

Progestin-Only Pills (POPs): Method-Specific Facilitator’s Guide

Table of Contents

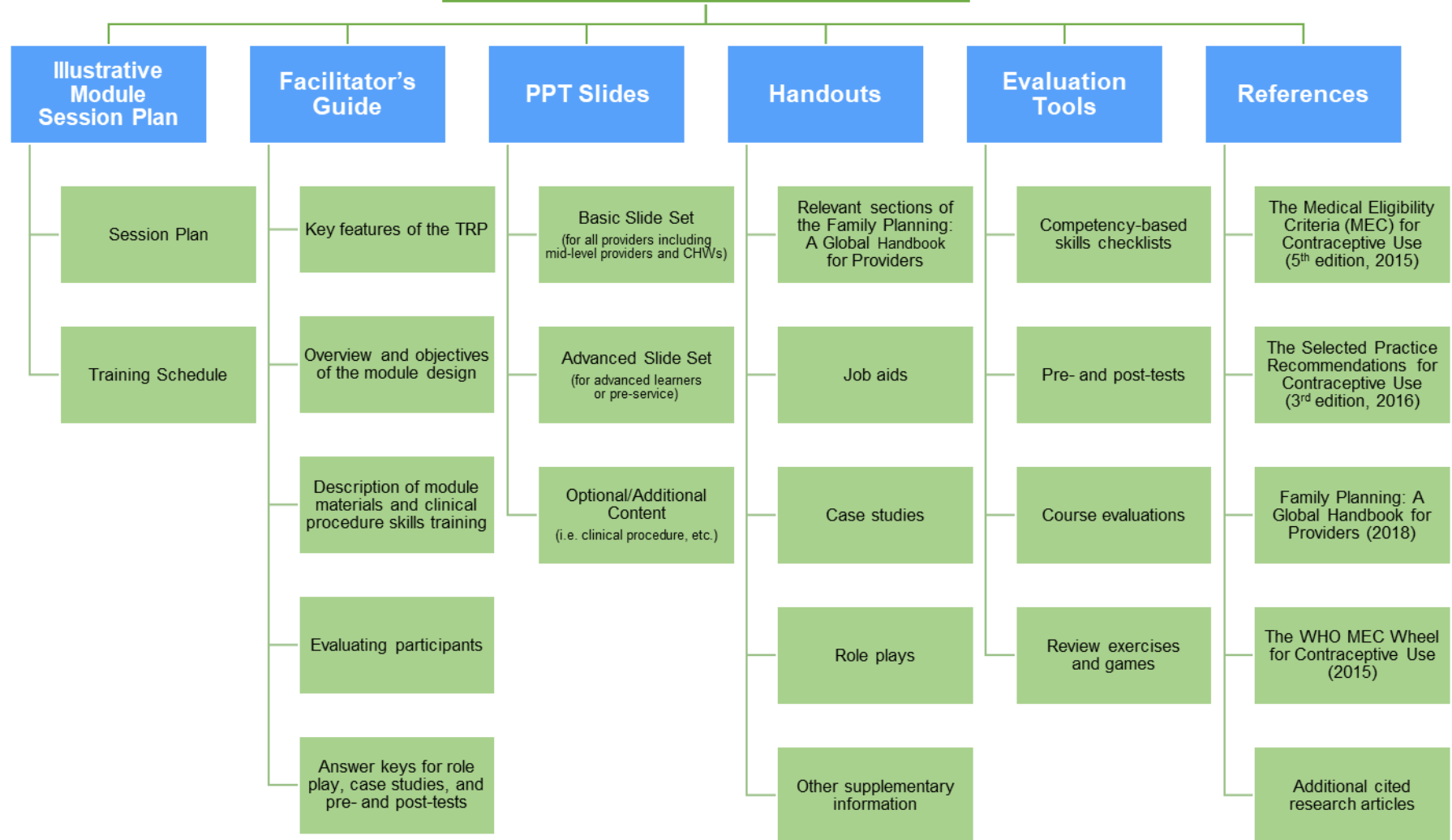
Overview of the Progestin-Only Pills Facilitators Guide	3
Purpose of the Training Resource Package for POPs	3
Using the POPs Module to Develop and Deliver Training.....	3
Overview of the Design of the Technical Resource Package Module for POPs (see diagram on page 2)	4
The Learning Objectives	4
Facilitator’s Guide	4
Illustrative Module Session Plan with Illustrative Training Schedule.....	5
Presentation (PowerPoint slides)	5
Handouts	6
Evaluation Tools	6
Conducting Clinical Practice	9
Resources	9

Appendices

- Appendix A: Answer Key for POP Case Studies
- Appendix B: Role Plays’ Instructions, Observation Checklist, and Scenarios
- Appendix C: Illustrative Competency-based Skills Checklist for POPs
- Appendix D: Answer Keys for POPs Module Pre- and Post-test
- Appendix E: Answer Key for Applied Learning Case Studies

