comments column to record other observations including:
 - specific events, outcomes or remarks from colleagues and clients about the new practice(s) that you are introducing
 - reasons for any delay in accomplishing a particular activity
 - other important information related to implementing the activity plan for applying skills on-the-job.

Additional trainee guidelines for completing a plan include the following:

- Select new skills that you will be able to put into practice as you provide FP/RH services at your work site.
- When selecting the skills you want to put into practice, identify work site needs and resources and consider:
 - the needs of clients and the results your organization desires to achieve in terms of providing high quality client-oriented services
 - the learning needs of colleagues/staff (However, in most cases, your plan should not require the mandatory participation of your colleagues.)
 - the resources available for FP/RH services, including FP/RH equipment, supplies, providers and supervisors (Ideally, your individual plan should require little or no money to implement, although it may be part of a larger organization-wide implementation that requires the purchase of new supplies and equipment.)
- Refer to your learning journal, national FP/RH service policy guidelines and standards and national FP/RH procedure manual to help you identify new/updated practices. These new or updated practices may have resulted from advances in contraceptive technology or revised national/local agency service policy guidelines and/or procedure guidelines.

- Because there may be factors at the work site that either facilitate achieving your goals or present obstacles, it is important to identify work site-related factors that may influence your activity plan, such as:
 - the level of support provided by your supervisor as change is introduced
 - the scope of your job responsibilities. Your plan should fit into other activities on your regularly-scheduled work plan and correspond to responsibilities in your official job description and the service goals of your organization
 - religious/cultural factors in your community
 - potential community support for introduced change
 - regularity of FP/RH supply acquisition, especially consumable supplies.
- Prepare your plan with maximum flexibility so that revisions are easy to incorporate. This will enable you to:
 - incorporate your individual plan into other work site work plans
 - add new objectives to your activity plan as necessary.

(If you attended the training with other colleagues from your work site, consider developing your activity plans as a group so you can support each other.)
- Upon return to work, modify the plan in consultation with your supervisor. Periodically meet with your supervisor to review your plan, check progress and make whatever adjustments are necessary to ensure that your individual accomplishments contribute to the organization's desired results.

ACTIVITY PLAN FOR APPLYING SKILLS ON-THE-JOB

1. Name of Provider: _____ 2. Name of Clinic/Work Site: _____
3. District and Region: _____ 4. Country: _____
5. Date of Training: _____ 6. Place of Training: _____

Specific Changes I Wish to Introduce at My Work Site	What Activities Will be Done to Effect the Change at My Work Site	Outcomes at the Work Site and/or Among the Clients as a Result of the Changes	Time Period for the Changes to Occur (from _____ to _____)	Comments

Appendices*

Appendix A: Annotated List of Key Resources and Acquisition Information

Appendix B: List of Jobs and Major Tasks from the *SourceBook*

* Appendices A and B pertain to Modules 1 through 6.

Appendix A: Annotated List of Key Resources and Acquisition Information

Beck D, Buffington S, McDermott J: *Healthy Mother and Healthy Baby Care: A Reference for Care Givers*. Washington, DC, MotherCare/John Snow Inc./American College of Nurse-Midwives (ACNM), 1996.

Basic midwifery care during pregnancy, labor and delivery and after delivery, presented in four step problem solving approach. Infection prevention and family planning integrated with content. Pre- and post-tests included in each section. Many clear illustrations accompany and amplify text. Excellent manual for training of midwives. Available in **English** from:

John Snow, Inc. (JSI)
MotherCare
1616 North Fort Myer Drive, 11th Floor
Arlington, Virginia 22209, USA.
Tel: 1-703-528-7474
Fax: 1-703-528-7480
E-mail: susan_shulman@jsi.com

Bennett VR, Brown LK (eds): *Myles Textbook for Midwives*, 12th ed. London, Churchill Livingstone, Inc., 1993.

Basic textbook encompassing obstetrics and neonatal care from midwife's perspective. Includes relevant anatomy and physiology, and questions for self-assessment of knowledge. Generously illustrated with photos, drawings and tables. Social and legal aspects of midwifery care presented from perspective of U.K. Available in **English** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; (toll free in North America) 1-800-553-5426
Fax: 1-212-727-7808

Bright P, Ogburn L, Angle M: Cervical Cancer Prevention. *INTRAH Technical Information Memo Series (TIMS)* July 1996;3(C1e):1-6.

Provides information and guidance on field-relevant questions about cervical cancer. Briefly discusses causes of cervical cancer, primary and secondary prevention strategies. Answers questions about cervical cancer and family planning method choice. Also included as appendix to *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II* (see Technical Guidance/Competence Working Group, Gaines M (ed.) below). Available in **English, French, Portuguese** and **Spanish** from:

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Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intraus.med.unc.edu

Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*, 3rd ed. Washington, DC, American College of Nurse-Midwives, 1997.

Continuing or advanced education intended for midwives in rural or isolated practice settings. Discusses necessary skills for reducing maternal and infant morbidity and mortality, such as: neonatal resuscitation, postpartum hemorrhage, and prevention of sepsis. Four step problem-solving approach is used and incorporated in self assessment exercises. First module offers practical guidelines for using the manual in training midwives. Available in **English** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in **English** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

Family Planning Association of Kenya (FPAK): *Reproductive Health Client Management Guidelines*. Nairobi, FPAK, forthcoming.

Practical clinical guidelines for use by multidisciplinary health care providers in family planning and reproductive health services. Step-by-step directions given for safe management of clients. Procedures well illustrated with simple and clear drawings. Includes sections on unwanted pregnancy, infertility, gender issues, female circumcision and wife inheritance. Excellent example of current reproductive health management with a focus on efficient, sensitive, client-focused services. Adaptable for use in other countries. Publication forthcoming. Please contact:

Godwin Z. Mzenge
Executive Director
Family Planning Association of Kenya (FPAK)
Harambee Plaza
Nairobi, Kenya.

Guillebaud J: *Contraception: Your Questions Answered*, 2nd ed. New York, Churchill Livingstone, Inc., 1993.

Addresses combined pill, with particular attention to cancer risks and protection, new formulations and pill-free interval. Covers material on female condom (Femidom), IUDs, uterine ablation, patient compliance, service provision and contraception after recent pregnancy. Contains full coverage of contraceptive implant, NORPLANT®. Contains glossary as well as numerous figures and tables. Available in **English** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000; toll free (North America): 1-800-553-5426
Fax: 1-212-727-7808

Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in **English** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

Hatcher RA, et al: *Emergency Contraception: The Nation's Best-Kept Secret*. Decatur, GA, Bridging the Gap Communications, Inc., 1995.

Covers currently available birth control pills containing both estrogen and progestin as emergency contraception. Includes discussions of Copper T 380A IUD, minipills, danazol and mifepristone (RU 486). Available in **English** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in **English** from:

Population Information Program (PIP)
 Johns Hopkins Center for Communication Programs (CCP)
 111 Market Place, Suite 310
 Baltimore, Maryland 21202-4012, USA.
 Tel: 1-410-659-6300
 Fax: 1-410-659-6266
 E-mail: PopRepts@welchlink.welch.jhu.edu

INTRAH: *Guidelines for Clinical Procedures in Family Planning: A Reference for Trainers*, 2nd ed. revised. Chapel Hill, NC, INTRAH, 1993.

Provides guidelines summarizing basic step-by-step clinical procedures for providing family planning services, including all modern childspacing methods, voluntary surgical contraception (counseling only), subfertility/infertility services, and infection prevention guidelines. Selected chapters and appendices are being updated to reflect latest WHO and other international guidelines. Chapter on progestin-only injectables and appendix on infection prevention were updated in **English** in 1996; **French** and **Spanish** versions will be completed in 1997. Chapters on IUDs, combined oral contraceptives and progestin-only pills are being updated. Available from:

INTRAH
 University of North Carolina at Chapel Hill
 School of Medicine
 208 North Columbia Street, CB# 8100
 Chapel Hill, North Carolina 27514, USA.
 Tel: 1-919-966-5639
 Fax: 1-919-966-6816
 E-mail: eudy@intrahus.med.unc.edu

INTRAH: 7 Planning Questions for Family Planning Training: An INTRAH Appointment Calendar for Trainers, 1992, in INTRAH: *Tools from INTRAH Calendars for Family Planning Trainers, 1987-1994*. Chapel Hill NC, INTRAH, 1995.

Reprint includes seven planning questions with examples of how they can be applied in development of training sessions. Also includes training session plan format and completed lesson plan.

Available in **English** and **French** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

INTRAH: *Teaching and Learning with Visual Aids*. London, Macmillan Publishers Ltd., 1987.

Introduces trainers to use of visual aids for effective teaching and learning of family health and family planning. No previous knowledge or skills in art or visual aids are required. Emphasizes active involvement of learner and learning by doing. Extensively field-tested, in Africa and the Middle East, and revised in light of experience. Available in **English** from:

TALC (Teaching-aids At Low Cost)
P.O. Box 49
St. Albans
Herts, AL1 4AX, United Kingdom.
Tel: 0-727 853869
Fax: 0-727 846852

Klein S: *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives*. Palo Alto, CA, The Hesperian Foundation, 1995.

Covers community-based care related to reproductive health and complications of childbirth.

Written in simple, clear language, without medical terminology. Amply illustrated with simple drawings clarifying the text. Emphasis on community and family teaching. Valuable appendices include instructions for making simple midwifery equipment and training materials. A color-coded section explains drugs used in midwifery care. Available in **English** from:

The Hesperian Foundation Publications
2796 Middlefield Road
Palo Alto, California 94306, USA.
Tel: 1-415-325-9017
Fax: 1-415-325-9044
E mail: hesperianfdn@ipc.apc.org

Lichtman R, Papera S: *Gynecology: Well Woman Care*. East Norwalk, CT, Appleton and Lange, 1990.

Textbook written for non-physician providers of women's reproductive health care. Woman-centered presentation with emphasis on health maintenance. Discusses all components of patient care from teaching and counseling to self-help measures, from prescribing medication to referral for surgical intervention. Reviews current research findings on topics, e.g., experimental methods of birth control and menopausal hormonal replacement. Illustrated with clear diagrams and photographs. Available in **English** from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 515-284-6719

Love S, Lindsay K: *Dr. Susan Love's Breast Book*, 2nd ed. New York, Addison-Wesley, 1994.

Valuable reference for both general reader and anyone providing health care for women. Breast development, appearance, changes during the life cycle as well as diseases of the breast are clearly explained. Information about diagnosis and treatment of breast disease presented in adequate depth for women to make informed choices about their own health care. Drawings supplement text and are used to illustrate treatment options including surgical procedures. Available in **English** from:

Addison-Wesley Longman
One Jacob Way
Reading, Massachusetts 01867, USA.
Tel: 1-617-944-3700; toll free (North America): 1-800-387-8028
Fax: 1-416-944-9338

Mtawali G, et al: *The Menstrual Cycle and Its Relation to Contraceptive Methods: A Reference for Reproductive Health Trainers*. Chapel Hill, NC, INTRAH, 1997.

Covers changes that take place during the menstrual cycle and ways that contraceptive methods interrelate with cyclic changes. Contains 21 sample client cases demonstrating how knowledge about changes in the menstrual cycle can be applied to management of FP clients' concerns, including postpartum FP. Includes wall chart. **French** and **Spanish** editions are forthcoming. Available in **English** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Notelovitch M, Tonnensen D: *Menopause and Mid-life Health*. New York, St. Martin's Press, 1993.