Training Resource Package

Module: Progestin-Only Pills



Progestin-Only Pills (POPs): Facilitator's Guide to the Training Resource Package

Overview of the Progestin-Only Pills Facilitator's Guide

This method-specific facilitator's guide is designed to complement the General Facilitator's Guide to the Training Resource Package. The general guide provides an overview of the TRP materials and how they are intended to be used as well as overall guidance on how to conduct effective training in different types of settings and with different audiences. There are additional resources to assist you with adapting training and training materials to the specific needs of your audience in the **Conducting Training** section of the TRP website. There is also guidance on how to use each of the training techniques, such as case studies and role plays, that are incorporated into the TRP session plans.

In this method-specific facilitator's guide you will find additional information on how to use the training materials and techniques specific to progestin only pills that are available in the progestin-only pills module of the TRP. Most importantly, you will also find method-specific tools and answer keys that support delivery of training.

Purpose of the Progestin-Only Pill Module

This training module is designed to support health care workers in developing the knowledge, skills and attitudes needed to provide accurate information and counseling on progestin-only pills to clients and promote voluntary and informed choice. It is designed to actively involve the trainees in the learning process. Training sessions include the use of PowerPoint presentations, skills practice in the form of role plays, case studies and discussions, as well as clinical practice using objective competency-based skills checklists.

At the end of this module, the trainee will be able to describe POPs as an effective FP method, counsel and screen clients seeking POPs, respond to rumors and misconceptions about POPs, provide services for POP clients, recognize and manage common side effects and complications, and provide follow up care for POP acceptors, as appropriate to their scope of practice and job description.

Using the POPs Module to Develop and Deliver Training

All the materials needed to develop a curriculum for POPs training are included in the TRP module on POPs. The diagram following the Table of Contents shows how the different components of the module fit together. As described in the General Facilitator's Guide and other resources in the Conducting Training section of the TRP, each component of the POPs module may be adapted to fit the circumstances in the country where they will be used, the trainers who will be conducting training, and the level of expertise and skills of the trainees. The module can be adapted to fit any style of training, for example, face-to-face or self-study combined with clinical practicum and on-the-job training. It can also be adapted to meet the purpose for training: refresher training; training new providers; pre-service education. It can be used as a stand-alone course on a single method or as part of a comprehensive course in FP. Whenever possible, the module and its materials should be translated into the local language.

Overview of the Design of the Technical Resource Package Module on POPs

In order to understand the design of all of the modules, it is helpful to see the diagram on page two. The basic design includes the following:

- **The Learning Objectives**
By the end of the training, as appropriate to their scope of practice and job description, trainees will be able to:
 - Describe the characteristics of POPs in a manner that clients can understand:
 - What POPs are and how they work (mechanism and onset of action)
 - Effectiveness
 - Side effects
 - Non-contraceptive health benefits
 - Possible health risks (complications)
 - Other characteristics (STI/HIV protection, ease of use, return to fertility, when to initiate and discontinue)
 - Demonstrate the ability to:
 - Screen clients for medical eligibility for POPs
 - Explain to clients how to take POPs
 - Explain when to return to the clinic
 - Address common concerns, misconceptions, and myths
 - Conduct follow-up for POPs clients in a way that enhances continuing safety, satisfaction, and acceptance
 - Describe when to initiate use of POPs (postpartum, switching from another method).
 - Explain how to manage side effects.
 - Identify conditions that require switching to another method.
 - Identify clients in need of referral for POPs-related complications.
- **Module Specific Facilitator's Guides**
This Facilitator's Guide – which you are reading right now - contains information on the module design, a description of the materials, learning objectives, instructions and answer keys for role plays, case studies, games and pre- and post-tests, as well as a sample course evaluation form. However, it does not contain the illustrative session plan and training schedule for training in POPs, described in the next section. It has its own tab in the module – **Illustrative Module Session Plan**.

The Training Resource Package General Facilitator's Guide provides overall guidance on how to conduct effective training in different types of settings and with different audiences which may be helpful to you. There are still more resources to assist you with adapting

training and training materials to the specific needs of your audience in the **Conducting Training** section of the TRP website.

- **Illustrative Module Session Plan with Illustrative Training Schedule**

The session plan and training schedule are found in the **Illustrative Module Session Plan** tab within the module. The session plan summarizes how the resources and documents in the module should be used to achieve the learning objectives. Each section of the session plan addresses a module topic, such as characteristics of the method or medical eligibility. The slides to be shown with each section and appropriate handouts are identified. The POPs module is divided into three sessions:

- **Session I** is on the characteristics of POPs and includes key points for providers and clients, effectiveness, mechanism of action, health benefits of POPs and side effects.
- **Session II** contains information on who can and who cannot use POPs, medical eligibility for the use of POPs and information on screening for contraceptive use.
- **Session III** is on providing POPs. It includes information on when women can start POPs, how to take the pill, what to do when a client has missed taking one or more pills, counseling POP users, correcting rumors and misconceptions, follow up visits, management of side effects, warning signs of complications and problems that may require stopping POPs or switching to another method.

The Illustrative Training Schedule provides a snapshot of the breakdown of the module by day, time, and topic covered. For example:

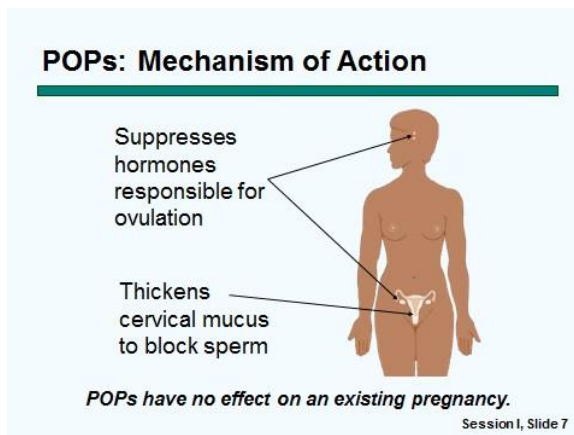
DAY 1			
Time	Topic	Method	Resources
8:00-8:15am	Welcome and Introduction	Discussion	Basic Slide Set: Session I
8:15-8:25am	Course Objectives	Discussion	Basic Slide Set: Session I, Slides 2-3
8:25-8:55am	Pre-test	Test	Evaluation Tool: The Progestin-Only Pill (POPs) Pre-Test
8:55-10:45am	Session I: Characteristics of POPs		
	What are POPs? Key points for providers and clients	Discussion	Basic Slide Set: Session I, Slides 4-5
	Content and types of POPs	Lecturette	Basic Slide Set: Session I, Slides 6 and Optional Advanced Slide 2

- **Presentation Materials (PowerPoint slides)**

The **PowerPoint presentation** includes technical information on POPs. Text and information for these slides is included in the slides' speakers notes, as well as in the session plans where each slide is used.

There are three types of slides:

Slides conveying *most of the technical information* are pale blue/green:



The pale green slides with a pink header are *Basic Slides* that include basic information needed by most, if not all, providers and simple illustrations

Possible Side-Effects

If a woman chooses this method, she may have some side-effects. They are not usually signs of illness.

- Many women do not have any side-effects.
- Side-effects often go away after a few months and are not harmful.
- Common (when not breastfeeding):** irregular bleeding or spotting (bleeding at unexpected times), heavy or prolonged bleeding (twice as much as usual or longer than 8 days), no monthly bleeding
- Less common:** nausea, headache, tender breasts, dizziness, abdominal pain

Session I, Slide 14

- **Handouts**

Role plays

The POPs module includes a set of role play scenarios that enable trainees to practice using the knowledge and skills they are learning. Each role play describes a typical client scenario and the tasks specific to that scenario. The role play scenarios along with the observation guide, are included in both the facilitator's guide and in the **Handouts** tab of the module. In addition, *Facilitating Role Plays* in the **Conducting Training** section of the TRP includes, role play observation checklists, and general instructions for the observer, provider, and client roles.

Case studies

The module also includes case studies with progressive case descriptions and questions that enable trainees to analyze a situation and think through how to apply their newly learned technical information. The answer keys for the case studies are in this method specific

facilitator's guide, while the case studies themselves are in the **Handouts** tab of the module. See *Using Case Studies* in the **Conducting Training** section of the TRP website.

Job aids/technical handouts

The POPs module includes job aids that describe how and when to perform important provider tasks—for example, screening checklists and job aids for explaining method effectiveness. Learning activities in the modules give trainees opportunities to practice using these job aids so they can more easily incorporate use of these tools at the workplace.

Counseling tools

The POPs module activities can be used with a variety of counseling approaches and job aids. The term *counseling tool* in TRP materials refers to the counseling tool or job aid that trainees will be using. Examples include WHO's *Balanced Counseling Strategy* counseling cards or other approaches and tools. Facilitators should incorporate activities that enable trainees to use the counseling tool or job aids that they use at work (or will use after the learning intervention).

- **Evaluation Tools**

The POPs module contains several options for evaluating trainees including pre- and post-tests which contain objective questions, with instructions for scoring the tests. The module also contains competency-based skills checklists and an optional review games and instructions for evaluating role plays and case studies.

Pre- and Post-tests

The pre-test knowledge evaluation should be given at the beginning of the course and again at the end of the course (post-test). The trainee's pre- and post-test scores should be compared to measure changes in knowledge. The pre-test contains the same test items as the post-test. The pre- and post-tests are objective and comprised of true/false and multiple choice questions. Instructions are given on how to score the tests. There are also two case studies included with the post-test. Grade the case studies separately. The case studies are a good way to determine whether trainees are able to apply the knowledge they have gained.