Intended for general reader without medical knowledge. Contains information on all aspects of mid-life health promotion. Includes alternatives to hormone therapy for management of menopause symptoms. Many charts and diagrams useful for guiding one's personal dietary intake and exercise program. Available in **English** from:

St. Martin's Press, Inc.
175 5th Avenue
New York, New York 10010, USA.
Tel: 1-212-674-5151
Fax: 1-212-529-0594

Paluzzi P, Quimby C: *Domestic Violence Education Module*. Washington, DC, American College of Nurse-Midwives, 1995.

Intended to assist faculty of nurse-midwifery programs in educating students about issues of domestic violence and providing care to victims of domestic or family abuse. Discusses screening for abuse, making safety assessments and documenting findings for both medical and legal systems. Divided into three components: 1) basic history and physical assessment information; 2) defining clinical issues and refining students ability to respond and interact appropriately; and 3) expanding student's knowledge and resources of community, and promoting activist role. Appendices include a compilation of teaching resource tools and articles relevant to topic. Available in **English** and **Spanish** from:

American College of Nurse-Midwives (ACNM)
818 Connecticut Avenue NW, Suite 900
Washington, DC 20006, USA.
Tel: 1-202-728-9860
Fax: 1-202-728-9897
E-mail: info@acnm.org

Postabortion Care Consortium, Winkler J, Oliveras E, McIntosh N (eds): *Postabortion Care: A Reference Manual for Improving Quality of Care*. Baltimore, JHPIEGO, 1995.

Provides clinicians with step-by-step instructions for provision of comprehensive postabortion care services. Provides in-depth discussion of treatment of incomplete abortion and its life-threatening complications. Particular attention given to manual vacuum aspiration (MVA). Additional features of postabortion care are covered such as family planning and referral to health care services needed after emergency treatment. Detailed appendices feature step-by-step directives for: infection and pain management, severe vaginal bleeding, intra-abdominal injury, blood transfusion, administration of medicines, and processing of surgical gloves, among many other. Numerous easy-to-read tables and well-illustrated figures complement the text. Available in **English** and **French** from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Program for Appropriate Technology in Health: *Interpersonal Communication/Counseling (IP/C) Workshop Curriculum for Family Planning, STDs, and HIV/AIDS*. Washington, DC, PATH, forthcoming.

Includes current best practices in interpersonal communication and counseling, such as verbal and non-verbal behavior, perceptions and values clarification, effective use of audio-visual aids and addressing rumors and mis-information. Also included is the latest guidance on client-provider interaction (CPI), stressing dynamic interaction with individual clients and exploration of relevant issues such as sexuality, vulnerability to STDs, HIV/AIDS, and domestic violence. Basic theories of communication are integrated with practical applications and exercises. Available in **English** in early 1998 (and later in **Spanish** and **French**) from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW, Suite 700
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

Salter C, et al: Care for Postabortion Complications: Saving Women's Lives. *Population Reports Series L*, 1997;(10):1-31.

Discusses the severity of the problem of unsafe abortions and ways it can be addressed. Outlines the "CAP" postabortion strategy which insures that women receive complete, appropriate, and prompt care. Stresses the need to plan for postabortion care and avoid the crisis atmosphere that currently characterizes most postabortion treatment. The use of local anesthesia with manual vacuum aspiration (MVA) is shown to be a safe, and cost effective method of treatment for incomplete abortion, reducing maternal deaths from hemorrhage and infection. The need to offer some degree of postabortion care at every level of health system is discussed. Provision of sensitive family planning counseling at the time of postabortion care is stressed. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6389
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Technical Guidance/Competence Working Group and World Health Organization/Family Planning and Population Unit: Family Planning Methods: New Guidance. *Population Reports Series J* 1997;(44):1-48.

Presents condensation of: Technical Guidance/Competence Working Group. *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I*, 1994 and *Volume II*, 1997; and a table summarizing: World Health Organization: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*, 1996. **French** and **Spanish** issues forthcoming. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
School of Hygiene and Public Health
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Technical Guidance Working Group (formerly the Interagency Guidelines Working Group), Curtis KM, Bright PL (eds): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume I: Combined Oral Contraceptives, Progestin-Only Injectables, NORPLANT® Implants, and Copper-Bearing IUDs: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1994.

Contains procedural steps for administration of selected hormonal methods and copper-bearing intrauterine devices (IUDs) intended to provide guidance for persons and organizations who are developing, updating or revising family planning procedural and service guidelines. Includes general recommendation concerning importance of addressing STDs within family planning care.

Summarizes expert opinion on selected procedural questions in provision of each contraceptive. For each recommendation, scientific rationale is given and supporting research is cited. All data presented in easy-to-read tables.

Available in **English** and **French** from:
INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Available in **Portuguese** and **Spanish** from:
JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Technical Guidance/Competence Working Group, Gaines M (ed): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II: Results of a Technical Meeting*. Chapel Hill, NC, INTRAH, 1997.

Volume II supplements *Volume I*. Intended audience is persons and organizations developing or updating family planning/reproductive health procedural and service guidelines. Addresses Lactational Amenorrhea Method (LAM), natural family planning, barrier methods, voluntary sterilization, combined (monthly) injectable contraceptives, progestin-only pills, levonorgestrel-containing intrauterine devices (IUDs), emergency contraceptive pills and questions on *Volume I* methods not addressed in the first edition. Includes community-based services checklists for initiating combined oral contraceptives and Depo Provera[®], guidance on client-provider interaction in family planning services, and information on contraceptive effectiveness (typical and perfect pregnancy rates) and STD risk assessment. *French, Portuguese* and *Spanish* editions forthcoming. Available in *English*.

English and *French* from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB #8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Portuguese and *Spanish* from:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231, USA.
Tel: 1-410-955-8558
Fax: 1-410-955-6199
E-mail: info@jhpiego.org

Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual*. Durant, OK, Essential Medical Information Systems, Inc., 1992.

Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT[®] management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in *English* from:

Essential Medical Information, Inc.
P.O. Box 1607
Durant, Oklahoma 74702-1607, USA.
Tel: 1-405-424-0643
Fax: 1-405-924-0643
E-mail: saleemis@emispub.co

Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997.

Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in *English* from:

Jones and Bartlett Publishers, Inc.
40 Tall Pine Drive
Sudbury, Massachusetts 01776, USA.

Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034
Fax: 1-508-443-8000
E-mail: info@jbpub.com

World Health Organization, Division of Family and Reproductive Health: *Counseling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide*. Geneva, WHO, 1993.

Designed for use in five-day workshop training counselors in adolescent sexuality and reproductive health. Addresses sexual behavior, sexual difficulties, STDs, pregnancy prevention, difficult moments in counseling and integration of skills. Includes appendix of transparencies for use in training. Available in **English**, **French** and **Spanish** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Division of Family and Reproductive Health: *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Initiating Use of Contraceptive Methods*. Geneva, WHO, 1996.

Intended for policymakers, family planning program managers and scientific community. Contains recommendations for revising family planning policies and prescribing practices in line with updated medical eligibility criteria supported by latest scientific evidence. Guidelines presented in an easy-to-read table format. Available in **English** and **French**. Forthcoming in **Spanish** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Division of Family and Reproductive Health: *Mother-Baby Package: Implementing Safe Motherhood in Countries*. Geneva, WHO, 1994.

Presents the elements of safe maternity care, breastfeeding, detection and management of complications. Describes, in table format, activities appropriate for different levels of health care facilities. Includes lists of monitoring indicators as well as drug and equipment lists. Available in **English** from:

World Health Organization (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

World Health Organization, Global Program on AIDS: *Management of Sexually Transmitted Diseases*. WHO/GPA/TEM/94.1 Rev.1, Geneva, WHO, 1997.

Standardized protocols for management of specific STDs and related syndromes including recommended and alternate drug treatment. Particularly helpful section comments on the individual drugs, noting interactions and possible substitutions. Available in **English** from:

World Health Organization (WHO)
Distribution and Sales
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: publications@who.ch

World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide*. Geneva, WHO, 1994.

Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in **English** and **French** from:

World Health Organization, (WHO)
Division of Family and Reproductive Health
1211 Geneva 27, Switzerland.
Tel: 41-22-791-3367
Fax: 41-22-791-4189
E-mail: lamberts@who.ch

Yordy L, Johnson S, Winkler J: *MVA Trainer's Handbook*. (With an updated module on postabortion family planning compiled by Winkler J and Feldman K). Carrboro, NC, Ipas, updated February 1996.

This handbook is a guide for conducting a postabortion care training course based on manual vacuum aspiration (MVA) and contains all the necessary information for administering the course. It includes notes to the trainer about methods and how to conduct the session, objectives, content of the course, prerequisite skills, sample schedules, strategies for evaluation of the trainees and the course, a checklist of materials and equipment needed, lesson plans for each module including slides and masters for handouts, and a bibliography of related materials. Revised edition forthcoming in 1998. Current edition available in *English, Portuguese* and *Spanish* from:

Ipas
Communications Department
P.O. Box 999
Carrboro, North Carolina 27510, USA.
Tel: 1-919-967-7052
Fax: 1-919-929-0258
E-mail: lisettes@ipas.org

Youngkin EQ, Davis MS: *Women's Health. A Primary Care Clinical Guide*. Norwalk, CT, Appleton & Lange, 1994.

Presents a holistic approach to women's health care intended for non-physician providers. Contains selected common medical and psychosocial problems as well as reproductive health concerns. Written in a concise, outline format and provides for each problem the epidemiology, subjective data, objective data, diagnostic methods and a plan. Counseling and follow-up care guidelines are included. Second edition available January 1998 in *English* from:

Appleton and Lange Publishers
Order Processing Center
P. O. Box 11071
Des Moines, Iowa 50336-1071, USA.
Tel: 1-515-284-6761; toll free (North America): 1-800-947-7700
Fax: 1-515-284-6719

Zimmerman M, et al: *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, rev. ed. Washington, DC, PATH, 1996.

Presents guidelines for developing health and family planning print materials for illiterate or low-literate groups worldwide. Explains that print materials which are easy to understand and culturally appropriate can be used to support the interaction between health workers and clients. Includes examples of materials from various countries. Available in *English* from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

Appendix B: List of Jobs and Major Tasks from the *SourceBook* Modules

The JOB covered in **Module 1** is to **counsel individual clients and couples to help them achieve their reproductive health goals.**

Major Tasks:

- 1.1 Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.
- 1.2 Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.
- 1.3 Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decisionmaking.

The JOB covered in **Module 2** is to **provide family planning/reproductive health (FP/RH) education sessions for clients and groups.**

Major Tasks:

- 2.1 Identify appropriate clients/groups, locations to reach those clients/groups, relevant subject areas and appropriate messages for FP/RH education.
- 2.2 Identify informational needs of clients/groups and potential barriers to effective communication about FP/RH/sexuality issues.
- 2.3 Plan FP/RH education sessions for clients/groups.
- 2.4 Conduct FP/RH education sessions for clients/groups.
- 2.5 Evaluate FP/RH sessions for clients/groups.

The JOB covered in **Module 3** is to **provide the FP services that are appropriate for the provider's level of training, experience and the setting in which s/he works.**

Major Tasks:

- 3.1 Apply knowledge of reproductive anatomy and physiology to client counseling for choosing a contraceptive method; for the management of contraceptive side effects; and to other related RH care (e.g., postpartum, postabortion).
- 3.2 Explain the health and other benefits of FP for mothers, children and families.
- 3.3 Counsel clients to enable them to make informed choices of FP methods.
- 3.4 Describe for clients at various stages of their life cycle and in varying circumstances (e.g., postpartum, postabortion, after use of emergency contraception [EC]) the natural, hormonal, barrier, surgical and traditional FP methods and intrauterine contraceptive devices (IUDs), using the 13 point trainer's guide.
- 3.5 Refer clients for FP methods and FP/RH services not provided by the service site, according to the clients' preferences.
- 3.6 Take and record relevant aspects of the clients' socio-medical histories using the local agency FP/RH card. Supplement the card, as appropriate.
- 3.7 Perform relevant components of physical assessments for FP/RH clients, depending on the selected FP method or health problem.
- 3.8 Determine, with individual clients, the most appropriate FP method based on clients' informed choice, findings from history-taking and physical assessments, and consideration of the risks and benefits of the method and the clients' situation.
- 3.9 Correctly prescribe, dispense, administer or insert the method selected, following appropriate infection prevention procedures.
- 3.10 Instruct clients on the use of the selected FP method and further discuss the method's most common side effects.
- 3.11 Conduct routine follow-up for FP clients in a way that enhances continuing satisfaction and acceptance.
- 3.12 Help clients manage common side effects of contraceptive methods.
- 3.13 Manage contraceptive-related complications, and refer clients as necessary.

The JOB covered in **Module 4** is to **provide the basic maternal and newborn care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.**

Major Tasks:

Maternal Health

- 4.1 Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.
- 4.2 Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.
- 4.3 Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.
- 4.4 Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.
- 4.5 Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.
- 4.6 Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

Newborn Health

- 4.7 Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.
- 4.8 Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.
- 4.9 Identify, with the newborn's mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.
- 4.10 Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.
- 4.11 Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.

- 4.12 Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

Safe Motherhood and Child Survival

- 4.13 Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

The JOB covered in **Module 5** is to **provide the postabortion care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.**

Major Tasks:

- 5.1 Apply knowledge of postabortion care and essential obstetric care for spontaneous or complicated induced abortion to offer appropriate client counseling, assessment, and treatment.
- 5.2 Apply knowledge of the physiology of abortion during the management of incomplete abortion.
- 5.3 Apply knowledge of the causes of abortion during postabortion counseling and treatment, including referral.
- 5.4 Use effective, interpersonal communication skills during all phases of postabortion care.
- 5.5 Assess the client's medical needs, including initial assessment and complete clinical assessment (medical history and examinations).
- 5.6 Determine the stage of abortion and appropriate treatment based on history, signs, symptoms and examinations.
- 5.7 Appropriately refer and transport a client needing treatment not available in the clinic.
- 5.8 Provide pain management, as appropriate.
- 5.9 Treat incomplete abortion, using manual vacuum aspiration (MVA) and post-procedural care.
- 5.10 Use infection prevention measures to maintain MVA instruments and other items.
- 5.11 Provide postabortion FP counseling and services.
- 5.12 Identify women who need postabortion care when they are seen for other RH services, and provide appropriate care.

The JOB covered in **Module 6** is to **provide and/or refer clients for selected reproductive health services.**

Major Tasks:

- 6.1 Provide RH education, counseling and care that are appropriate for **adolescents** and that relate to normal adolescent development, sexuality and psycho-social issues; responsible decisionmaking; and health care needs of adolescents.
- 6.2 Provide RH education, counseling and care for **women during the perimenopausal years** related to normal menopausal changes; mid-late life sexuality and fertility; health promotion/disease prevention; and health care needs of perimenopausal women.
- 6.3 Detect **selected gynecological problems** (such as amenorrhea, abnormal uterine bleeding, stress incontinence, urinary tract infection (UTI), vesicovaginal fistula, ectopic pregnancy), counsel and refer women for care, as necessary.
- 6.4 Provide education and counseling to individuals and groups about the consequences and prevention of **RTIs/STIs and HIV/AIDS**; and (according to local protocol) manage RTIs/STIs and HIV/AIDS, including recognition of RTIs/STIs and HIV/AIDS, counseling and treatment/referral of individuals and couples.
- 6.5 Provide care related to **breast cancer**, including screening, education, counseling and referral for further assessment and/or care.
- 6.6 Provide care related to **cervical cancer**, including screening, education, counseling and referral for further assessment and/or care.
- 6.7 Provide care related to **infertility**, including screening, education, counseling and referral for further assessment and/or care.
- 6.8 Provide RH education, counseling and care, including referral, to **preconceptional clients** in order to enhance their ability to have a healthy pregnancy in the future.
- 6.9 Detect, support, treat and/or refer young girls and women for complications of **female circumcision**, as appropriate to the situation, and sensitively provide education and/or counseling to young girls and their parents about the potential health consequences of female circumcision.
- 6.10 Detect, support, treat and/or refer women who are victims of **domestic violence**, as appropriate to the situation, and provide education and counseling to young girls, women and others about domestic violence.

Glossary*

* The glossary includes terms from Modules 1 through 6.

GLOSSARY

- abnormal uterine bleeding** Any variation from the normal menstrual cycle pattern, including bleeding between menses, prolonged duration of menses, excessive or scant amount of bleeding, change in number of days between menses, or bleeding after menopause. Unexplained variations in a woman's bleeding pattern may be suspicious for disease.
- abortion** Spontaneous or induced termination of a pregnancy before the fetus is viable (the definition of viability varies depending on a number of circumstances and is often described in terms of number of weeks gestation, weight and/or height below a certain cutoff).
- abscess** A localized pocket of pus consisting of a collection of inflammatory cells, often containing bacteria.
- acronym** A word formed from the first letter (or letters) of a name or phrase. Often written in capital letters (e.g., WHO, STI, MCH).
- active management of third stage** A treatment routine which attempts to reduce postpartum blood loss by giving oxytocics with delivery of the anterior shoulder or whole body.
- active phase of labor** The later part of the first stage of labor, when the cervix dilates from 3 to 10 cm. In this phase, the cervix is very thin and dilates faster than in the latent phase. (See also **latent phase of labor**.)
- adolescence** Phase from late childhood to early adulthood characterized by development of secondary sex characteristics (breasts and body contours in girls; facial hair and voice changes in boys; pubic hair and rapid growth in both sexes); and by maturation of the sex organs (menarche in females, ejaculation in males). Sociocultural factors determine the ages of adolescence in a given society. In general, "adolescent" has been defined as including those aged between 10 and 19, and "youth" as those between 15 and 24; the term "young people" has been used to cover those between the ages of 10 and 24.
- AIDS** Acquired Immunodeficiency Syndrome – a progressive, disease defined by a set of signs and symptoms (characterized by compromised immune response), caused by infection with HIV. Fatal if untreated. (See also **HIV**.)

amenorrhea	Absence of menstrual periods. Amenorrhea normally occurs during pregnancy and intensive lactation as well as after menopause. Amenorrhea may also occur as a result of stress, weight loss/ malnutrition, obesity, diseases, treatment with certain drugs, as a side effect of hormonal contraceptives or due to a uterine or vaginal outlet obstruction (genetic or due to trauma). Primary amenorrhea describes a condition in a woman whose menstrual periods have never begun; secondary amenorrhea is any amenorrhea in which menses appeared at puberty but later stopped appearing.
anaphylactic shock	An extreme form of allergic reaction which causes swelling of the larynx (voice box, upper windpipe) and other tissues, accompanied by difficult breathing. A rapid heartbeat and faintness follow as blood vessels in the body's extremities open wide (stimulated by histamines). Death may occur if treatment (including adrenaline/ epinephrine) is not available.
anemia	Lower than normal number of red blood cells. Red blood cells carry oxygen throughout the body using a molecule called hemoglobin (Hb). The amount of hemoglobin in the blood stream (Hg), the percent of blood which is red blood cells (hematocrit, Hct), or the number of red blood cells (RBCs) can all be used to test for anemia. Anemia can occur in women having excessive blood loss during menses and childbirth, and a diet low in iron. Many parasitic infections (e.g., malaria) also cause anemia. Protein, iron, vitamin B ₁₂ and folate (folic acid) are important in building red blood cells.
anovulation	The absence of ovulation (release of the ovum), usually resulting in irregular or absent menses. It normally occurs during pregnancy, during intensive lactation, during use of most hormonal contraceptives and after menopause.
antenatal	Before birth. (See also prenatal .)
antepartum	Before delivery. The antepartum period is divided into three trimesters of approximately 13 weeks each.
antepartum hemorrhage	Vaginal bleeding in late pregnancy, occurring after the 28th week of gestation and before the onset of labor. Usually caused by placental separation due to placenta previa or placental abruption.
antibiotic	A medication that helps fight infection (usually antibacterial, to fight bacteria). May be taken by mouth or injection for systemic infections or used topically for infections of the skin.

- assessment** In general discussions, assessment is often used interchangeably with evaluation. However, in the field of educational testing, assessment refers only to the process of making observations and measurements and excludes making judgments based on the results of these measures. (See also **evaluation**.)
- bacterial vaginosis** A syndrome in which several species of vaginal bacteria overgrow and replace the normal lactobacilli, producing vulvovaginitis symptoms with a fishy smelling discharge and an elevated vaginal pH. It is a sexually associated condition, but is not usually considered a sexually transmitted infection.
- bargaining power** The ability to control or influence others while negotiating the terms of an agreement. Requires the ability to present facts openly and confidently with the intention of persuading/convincing the listener to believe and agree with the speaker.
- barrier method** Any contraceptive method that works by blocking the sperm from reaching the egg. Male and female condoms, diaphragms and cervical caps create a physical barrier. Spermicides, dispensed in cream, gel, foam, suppositories, foaming tablets, and film, rely primarily on a chemical barrier. Barrier methods are often used in combination (e.g., diaphragms and spermicides).
- Bartholin's glands** Two small mucus-producing glands on either side of the lower part of the vagina, similar to Cowper's glands in the male. They are generally thought to contribute to vaginal secretions. They provide sites or reservoirs of infection in sexually transmitted infections.
- basal body temperature method** A method of natural family planning (NFP) that uses the woman's basal body temperature (the temperature of the body at rest) to identify the infertile phase of the menstrual cycle after ovulation has occurred. This information is used to plan intercourse and abstinence so as to achieve or to avoid pregnancy. (See also **fertility awareness, natural family planning**.)
- Billings method** See **mucus method**.
- brainstorming** A group problem-solving or training technique that involves the spontaneous contribution of ideas, questions and proposed solutions from all members of the group.
- breaking the silence** Speaking out when silence, secrecy or denial is socially acceptable.

- breast cancer** A life-threatening, progressive disease in which normal cells in the breast are transformed into abnormal (malignant) cells. For most women, breast cancer is first noticed as a lump in the breast (most breast lumps are benign). Other signs include a change of size/shape or thickening of the breast; dimpling of the skin; nipple inversion (becomes turned in); clear, yellow or blood-stained discharge from nipple; persistent irritation of or rash on nipple or surrounding area; swelling in armpit. Self-breast exams and mammography improve the chances of early detection. The earlier breast cancer is diagnosed and treated, the better the long-term prospects. Treatment used depends on a number of factors including the type of cancer, stage of the disease and general health of the patient. Treatments include surgery, radiotherapy, hormone therapy and chemotherapy (used alone, or in combination). (See also **cancer**.)
- breastfeeding** Nursing a child from the breast. Breastfeeding is generally beneficial for all mothers and babies. Infants breastfed through the first year of life (with supplemental foods after six months) have fewer episodes of diarrhea and lower mortality. Fully or nearly fully breastfeeding suppresses ovulation and, in amenorrheic women, produces reliable temporary infertility. (See also **Lactational Amenorrhea Method**.)
- calendar method/
rhythm method** A family planning method in which the fertile phase of the menstrual cycle is determined by calculating the length of at least six previous menstrual cycles and estimating the fertile days, by balancing the shortest and longest cycles. When used alone, the calendar method may be unreliable, especially for women with irregular menstrual cycles, and may be overly restrictive for some couples. (See also **fertility awareness, natural family planning**.)
- cancer** A group of diseases in which there is a transformation of normal cells into abnormal cells which are malignant. The malignant (cancerous) cells reproduce more rapidly than normal cells, invade and destroy normal tissue and sometimes spread to other parts of the body. Most cancers are due to a combination of environmental factors (e.g., viruses, chemical exposures) and the individual's genetic (family) background. (See also **breast, cervical and endometrial cancer**.)
- cannula** A flexible tube inserted into a body opening or passage during medical procedures, such as manual vacuum aspiration or intravenous infusion.
- cephalopelvic disproportion** Describes the relationship between the fetal head and the mother's pelvis when the head of the fetus cannot pass through the birth canal (pelvic opening) either because the head is too large or is not in the correct position.

- cervical cancer** A progressive disease in which normal cells in the cervix are transformed into abnormal (malignant) cells. In the early stages, cervical cancer usually has no symptoms, however, visual inspection of the cervix and screening using the Pap smear test can be used to detect changes in the cells (CIN—cervical intra-epithelial neoplasia) which may progress to cancer. Later symptoms may include abnormal bleeding (between periods and after intercourse). The human papilloma virus (HPV) is associated with 90% of cervical cancer cases. Risk factors include multiple sexual partners, or partners with multiple partners, first intercourse at an early age, non-use of barrier methods and smoking. Treatment used depends on a number of factors and may include surgery, radiotherapy and chemotherapy (used alone, or in combination). (See also **cancer**.)
- cervical cap** A small, cup-shaped, latex cap which fits over the cervix and is held in place by suction. It is used as a barrier contraceptive during intercourse to prevent sperm from entering the uterus. It is usually recommended that caps be used with a spermicide.
- cervical mucus method** See **mucus method**.
- Cesarean section (Caesarean)** An operation to remove the fetus through an incision in the abdominal wall and uterus.
- chancre** The primary lesion of syphilis which develops at the site of the entrance of the organism into the body. It appears as a small, solid, raised lesion of the skin which gradually becomes a reddish ulcer with a yellow-like discharge. It is usually painless and disappears spontaneously. However, unless treatment for the disease is begun, the organism progresses through the lymphatic system to affect all parts of the body. (See also **syphilis**.)
- chancroid** A disease characterized by a small, painful, raised, soft lesions or sores on the genitals which break down rapidly to become shallow ulcers, which are soft with gray-colored discharge. Infection is caused by the bacteria, *Haemophilus ducreyi*, and is primarily sexually transmitted. In addition to the sores and ulcers, the lymph nodes in the groin may become tender and form an abscess. Chancroid and the chancres of syphilis may be difficult to tell apart.

chlamydia	An infection caused by the organism, <i>Chlamydia trachomatis</i> . In women, causes cervicitis (infection of the birth canal) and salpingitis (infection of the fallopian tubes) and is a major cause of pelvic inflammatory disease and infertility. Women are most often asymptomatic, although some experience vaginal discharge, bleeding between periods, pelvic pain, fever, dysuria (frequency and urgency to urinate), or painful sexual intercourse. In men, chlamydia primarily causes urethritis and can lead to sterility if not treated. Men may also be asymptomatic although some report a discharge from the penis and burning upon urination. Infants born to infected mothers can acquire the infection and develop a serious eye infection and pneumonia.
chorioamnionitis	Inflammation (swelling and redness) of the chorion (the fetal membrane that forms the fetal part of the placenta) and amnion (the innermost fetal membrane which forms the fluid filled sac) usually due to infection. It is the inflammation of all the amniotic sac (bag of waters).
circumcision	In the male, the removal of all or a part of the prepuce or foreskin of the penis. In the female, there are three types of genital operations that involve the partial or total removal of the clitoris or the labia (lips) of the vagina. (See also female circumcision .)
CLEARRS	An acronym that refers to the verbal communication skills used during counseling: C larification; L istening actively/allowing client to finish speaking; E ncouragement/praise; A ccurate reflection or focusing of the discussion; R epetition/using paraphrasing; R eacting to non-verbal communication (of the client); S ummarizing (and ensuring a common understanding of the discussion).
client education	A participatory process used to explain facts to a client that allows the client to make decisions to help her/him change their behavior or take a course of action. Client education may be included as part of a counseling session. It may take place with an individual client or with a group of clients.
climacteric	The transition years between reproductive ability and its ending (menopause) during which reproductive hormone levels and ovarian function decrease. Although men experience some of the psycho-social elements of the climacteric, as well as the physiologic consequences of aging, they do not experience a comparable hormonal transformation of body functions and secondary sex characteristics. (See also perimenopause .)
clitoridectomy/ clitorectomy	The partial or total removal of the clitoris. (See also female circumcision .)

closed-ended question	A question for which there is a pre-determined or limited number of responses (e.g., Are you satisfied with the duration of this workshop? yes or no).
collaboration	Working toward a common goal with other persons or groups, especially those from different areas of experience. The purpose of collaboration is to obtain a broad understanding of the problem and incorporate a diversity of views in developing a plan and/or providing a service.
colostrum	A clear thin, yellow, milky fluid secreted by the breasts a few days before or after the birth of a baby before milk comes in. Beginning breastfeeding immediately after birth is extremely beneficial because in the colostrum the infant receives fluid, calories, protein, and substances which protect the infant from many diseases. Early suckling promotes secretion of milk.
combined injectable contraceptives (CICs)	Combined estrogen and progestin hormones that are injected intramuscularly every 30 days to prevent pregnancy (e.g., Cyclofem and Mesigyna).
combined oral contraceptives (COCs)	The most common kind of oral contraceptive; contains both estrogen and progestin. COCs are available in 21 or 28-day pill packs. The 21-day packs contain only active pills (hormone-containing); women are instructed to take a seven day break between packs. The 28-day packs are designed to help make pill taking easier to remember by including 7 placebo or iron pills along with the 21 active pills.
community-based distribution (CBD)	Provision of contraceptive or other services and products in communities and urban areas in order to improve the availability and accessibility of information, services and supplies. CBD is especially appropriate for communities that are geographically isolated and poorly served or covered by fixed site, clinic-based services; where there are cultural barriers to use of services; and where there is a demonstrated demand for services which is not being met.
complete abortion	Expulsion of all of the products of conception from the uterus. (See also incomplete , threatened , inevitable and missed abortion .)
complications	A secondary disease, process, event, or condition developing in the course of a primary disease or condition (e.g., an abruption is a complication related to pregnancy and delivery).
conception	A process that begins with the union of sperm with ovum (fertilization) and ends with implantation, usually in the uterus.

condoms	Sheaths or coverings, worn on the penis or in the vagina during coitus, to prevent pregnancy or sexually transmitted infections, including AIDS. Condoms for men collect all secretions, including sperm, and prevent their entry into the vagina. They also prevent vaginal secretions from contacting the penis. Less common than condoms for men, condoms for women line the vagina and the labia and serve the same purpose. For added protection, condoms may be used with spermicidal cream or jelly.
condyloma/ condylomata	Wart-like skin growth which may appear on the internal and external sex organs or anus. <i>Condyloma acuminata</i> is a sexually transmitted condition caused by the human papillomavirus (HPV). HPV infections may lead to cervical, vulvar, and penile cancer. Also called venereal warts, HPV warts and genital warts. <i>Condyloma acuminata</i> may be confused visually with <i>Condyloma lata</i> (flat condylomata), a moist wart-like growth due to syphilis.
consensus	Reaching general agreement (developing a collective opinion) among or by a group of people.
consequences	Following, as a result/effect of (e.g., lung disease is a potential consequence of smoking).
consultation	Deliberately seeking out a colleague to request/provide advice or an opinion to ensure there is a comprehensive/common understanding of a particular subject (e.g., diagnosis or treatment in a particular case).
counseling	A dynamic, interactive process of assisting clients to make voluntary, informed decisions. The process allows clients to explore needs, issues or problems, express their thoughts and feelings, and acquire relevant information so that they can objectively consider options and make a decision that reflects the context of their life situation.
criteria	In the context of training and program management/evaluation, characteristics, concepts or properties that are examined when making a judgment about performance, activity, programs or projects. Once criteria are established, a standard defining an acceptable level or range of performance or quality must be set for each criterion. (See also eligibility criteria .)
cross-infection	The spread from one host to another of an infective agent. Sources could include contaminated hands and/or clothes, infected skin wounds or inadequately sterilized equipment. Also known as transmission of infection.
crowning	Describes the stage of childbirth when the largest diameter of the baby's head is visible at the vaginal opening. Once crowning occurs, delivery is imminent.

cultural norms	A set of ideas, values, beliefs and expectations about behavior shared by members of the same society at a particular time (e.g., gender/sex roles and sexuality are influenced by cultural norms).
curriculum	An instructional master plan that specifies the scope and standards of practice to be achieved, the competencies to be acquired and the means for evaluating performance during an instructional program.
cystocele	A protrusion of the urinary bladder through the vaginal wall. It sometimes occurs after a particularly difficult delivery.
cytology/ cytologic	The study of the structure and appearance of cells including the anatomy, physiology and chemistry of cells. A cytologist studies cell structure and evaluates laboratory specimens to look for abnormal cells. (See also Pap smear .)
decontamination	Process that destroys easily-killed viruses (such as HIV), and other microorganisms. Permits safe contact between instruments/objects and intact (unbroken) skin. (See also disinfection, sterilization .)
dehydration	A condition that results from excessive loss of fluid from the body through severe diarrhea, vomiting, fever or insufficient fluid intake.
Depo Provera[®]	An injectable progestin (synthetic hormone) given to women that prevents pregnancy for three months: an injectable form of medroxyprogesterone acetate (DMPA).
diaphragm	A barrier contraceptive device made of soft rubber (or soft plastic) that is fitted into the vagina to block access to the cervix. It is dome-shaped with a flexible rim. It should be used with a spermicidal cream or jelly.
dilation and curettage (D&C)	A procedure that involves dilating (enlarging the opening of) the cervix and removing the contents of the uterus by scraping the uterine walls with a metal curette. It is sometimes used in the management of abnormal uterine bleeding or in the treatment of incomplete or spontaneous abortion (although it is not the first choice approach).
dimpling	An indentation in the flesh caused by retraction or tightening of the tissues underneath the skin. May be caused by scar tissue, trauma or underlying disease (e.g., breast cancer pulling on the skin of the breast).
disinfection (high-level)	Process that destroys all live microorganisms except bacterial endospores. Because normal mucus membranes are resistant to infection by common bacterial endospores, high-level disinfection is sufficient for objects that will touch mucus membranes or broken skin. (See also decontamination, sterilization .)

domestic violence	Physical, sexual and/or emotional abuse by an intimate partner or relative. (See also physical abuse, sexual abuse, emotional abuse.)
dysfunctional	Abnormal, inadequate or impaired functioning.
eclampsia	A dangerous condition occurring in antepartum, intrapartum or postpartum women characterized by convulsions and coma. Associated with hypertension, edema and proteinuria (the presence of protein in the urine). (See also pre-eclampsia, pregnancy induced hypertension.)
ectopic pregnancy	A pregnancy occurring outside the uterus, most commonly in the fallopian tubes. It is an emergency condition requiring immediate medical investigation and treatment at a facility where surgery can be performed.
effacement	The process during which the cervix, which is usually long and thick, becomes shortened and thin. This process begins prior to labor and is completed during labor. Effacement is necessary for the cervix to dilate completely. The process of cervical dilation and effacement usually occur together and are facilitated by contractions. (See also latent phase of labor.)
effect(s)	In the context of evaluation, the immediate or short-term changes or consequences produced by a program, project or activity (e.g., the expected effects of training 15 nurses in FP counseling is an increase in the nurses' FP knowledge and counseling skills and improved job performance). (See also impact(s).)
eligibility criteria	In the context of family planning, refers to conditions (also called absolute or relative contraindications) which may make a person medically ineligible to safely use a given contraceptive method.
emergency contraception	Refers to measures taken after unprotected intercourse in an effort to prevent an unintentional pregnancy from occurring. Two contraceptive methods are currently used as emergency contraception: a special dose of some types of contraceptive pills (COCs and POPs) and the IUD.
emotional abuse	Mistreatment of another person by actions such as humiliation, insults, threats, isolation and/or limitation of their control of life decisions.

- endometrial cancer** A progressive disease in which normal cells in the endometrium (the lining of the uterus) are transformed into abnormal (malignant) cells. Early signs and symptoms include irregular vaginal bleeding (i.e., between menstrual periods or after sexual intercourse) or return of vaginal bleeding after menopause. No regular screening technique is used, however, biopsy is indicated if any of these symptoms occur. Risk factors include obesity, nulliparity and menopause over the age of 52 years. COCs can help prevent endometrial cancer. Treatment used depends on a number of factors and may include surgery, radiotherapy, hormone therapy, and chemotherapy (used alone, or in combination). (See also **cancer**.)
- episiotomy** A cut made in the perineum (the area between the vaginal and rectal openings) when the baby's head is crowning, to facilitate delivery and to avoid tearing of the perineum.
- evaluation** The process of collecting, analyzing and interpreting data on an activity, program or project for the purpose of decisionmaking. The data are compared to standards or a previous status in order to make judgments about the merit or value of the program, project or activity. (See also **assessment, standard, training evaluation**.)
- excision** In the context of female circumcision, describes a procedure where the clitoris is totally removed along with partial or total removal of the labia minora and labia majora, without closing the vulva. (See also **female circumcision**.)
- experiential learning cycle** A process used in participatory training sessions for the purpose of linking training to real life. Trainees are encouraged to express their feelings and opinions and draw on previous life experiences. They receive immediate feedback on their progress. The process has eight steps including: climate setting/introduction, session objectives, interactive presentation, experience, processing, generalizing, applying, closure. (See also **Chapter 3.2** in this User's Guide.)
- eye ointment** A medicated ophthalmic cream typically containing antibiotics. For use with newborns to prevent infections that can lead to blindness, 0.5% erythromycin or 1% tetracycline are common (e.g., Ilotycin, Latycin).
- facilitator** A person who assists, encourages, and supports a group of people in a participative way to learn or work together, make decisions, and/or resolve conflict for the purpose of achieving a common goal.
- family planning** A philosophy, concept, program, and methods and techniques that enable individuals and couples to plan their pregnancies and childbearing intervals.

- feedback** Refers to the flow of information that allows individuals involved in two-way communication to confirm that the information shared is understood as intended. Although a basic part of all communication, feedback can be purposely used in training and supervision to modify, correct and strengthen performance and results. When used in counseling, techniques like active listening purposefully use feedback to improve understanding between a provider and a client.
- female circumcision** The traditional practice, among some cultural groups, of cutting off some parts of a female's external genitalia. There are different types of circumcision, depending on what part of the genitalia is affected. There are also many potential, serious physical and psychological/ emotional complications of this practice. Also known as female genital mutilation (FGM). For more specific information, see **clitoridectomy**, **excision**, and **infibulation**.
- fertility awareness** An understanding of and ability to accurately identify and interpret the signs, symptoms and patterns of fertility throughout the menstrual cycle and apply this knowledge to oneself. Natural family planning methods depend upon a woman identifying those days during each menstrual cycle when intercourse is most likely to result in a pregnancy. The “awareness of fertility” can be used effectively with three different practices during the fertile time to avoid pregnancy: withdrawal, barrier method use or abstinence. It can also be used to time intercourse to achieve pregnancy. (See also **natural family planning**.)
- field-test** In the context of materials’ development, a means of assessing a material’s readability, usability and applicability for a specific audience in the setting where the materials are intended to be used. Results of the field-test are then used to correct or improve any parts of the material that may impede or impair its effective use. (See also **pre-test**.)
- fistula** An abnormal duct or passage from an abscess, cavity, or hollow organ leading to the body surface or to another hollow organ (e.g., a vesicovaginal fistula is an abnormal connection from the bladder to the vagina usually due to prolonged labor and delivery). (See also **vesicovaginal** and **rectovaginal fistula**.)
- fontanelle** The soft spots on the top and at the back of a young baby’s head. The **anterior fontanelle** is the diamond-shaped membranous space on the front part of the head at the meeting of four suture lines. The **posterior fontanelle** is the small triangular membranous space on the back part of the head at the meeting of three suture lines.

- GATHER** An acronym used to describe six elements used while counseling clients for informed choice of family planning methods. The elements include: **G**reeting the clients, **A**sking clients about their family planning needs, **T**elling clients about available methods, **H**elping clients decide which methods they want, **E**xplaining how to use the method chosen and the planning of **R**eturn visits.
- gender/sex roles** Standards and expectations of behavior (created by society) that are deemed appropriate either for males or females; attitudes and attributes that serve to further differentiate men from women, beyond obvious physical differences.
- genital ulcer** A loss of continuity of the skin of the genitalia. May be painful or painless and are frequently accompanied by inguinal lymphadenopathy (disease of the lymph nodes in the groin). Usually caused by sexually transmitted infections (i.e., syphilis, herpes, chancroid).
- genital warts** See **condyloma**.
- goal** A desired long term, general condition which a program, project or training activity can help attain. Reaching a goal is facilitated by achieving program, project or training/instructional objectives.
(See also **objective**.)
- gonorrhea** A contagious disease caused by the bacterium *Neisseria gonorrhoeae*. It is transmitted chiefly by sexual intercourse with an infected person or from mother to infant by passage through an infected birth canal. Women may be asymptomatic although some experience an abnormal vaginal discharge, menstrual irregularities, pelvic pain, fever, dysuria (frequency and urgency to urinate). A heavy yellow-green purulent discharge at the cervical os may be observed. Can cause pelvic inflammatory disease. Men may be asymptomatic or may show symptoms including dysuria and purulent urethral discharge. If untreated, it can result in infertility in both sexes, and severe eye infection (ophthalmia) in newborns.
- granuloma inguinale/
granuloma venereum/
Donovanosis** A disease caused by the bacterium *Calymmatobacterium granulomatis*; transmitted through sexual contact or acquired non-sexually by exposure of broken skin to an infectious lesion. It is characterized by single or multiple subcutaneous nodules (granulomas) that erode to form ulcers. It is formerly called *Donovania granulomatis*.
- hemorrhage** Excessive bleeding, from torn/ruptured blood vessels or normal blood vessels with other bleeding problems (e.g., uterine atony, blood clotting abnormality). Can be external, internal or into the skin or other tissues. Blood from arteries is bright red and comes in spurts. Blood from veins is dark red and comes in a steady flow.

hepatitis B virus (HBV)	Virus causing inflammation of the liver, liver damage and liver cancer. Transmitted through blood and blood products (e.g., transfusions and contaminated needles); body fluids (e.g., semen during intercourse); and vertical transmission (e.g., from mother to infant at delivery).
herpes	Commonly refers to an inflammatory skin disease caused by the herpes simplex virus (HSV) that is characterized by the formation of small blisters in clusters on the skin, typically around the mouth and genitals. The blisters rupture and form shallow ulcers that can be very painful but resolve and leave minimal scarring. It is transmitted by direct contact with an infected person, through kissing or sexual intercourse, and infected women can transmit it to their fetus <i>in utero</i> and during vaginal delivery causing a systemic disease (with high mortality) or a local infection. At present, there is no cure but it can be treated and symptoms reduced. It can recur in cycles and is more severe in immunocompromised persons. Note: Technically, herpes is a large family of viruses.
high-risk conditions/ behaviors	Behaviors or conditions which cause a person to be more likely than average to be infected, contract a disease or develop complications due to behavioral or medical conditions.
HIV	Human Immunodeficiency Virus – the virus that causes AIDS. It causes a defect in the body's immune system by invading, multiplying in, and then destroying a specific type of white blood cell (CD4). Transmitted through body fluids (semen, vaginal secretions, blood) during sexual contact (oral, anal or vaginal intercourse), through contaminated needles (especially during intravenous drug use) and surgical instruments, by contaminated blood products (especially transfusion with infected blood) and from mothers to a fetus <i>in utero</i> or during birth and sometimes through breastmilk. (See also AIDS .)
hormonal contraceptive	Any contraceptive containing an estrogen or a progestin (e.g., pills, some IUDs, injections or implants).
hormone replacement therapy	Estrogen and progestin, that may be taken during the perimenopause and after the menopause, to replace the declining ovarian reproductive hormones. The form of estrogen and progestin is different than the hormones used for contraception.
human papilloma virus (HPV)	A category of viruses which include those causing papillomas (small nipple-like protrusions of the skin or mucous membrane) and warts (condylomata) in humans. (See also condylomata .)
impact(s)	The long-term, less immediate changes or consequences produced as a result of the effects of a program or project. (See also effect(s) .)
incidence	The number of new events or cases of a disease or a condition arising in a given population over a period of time. (See also prevalence .)

incomplete abortion	Bleeding and/or cramping with cervical dilation and expulsion of part, but not all, of the pregnancy tissue (retained products of conception). Incomplete abortion may be diagnosed either as the result of a spontaneous abortion or as the result of attempts to terminate the pregnancy. (See also complete, threatened, inevitable and missed abortion .)
incontinence	Inability to prevent the discharge of urine or feces, or both.
induced abortion	Termination of a pregnancy before the fetus is viable. Occurs as a result of deliberate interference which may be medical, surgical or result from the use of herbal preparations or other traditional practices which cause the uterus to expel or partly expel its contents. (See also spontaneous abortion .)
inevitable abortion	Bleeding and/or cramping during pregnancy, as in threatened abortion, with the addition of cervical dilation. (See also threatened, incomplete, missed and complete abortion .)
infertility	The inability to achieve pregnancy after one year of trying to do so when the partners are having frequent sex without contraception. Primary infertility is used to indicate a couple who have never achieved pregnancy. Secondary infertility is the inability to achieve pregnancy in a couple who have previously achieved pregnancy, even if the pregnancy ended in spontaneous abortion.
infibulation	A procedure that involves the removal of the clitoris, the labia minora and most of the labia majora, stitching together the wound edges of the labia majora to create a scarred surface. A small opening is left to allow passage of urine and menses. (See also female circumcision .)
informed choice	The application of information and experience to decisionmaking about selection of a contraceptive method, participation in a study, use of an experimental drug or other situations where choice is related to degrees of risk. (See also Module 3, Appendix A .)
injectable contraceptives	Hormones that can be injected intramuscularly for contraception. There are two types: progestin-only injectables (e.g., Depo Provera [®] and Noristerat [®]) and combined injectables, which include both an estrogen and a progestin (e.g., Cyclofem and Mesigyna). (See also combined injectable contraceptives (CICs), Depo Provera[®] .)
instrument	In the context of training and evaluation, a form for collecting and recording data. Instruments used in training evaluations include tests, checklists, questionnaires and interview forms.
interpersonal communication	A two-way communication between two or more persons for purposes of information exchange, counseling or education.

interpersonal relationships	Interactions, attitudes and feelings existing between or among persons who relate to each other professionally, socially or personally on a long-term or temporary basis. Effective verbal and non-verbal communication skills contribute to positive interpersonal relationships that permit development of mutual respect, cooperation and trust.
interview	A method for collecting data in which one person asks questions of another person or of a group. Interviews are often used to collect data when questions are complex or sensitive, when probing questions will be asked or when participants cannot read or write. Interviews require skilled interviewers and take more time than some other data collection methods.
intrapartum	During labor and delivery.
IUD	Intrauterine Device – A device inserted into the uterus to prevent pregnancy. A variety of IUDs are used; most are made of plastic with an additional active agent, such as copper or a progestin. Sometimes referred to as an IUCD – intrauterine contraceptive device.
intrauterine growth retardation (IUGR)	Used to describe a fetus who does not grow normally <i>in utero</i> and as a result is small for gestational age. May result from maternal factors as when the mother is malnourished or smokes; fetal factors such as congenital infection or chromosomal abnormalities; or placental factors such as a minor abruption, a poor implantation site or decreased blood flow. Infants born with IUGR may experience a variety of life-threatening conditions resulting in an increase in perinatal mortality.
job description	A document that provides a description of the duties, responsibilities, activities and supervisory relationships for a specific job or position.
Kegel exercises	An exercise used during pregnancy and after delivery to strengthen relaxed pelvic muscles and strengthen the pelvic floor to prevent or treat urinary stress incontinence. Description of the exercise: slowly tighten the muscles that would prevent defecation or urination, hold while counting to six then slowly release or relax. Repeat this exercise 40 to 100 times each day.
knowledge	A framework of interrelated concepts and facts that give meaning to events, support new insights and problem-solving efforts, and guide the application of skills. (See also skills .)
laceration	A torn or jagged wound.

Lactational Amenorrhea Method (LAM)	A method of family planning that relies on, or uses, the absence of ovulation (anovulation) which results from intensive breastfeeding patterns. Three criteria enable women to determine their risk of pregnancy during this state of infertility. LAM guidelines require that all three of these criteria be met: 1) a breastfeeding woman must be without menses since delivery (amenorrhea), 2) a woman must fully or nearly fully breastfeed, and 3) the infant must be less than six months old.
last menstrual period (LMP)	The first day of the last normal menstrual period. Used as the baseline for determining gestational age and the estimated date of delivery. Also used to estimate the size of the uterus when the uterus is not easily palpable.
latent phase of labor	The early part of the first stage of labor; the cervix dilates 0 to 3 cm and effacement (shortening of the cervix) occurs. (See also effacement , active phase of labor .)
life situation	In the context of reproductive health, life situation refers to life stage (e.g., pre- or post-menopausal, adolescence), special life circumstances (e.g., subjected to domestic violence, having been circumcised), and other unique situations which affect the FP/RH services and counseling a client will need.
lochia	The discharge from the vagina of blood, mucus and tissue emanating from the uterus following childbirth during uterine involution.
lympho-granuloma venereum (LGV)	A sexually transmitted disease caused by a strain of <i>Chlamydia trachomatis</i> which affects the lymph organs in the genital area. The primary lesion is a painless vesicle (sac containing liquid) or ulcer at the site of infection. Enlargement and inflammation of the lymph nodes (bubos), a sensation of stiffness, and aching in the groin are common symptoms although some clients are asymptomatic.
manual vacuum aspiration (MVA)	A procedure to remove the contents from the uterus (e.g., retained products of conception after an abortion or miscarriage, endometrial tissue for biopsy). The uterine contents are removed through a cannula using suction provided by a manually-operated syringe.
marasmus	Wasting away of the body over time, especially in children who are undernourished due to a diet deficient in calories and proteins.
mastitis	Inflammation of the breast. Characterized by swelling, pain and redness. Commonly occurs after childbirth either as an infection through cracks on the nipple or congestion of the glands with milk. May temporarily impair a woman's ability to breastfeed. May also occur at other times in a woman's life due to fibrocystic breast disease or as a secondary effect of other conditions.

maximizing access and quality (MAQ)	An initiative of the United States Agency for International Development to improve both the quality of, and client access to, FP/RH services using interventions in a variety of areas including strategy; service policies, standards and procedures guidelines; management and supervision; training; information, education, and communication.
meconium	A dark green material present in the intestines of the full term fetus. This is the first stool that is passed by the baby. The passage of meconium during labor can result in respiratory problems in the infant due to meconium aspiration (meconium in the infant's lungs).
menopause	The stopping of menstruation; the last episode of menstrual bleeding. A menstrual period is determined to have been the woman's last after she has passed one year without menses.
menses/ menstruation	The monthly vaginal discharge of blood and tissues from the endometrium (uterine lining) of the non-pregnant woman.
menstrual cycle	The monthly preparation of a woman's body for a possible pregnancy. It consists of three phases: 1) the menstrual (bleeding) phase, 2) the estrogen (proliferative or follicular) phase, and 3) the progesterone (secretory or luteal) phase. The cycle occurs about every 28 days if there is no pregnancy.
midwife	A person trained and qualified to provide care for mothers during pregnancy and labor, conduct deliveries, and care for mother and newborn during the postpartum period. The midwife's training and qualification may extend to the provision of other reproductive health services and the care of infants including health promotion, prevention and detection of abnormal conditions, procurement of medical assistance for complications and execution of emergency measures in the absence of medical help.
miscarriage	A term meaning spontaneous abortion. (See also spontaneous abortion .)
misconception	In the context of communication, incorrect interpretation or misunderstanding of a message.
missed abortion	Fetal demise with delayed expulsion of the tissue. With missed abortion, the uterus does not increase in size and may decrease in size because the fetus is not growing. Retention of non-viable tissue may cause coagulation problems. (See also threatened, incomplete, inevitable and complete abortion .)

mother-baby package	A WHO-fostered initiative that brings together a cluster of interventions to reduce maternal and neonatal deaths and disabilities including family planning, antenatal care, clean and safe delivery and essential obstetric care.
mucopurulent cervicitis	A condition characterized by a discharge from the cervical canal that contains both mucus and pus, which may not be noticed by the woman or may be perceived as normal vaginal discharge. It is a sexually transmitted infection caused by <i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i> and/or other STIs, which also cause urethritis in men. Potential complications include pelvic inflammatory disease (PID), infertility, pelvic abscesses, spontaneous abortion and transmission of infection to infant during delivery.
mucus method	A method of natural family planning also called the Billings or ovulation method. Changes in the character and appearance of cervical secretions and the cervix occur just before ovulation. By observation of these changes, a woman can determine when she is most likely fertile during her menstrual cycle. (See also fertility awareness , natural family planning .)
mucus show (show)	A pink or blood tinged mucus which is discharged prior to the beginning of labor and/or just after labor begins.
multipara	A woman who has borne two or more children (includes infants born alive or stillborn, that were more than 20 weeks gestation at delivery).
natural family planning (NFP)	Methods for planning and preventing pregnancies that are based on observing the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. To avoid pregnancy, couples using natural family planning methods avoid intercourse during the time in the menstrual cycle when the woman is apt to be fertile. Several methods for determining fertile/non-fertile days have been developed. (See also basal body temperature method , calendar method , mucus method , symptothermal method , fertility awareness .)
needs assessment	A systematic study of individuals, groups or organizations to identify gaps between existing and expected conditions. (See also training needs assessment .)
nodularity	The presence of small lumps or knots in a body tissue. May be pathologic (abnormal) or physiologic (normal).
non-contraceptive benefit	Favorable health effects for users of various family planning methods (e.g., protection from STIs offered by condoms, ovarian and endometrial cancer protection offered by combined oral contraceptives).

NORPLANT® Implants	Small tubes containing a synthetic progestin hormone (levonorgestrel) which are inserted into a woman's arm by trained health care provider and prevent pregnancy for five years.
nullipara	A woman who has not carried a pregnancy beyond 20 weeks gestational age.
objective	An expected result or accomplishment which is Specific, Measurable, Attainable, Reasonable and Time-bound (SMART). (See also goal .)
ovulation method	See mucus method .
oxytocic	Term applied to substances which stimulate contractions of the uterus in order to induce or accelerate labor, or to prevent or treat postpartum hemorrhage. They are naturally secreted by the posterior pituitary (e.g., when the baby nurses) or can be synthetic (man-made).
Pap smear	A screening test where cells of the uterine cervix are examined microscopically for evidence of cancer or pre-cancerous changes. (See also cytology .)
paracervical block	Local anesthesia, produced by injecting a local anesthetic (e.g., lidocaine); used to ease cervical pain if cervical dilation is necessary (e.g., for manual vacuum aspiration or other intrauterine procedures).
paraphrase	A restatement of something, giving the meaning in another form (usually more simply).
partograph	A chart or card used to write all findings of a woman in labor. Some of the findings are dilatation of cervix, contractions, blood pressure, pulse, descent of the presenting part and baby's heart beat. These findings are used to assess the progress of the labor and the mother and baby's condition.
pelvic inflammatory disease (PID)	An infection of the reproductive organs (uterus, fallopian tubes, ovaries) which may cause pain in the lower abdomen, pain during menstruation, fever and abnormal vaginal discharge. It can result from untreated postpartum or postabortion infections or sexually transmitted infections (e.g., gonorrhea, chlamydia or both) and may become chronic (long-lasting) causing infertility.

- performance** The application of knowledge and skills required to execute a task and produce a desired accomplishment (e.g., use of family planning by clients). Performance includes:
behavior-
observable behavior, such as explaining side effects and demonstrating proper use of contraceptive methods during counseling, as well as behavior that is *not directly observable*, such as the decision-making and application of rules regarding which methods may be appropriate for the client based on medical eligibility and client preference, and
accomplishments-
what occurs as a result of what has been learned and applied on the job; may be measured in a number of ways including increased contraceptive method acceptance rates that result from proper client counseling. (See also **knowledge, skill**.)
- performance-based training** A systematic approach to job training in which a worker learns the necessary knowledge and skills to execute a task in order to produce desired accomplishments in his/her particular job setting. Includes:
1) identification of a gap between the desired and actual job performance; 2) analysis of the trainee, his/her job responsibilities and work conditions; 3) experiential training activities targeted to needs identified in analyses; 4) evaluation and follow-up that ensures accomplishments are attained and/or uncovers reasons for non-accomplishment. (See also **performance, training** and **Chapter 1.1** in this User's Guide.)
- perimenopause** The years during a woman's life in which she reports signs of transition from reproductive to non-reproductive physiologic processes. There is a decrease in the production of estrogen and related hormones, due to a decrease in the frequency of ovulatory cycles. Waning estrogen causes thinning vaginal and bladder linings, decreasing breast size, thinning skin, change from female fat pattern (thighs) to male fat pattern (abdomen). (See also **climacteric, menopause**.)
- perinatal** The time period shortly before and after birth. Definitions vary and include: *from* the 20th to the 28th week of pregnancy *through* one to four weeks after birth.
- periodic abstinence** Intentional avoidance of sexual intercourse on fertile days to prevent pregnancy.
- physical abuse** Mistreatment of another person by actions such as hitting, kicking, biting, choking, cutting, preventing the seeking of medical care, refusing the person food, refusing the person safety.

placenta previa	A placenta that is abnormally situated in the lower uterine segment that completely or partly covers the os (the opening between the uterus and the cervix), causing painless bleeding during the last trimester of pregnancy. Places the mother and fetus at risk and constitutes an obstetric emergency.
placental abruption (detached placenta)	Premature separation of a normally-situated placenta from the wall of the uterus. Abruption occurs after 28 weeks of pregnancy or during labor or birth. Cause is often unclear. May cause abdominal pain and mild, moderate or severe blood loss depending on degree of separation, and may result in fetal death.
postabortal syndrome	A group of signs and symptoms that may occur when postabortal intrauterine bleeding cannot escape the uterine cavity. With the blood flow out of the uterus blocked, there is uterine distention, severe cramping and fainting, usually within a few hours after completion of a procedure to remove the products of conception. The uterus is usually larger than before the procedure and extremely tender. The condition is usually treated by reevacuating the uterus and either giving oxytocics or massaging the uterus to keep it contracted. Also known as acute hematometra.
postabortion care	The range of services that women who have had an abortion (spontaneous or induced) need. Includes: 1) emergency treatment of incomplete abortion and potentially life-threatening complications, 2) postabortion family planning counseling and services, and 3) assistance gaining access to other reproductive health and social services as necessary.
postmenopause	The life stage that occurs after complete stopping of menstrual cycles.
postnatal	Occurring after birth.
postpartum	Time period after the expulsion of the placenta at delivery until four to eight weeks after birth (42 days is often used). Postpartum contraceptive decisions depend on whether the woman is breastfeeding, particularly during the first six months postpartum. (See also puerperium .)
postpartum hemorrhage	The loss of 500 cubic centimeters (cc), or 500 ml (half a liter) or more of blood, from the genital tract/birth canal during the first 24 hours after the delivery of the baby. At a normal delivery about 200 cc. of blood is lost. Up to 500 cc. of blood loss is usually tolerated by healthy women although very small women or women who are anemic may go into shock with less than a 500 cc. blood loss. Postpartum hemorrhage is a major cause of maternal mortality.

postpartum/ postabortion infection	An infection of the reproductive tract at any time between the onset of the rupture of membranes (or labor) and the 42nd day following delivery. Also refers to an infection related to or following an abortion. Infection results in fever, swelling, pain, redness, foul smelling discharge from the reproductive tract (uterus, tubes and ovaries). Germs may spread from the infected reproductive tract through the lymph or bloodstream to cause infection of the whole body. The germs (usually bacteria) enter the bloodstream through a tear (wound) or an opening such as the placental site, especially following septic abortion, prolonged rupture of the membranes, obstetric trauma or retained placental tissue. Also known as puerperal sepsis when it occurs postpartum.
post-test	An instrument used to determine trainees' level of knowledge or skills after training. A post-test is usually administered immediately after a training activity and should be the same instrument as used for the pre-test. Comparisons between pre-test and post-test results show how much participants have learned. Post-tests may be given in written form or may consist of interviews or observations of trainees' performance. (See also pre-test .)
preceptor	In the context of FP/RH training, a preceptor is a clinically-competent FP/RH service provider and/or trainer who is currently practicing according to performance standards and protocol. She/he guides trainee(s) to perform tasks at the practicum site during an assigned training period. A preceptor could also be a trainee's supervisor at the trainee's work site. The preceptor supports a trainees' professional growth and development by facilitating acquisition of clinical competencies.
preconceptional	Women of childbearing age who are not pregnant but are preparing for their first or for subsequent pregnancies (e.g., a recently married woman or woman whose toddler has been fully weaned).
pre-eclampsia	The development of hypertension with proteinuria and edema during pregnancy. More often a disorder of primigravidas (first pregnancies). It occurs after the 20th week of pregnancy but may develop before 20 weeks in trophoblastic disease (hydatidiform mole). Can progress to eclampsia with seizures. Also known as toxemia of pregnancy and pregnancy induced hypertension. (See also pregnancy induced hypertension, eclampsia .)
pregnancy induced hypertension	Refers to all hypertensive disorders of pregnancy including preeclampsia and eclampsia.
prenatal	Refers to the time period and/or events occurring, existing or taking place between when a woman gets pregnant and the birth of the infant. (See also antenatal .)

pre-test	<p>An instrument used to determine trainees' entry levels of knowledge or skill. A pre-test is administered before a training activity starts. Results may be used to identify training needs of participants and/or to provide a baseline against which post-test results or future learning may be compared. Pre-tests may be given in written form or may consist of interviews or observations of trainees' performance. Pre-tests are not examinations on which to grade trainees.</p> <p>(See also post-test.)</p> <p>In the context of materials development, a pre-test is a means of assessing the reaction of a small sample of the intended users to the materials, or portions of the materials, usually in the early stages of development. Materials may need to be pre-tested several times to ensure their usability, readability and applicability prior to further development. (See also field-test.)</p>
prevalence	<p>The number of existing events or cases of a disease or a condition in a given population at a specific time. (See also incidence.)</p>
primary health care (PHC)	<p>A strategy, framework or approach, endorsed in 1978 in Alma Ata, which advocates decentralization, localization, intersectoral collaboration and community decisionmaking for implementing acceptable and affordable basic health services including safe water and sanitation; curative and preventive care; proper nutrition and food supply; immunization against communicable disease; care for pregnant women, mothers and children; treatment of emergency situations; and provision of essential medication.</p>
probe (question)	<p>Verbal or non-verbal prompting used in counseling and interviews to encourage a respondent to give a more complete answer to a question or to clarify or elaborate upon a response (e.g., "Anything else?" "Tell me more.").</p>
products of conception (POC)	<p>Tissues removed/expelled from the uterus after induced/spontaneous abortion including: chorionic villi (threadlike projections on the external surface of the chorion, one of the fetal membranes), fetal and maternal membranes, and – after nine weeks LMP (last menstrual period) – fetal parts.</p>
progestin-only contraceptives (POC)	<p>Contraceptive methods that contain one of the synthetic progestin hormones (e.g., DMPA, NET-EN, NORPLANT[®] Implants, mini-pills).</p>
progestin-only pills (POPs)	<p>A form of oral contraceptive that does not contain estrogen. Also known as mini-pills.</p>
puerperal sepsis	<p>See postpartum infection.</p>

- puerperium** The period from the end of the third stage of labor until involution of the uterus is complete, usually lasting four to eight weeks. (See also **postpartum**.)
- quality of care (QOC)** A framework that displays and describes six elements comprising quality of care from a client perspective, as presented by Judith Bruce and Anrudh Jain of the Population Council. Presented in *Fundamental Elements of the Quality of Care: A Simple Framework* by Judith Bruce, *Studies in Family Planning* 1990;21(2):61-91. (See also **quality of service** and **Chapter 1.3** in this User's Guide.)
- quality of service** Refers to technical and process elements of care delivered and provided at a service delivery point. The degree of quality is objectively measured through comparison with established standards, service delivery guidelines, job descriptions and other documentation about expectations. (See also **quality of care**.)
- rectocele** A protrusion of part of the bowel through the vaginal wall. It sometimes occurs after a particularly difficult delivery.
- rectovaginal fistula** An opening between the rectum and vagina, permitting leakage of feces into the vagina. May occur as a result of trauma sustained during obstructed delivery. (See also **fistula**.)
- reproductive health** The International Conference on Population and Development (ICPD) in Cairo defined reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” The ICPD recognized that women’s reproductive health needs vary significantly depending on both their life stage (e.g., adolescence, preconceptional, antepartum, postpartum, perimenopausal, postmenopausal) and their life circumstances/context (e.g., single or married, with children or without, postabortion, circumcised, infertile, or in a non-monogamous or abusive relationship).
- reproductive health care** Includes counseling, information, education, communication, and services for family planning; all stages of pregnancy and delivery, prevention and treatment of infertility, abortion (as specified by local/national laws) and management of the consequences of unsafe abortion, prevention and treatment of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), human sexuality and parenting. (See also **reproductive health** and **Chapter 1.2** in this User's Guide.)

reproductive tract infections (RTIs)	Infections of the male or female genital tract. RTIs include iatrogenic infections (those that result from inadequate medical procedures), endogenous infections (those caused by overgrowth of organisms normally present in the reproductive tract), and sexually transmitted diseases (STDs).
retained placenta	Describes a situation in which the placenta has not been delivered within one hour after the birth of the baby. If not manually removed, a retained placenta may cause postpartum hemorrhage, shock and death.
ruptured uterus	Tearing or bursting of the uterus. May be due to obstructed labor, a weak uterine scar from prior cesarean section, incorrect use of oxytocic drugs, manipulation, or extension of a severe cervical laceration. May occur during pregnancy (usually at or near term), during normal or difficult labor or birth.
safe house	A place of refuge, for individuals (e.g., runaway teens, women and their children who are victims of domestic violence) who may be hunted by someone who intends them harm. The refuge is usually an unmarked house or a shelter, common in appearance, that would not be known to the abusive person.
Safe Motherhood Initiative	Launched in 1987 in Nairobi, Kenya, the goal of the initiative is to reduce the number of maternal deaths occurring globally by half by the year 2000. Countries are encouraged to develop, implement and evaluate intersectoral and comprehensive programs.
sepsis (infection)	The presence of various pus-forming and other pathogenic (disease-causing) organisms, or their toxins, in the blood or tissues. Symptoms include high fever, chills, swelling and other symptoms at the point of entry/site of infection.
service guidelines or procedure guidelines	The purpose of these is to specify expectations for how services should be delivered. Step-by-step instructions are provided, together with identification of the equipment, supplies, and other working conditions that are required to deliver a service that complies with expectations and reflects the service policies and standards.
7 planning questions	A planning aid developed by INTRAH, used to help focus a task such as designing a training session. (See also Chapter 3.1 in this User's Guide.)
sexual abuse	Mistreatment of another person by forcing, pressuring or coercing the person to engage in any type of sexual activity.
sexual health	A concept that includes biological, psychological, sociocultural and ethical aspects affecting sexual expression and sexual behavior. (See also sexuality .)

sexuality	A mode of self-expression involving a complex of roles, relationships, self-image, perceptions, feelings, cultural expectations and biological functions. (See also sexual health .)
sexually transmitted disease/infection (STD/STI)	An infectious disease or germ that is communicated primarily or exclusively through intimate sexual contact.
shock	A life-threatening condition characterized by a lack of oxygen to maintain proper functioning of vital organs (e.g., kidneys, heart, brain) due to failure of the circulatory system to maintain normal blood flow; caused by hemorrhage, sepsis, injury or dehydration (e.g., hemorrhagic shock is shock due to low blood volume resulting from excessive blood loss; septic shock is shock due to overwhelming infection and results from the action of the bacteria on the vascular system).
side effect	A result of a drug or other therapy in addition to or in extension of the desired therapeutic effect; usually but not necessarily connotes an undesirable effect.
simulation	In the context of training, the reproduction or imitation of the conditions of a work environment that permit trainees to practice the knowledge and skills required in that environment (e.g., practice IUD insertion or manual vacuum evacuation using pelvic models).
skills	As used in the <i>SourceBook</i> , skills refers to the combination of manual, mental and interpersonal capabilities to carry out procedures, operations, methods and techniques as specified in job descriptions, service policies or guidelines and other documents about performance expectations. Skills, knowledge and working conditions constitute fundamental inputs for job performance. (See also knowledge .)
SOAP concept	An acronym that refers to the way progress notes are organized in problem-oriented patient record keeping; helps health providers offer care or treatment based on a systematic analysis of a client's needs and problems. SOAP involves: S ubjective information (client's history); O bjective information (provider's observations/findings from lab investigations and physical examinations); A ssessment (after reviewing subjective and objective findings, interpreting the data to determine what the needs/problems are); P lanning (determining appropriate action).
social stigma	Something that detracts from the character or reputation of a person, or a group (e.g., some diseases and conditions are regarded as shameful by society).

SOLER	An acronym that refers to the non-verbal communication skills used during counseling: S mile/nod at client; O penness to client/non-judgmental; L ean towards client; E ye contact in a culturally-acceptable manner; R elaxed manner.
speculum	An instrument used to open or distend a body opening to permit visual inspection. Different types of these devices are used in the examination of the vagina/cervix, nasal passages, rectum and ear.
spermicide	Chemical contained in creams, suppositories, foam or jellies to kill sperm; used during intercourse, alone or with condoms, diaphragms and cervical caps to prevent pregnancy.
spontaneous abortion	Unprovoked termination of a pregnancy before the fetus is viable. Cause is usually uncertain, but is sometimes linked to chromosomal abnormalities of the fetus, and maternal conditions such as genital and systemic infections (e.g., malaria) and malnutrition. Also called miscarriage. (See also induced abortion .)
standard	A minimum level or range of performance or quality considered acceptable by an organization or profession. Standards are used in evaluation to make judgments about the acceptability of performance. Standards may be set on the basis of: 1) expert opinion; 2) past performance; 3) established practices (norms); or 4) some combination of 1, 2 and 3 (e.g., the cut-off score on a test represents the standard, or acceptable level of performance, on that test). (See also evaluation .)
sterilization	In the context of infection prevention procedures , the complete elimination of all live microorganisms (viruses, fungi, parasites and bacteria) including bacterial endospores. All objects that will enter a patient's bloodstream or penetrate a patient's tissues, such as needles, syringes and scalpels, must be sterile. (See also decontamination , disinfection .) In the context of contraceptive methods , a procedure (which must be considered permanent) that renders an individual incapable of reproduction. (See also tubal ligation , vasectomy , voluntary surgical contraception .)
stillbirth	The delivery of a dead baby; no signs of life at birth. Definitions vary depending on a number of circumstances; often described in terms of number of weeks gestation, weight and/or height above a certain cutoff).

sympto-thermal method

A method of natural family planning (NFP) in which the fertile and infertile days are identified by observing and interpreting cervical mucus, basal body temperature, and other signs and symptoms of ovulation. The other signs and symptoms include intermenstrual bleeding, breast tenderness, abdominal pain and cervical changes. Calendar calculations may be used to identify the onset and end of the fertile phase. (See also **fertility awareness, natural family planning.**)

syndromic approach

In the context of STIs and RTIs, this refers to treatment (piloted by WHO) that is contingent upon the patient's presenting signs and symptoms and the local pattern of disease prevalence. The diagnosis is based on groups of symptoms and treatment is provided for all diseases that are likely to cause that syndrome given the patient's locale and risk factors. Allows health workers to treat STIs and RTIs by following decision trees, often without laboratory testing thus permitting diagnosis and treatment in one visit. The recommended treatments for each syndrome vary by locale, because recommendations are based on local/regional disease prevalence and antibiotic sensitivities.

syphilis

A highly contagious disease caused by the bacteria, *Treponema pallidum*, primarily transmitted through direct sexual contact with an infected person. Often the infected person has no obvious signs or symptoms and is unaware they are infected and infectious. Occurs in distinct stages, beginning with primary syphilis which is characterized by a chancre at the site of infection (although many clients are asymptomatic at this stage). If untreated, it may lead to various rashes and serious problems including damage to the spinal cord, heart and brain. In an affected woman it can cause spontaneous abortion or stillbirth or be transmitted to her unborn child, who may have various illnesses or deformities, such as blindness, deafness or paralysis. (See also **chancre.**)

task analysis

The process of identifying the activities involved in a job, breaking these down into specific tasks and determining the skills and knowledge necessary to accomplish each task. This information is often used in preparing training needs assessment or performance evaluation instruments or in the development of a training curriculum. (See also **knowledge, skills.**)

tenaculum

In reproductive health, an instrument used to hold the cervix when an IUD is inserted or when MVA is performed. Sometimes called a vulsellum forceps (special kind of single- or double-toothed forceps). Some providers may have access to a blunt-ended atraumatic tenaculum.

tetanus (lockjaw)	A disease caused by a very common germ, <i>Clostridium tetani</i> , that also lives in the intestines/stools of animals or people; it enters the sterile tissues of the body through wounds. Tetanus may occur in newborns if the instrument used to cut the cord is not sterile, if the cord is left too long, or if dirt or dung are put on the cord; may also occur as a result of an unsafe abortion. Because <i>Clostridium tetani</i> can form endospores, to prevent tetanus, any instrument (e.g., needles, scalpels) entering a sterile body space must be sterile. (See also sterilization .)
threatened abortion	Bleeding and/or cramping during pregnancy without dilation of the cervix. Threatened abortion may resolve or may progress to loss of the pregnancy. (See also inevitable, incomplete, complete and missed abortion .)
traditional birth attendant (TBA)	A community-based midwife without formal training. Called by various other names in specific cultures and countries. Currently TBAs are being trained to perform clean deliveries, to refer high-risk pregnancies, to provide some family planning methods and give other advice.
trainee follow-up	An activity conducted to formally assess the effects and impact of training on job performance, optimally through visits to trainees at their work sites. Follow-up is conducted to determine the extent to which the trainee has applied skills and knowledge acquired during training at his or her work site, to identify the conditions that promote or impede the application of learning, and to determine whether the applications improved the quality and quantity of services as described in the organization's goals. The findings may be used to assess needs for future training, to make recommendations for improvements in existing training activities or workplace conditions, or to describe the impact of a particular training activity on services.
training	A planned, instructional intervention for providing the knowledge and skills that enables the trainee to do something which he/she did not know how to do before. (See also performance-based training .)
training activity needs assessment	A type of needs assessment conducted by trainers before a training activity to assess the existing skills and knowledge of trainees and compare it with the expected level. It is conducted in order to set specific learning objectives and to develop a curriculum and training/learning session(s) that will effectively address the identified knowledge/skills gaps. A variety of assessment instruments are used to identify training needs.

- training evaluation** An appraisal made of the value (relevance, effectiveness, adequacy) of a training activity or program, a curriculum, a particular instructional procedure, or other aspects of training. The evaluation results are used to make decisions about improvement, continuation, expansion, replication or termination of training.
- trichomonas vaginalis** A parasite (microscopic protozoan organism), *Trichomonas vaginalis*, that causes a vaginal infection which generally produces an excessive amount of foul-smelling, frothy discharge; itching; redness; pain; and an increased frequency of urination in females (although some women experience no symptoms). Although males rarely display symptoms, it is an STI and all sexual partners should be treated.
- tubal ligation** A method of female sterilization. It involves the blocking of the fallopian tubes, by tying, cutting, separating the ends of the tubes and then securing these ends so that ova cannot be reached by the sperm and fertilization cannot occur. (See also **sterilization, voluntary surgical contraception.**)
- unsafe abortion** A procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO definition).
- urethritis** Inflammation of the urethra. Among sexually-active persons, urethritis is frequently a symptom of gonorrhea or chlamydia but may be caused by other infections or organisms. The urethra swells and narrows, and the flow of urine is impeded making urination painful and causing increased frequency and urgency to urinate. There may also be a purulent discharge.
- urinary stress incontinence** Inability to retain urine under the stress of coughing, laughing, sneezing, and other factors which raise the intra-abdominal pressure. Regular exercise and pelvic floor (Kegel) exercises can help to improve the condition by raising the tone of the voluntary muscles.
(See also **Kegel exercises.**)
- urinary tract infection (UTI)** Infections of the urethra, bladder, ureters or kidneys; often associated with trauma from diaphragm use, other barrier methods and frequent intercourse. May also be due to structural defects and systemic disorders. Symptoms include low back pain and painful urination with increased frequency and urgency.
- vacuum extraction** A procedure in which a metal or plastic cup is applied to the baby's head and attached to a vacuum source to facilitate delivery. By pulling on the cup, the baby's head and body are gradually delivered from the birth canal.

vaginitis	Inflammation of the vagina. Symptoms include vaginal itching and discharge and often pain at intercourse or on urination. Infectious agents, including trichomonas, candida, and other pathogens are frequent causes.
vasectomy	A surgical procedure in which segments of the vas deferens are removed and the ends tied to prevent passage of sperm. (See also sterilization, voluntary surgical contraception .)
vertex	The top or crown of the head; the area of the skull between the two fontanelles. Of infants born head first, 95% present by the vertex.
vesicovaginal fistula	An opening between the bladder and the vagina, permitting the leakage of urine into the vagina. Usually occurs as a result of trauma, particularly during delivery or obstructed labor. (See also fistula .)
voluntary surgical contraception (VSC)	Contraception provided through medically accepted surgical means, by occlusion of the reproductive tract (e.g., tubal occlusion, vasectomy), which should be considered permanent. Because these methods involve a surgical procedure and are considered permanent, the necessity of safeguarding the client's right to make a non-coerced, fully informed choice is paramount, thus the name <i>voluntary</i> surgical contraception. (See also tubal ligation, vasectomy, sterilization .) Note: Sometimes the definition is broadened to include use of other long acting methods such as implants that are inserted using surgical procedures.
whiff test	Sniffing or smelling of a sample of vaginal discharge to detect possible infection. The discharge caused by bacterial vaginitis contains chemicals that release an odor like fish when in an alkaline environment. The discharge may be alkaline and smell fishy, or by mixing 1 drop of potassium hydroxide (KOH) with the discharge the fishy odor may be enhanced. A positive whiff test suggests infection.
withdrawal method	A "traditional" method of contraception. The penis is withdrawn/removed from the vagina prior to ejaculation and the semen is spilled away from the vagina. Also called <i>coitus interruptus</i> .
withdrawal technique of IUD insertion	A technique for inserting IUDs (copper Ts, multiloads, and the progestin-releasing IUDs). After carefully sounding the uterus to determine its depth (the distance to the uterine fundus), a tube, containing the IUD and a rod, is inserted to the depth determined during the sounding process. The tube is then withdrawn while the rod (which holds the IUD in place against the fundus) is held steady. The rod is then withdrawn. This method of IUD insertion reduces the risk of uterine perforation.
yeast/candida	A type of yeast-like fungi. Candida is part of the normal bacteria of the skin, mouth, intestinal tract and vagina but may cause disease when it grows to very large amounts.

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