Competency-based Skills Checklists

Trainers may observe trainees practicing and applying skills, tools, and techniques during the session. This can be done through direct observation of clinical skills, role plays, simulations, or case studies.

A competency-based checklist is developed by breaking down the clinical skill or activity to be taught into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. These checklists make learning the necessary steps or tasks easier and evaluating the learner's performance more objective.

In addition to using checklists to learn a skill, trainees and trainers keep track of progress in the clinical area by using checklists. The checklists contain enough detail to permit the trainer to evaluate and record the overall performance of the skill or activity.

Using checklists in competency-based clinical training:

- Ensures that trainees have mastered the clinical skills and activities, first in simulated practice with anatomical models or role plays, and then with clients;

- Ensures that all trainees will have their skills measured according to the same standard; and
- Forms the basis for follow-up observations and evaluations.

Criteria for satisfactory performance by the trainees are based on the knowledge, attitudes, and skills demonstrated and practiced during training. In preparing for formal evaluation by the trainer, trainees can familiarize themselves with the content of the checklist by critiquing each other's skills.

When evaluating the performance of a trainee, the trainer will judge each step of the skill to be:

1 = Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2 = Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

3 = Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Not observed: Step, task, or skill not performed by the trainee during evaluation by the trainer.

An Illustrative Competency-based Skills Checklist for POPs can be found in Appendix C.

Course Evaluations

The course evaluation is an important first step in determining the success of a training program. Trainees reactions help determine the effectiveness of a program and how it can be improved.

The Course Evaluation can't measure the ability to apply the learning, changes in attitudes or beliefs, organizational impact, or the trainer's technical knowledge. A *Sample Course Evaluation* can be found in the **Conducting Training/Facilitator's Materials** section of the TRP..

Rapid evaluations can be done quickly to determine trainee's reactions to the day's session. Ask the following:

1. How valuable was today's session for you using a 5-point scale?
2. What are the most important things you learned today?
3. How do you plan to apply those ideas to your job?

If you choose not to use the course evaluation form a quick alternative at the end of training (or during) is to put up two flip charts. On one flip chart write, "Here are some things we found especially useful in the training." On the other write, "Here are some suggestions for how the training could be even better." Make sure the trainer leaves the room while the trainees are writing.

Review Exercises and Games

An interesting way to measure what trainees have learned is through the use of review exercises and games. One of these can be found under the evaluation tools section of the website.

- **Conducting Clinical Practice**

Ensuring an effective and safe clinical practice experience is both essential and challenging. The following are key points to consider when designing the clinical practicum. For more information on each of these areas please refer to “General Resources on Training”; there are several documents listed there that will provide additional guidance.

- The clinical practice site must expose trainees to adequate numbers of cases as well as a supportive environment that reinforces the standards taught in the classroom. Clear criteria for site selection are needed. Clinical sites may need to be prepared for this role and that can take time and resources.
- Expert clinical trainers are needed at the site, in order to ensure adequate supervision of trainees. Not only must they be expert clinicians, they also need mentoring skills. These individuals may need to be developed as well.
- Standards for certification of learners – the level of skill they must demonstrate in order to independently, without supervision, perform a procedure - needs to be determined in advance. Case load, the number of trainers, the number of trainees, the complexity of the skill and time available are all factors to be taken into consideration.
- The time available for clinical training, as well as the ratio of trainers to trainees are additional important planning considerations.

Further information on conducting clinical practice is available in the **Conducting Training** section of the TRP.

- **References**

The main references for the POP module as well as for others in the TRP are the World Health Organization’s cornerstones of family planning guidance:

1. *Family Planning: A Global Handbook for Providers (2018 update)*. This book serves as a quick-reference resource for all level of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively.
<http://www.who.int/reproductivehealth/publications/fp-global-handbook/en/>
2. *The Medical Eligibility Criteria for Contraceptive Use (5th edition 2015)*. This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.
http://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/

3. The Selected Practice Recommendations for Contraceptive Use (3rd Edition 2016). This resource provides guidance on how to use contraceptive methods safely and effectively, once they are deemed to be medically appropriate.
http://www.who.int/reproductivehealth/publications/family_planning/SPR-3/en/
4. The *WHO Medical Eligibility Criteria Wheel for Contraceptive Use (2015)* is a tool that makes it easy to identify medical eligibility for use of family planning methods.
http://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/

Additional information and resources for use by facilitators and trainers is available in the **References** section of the module.

Appendices

Appendix A: Answer Key for POP Case Studies

Answers to Question Set A

1. How do POPs prevent pregnancy?

POPs work primarily by making the cervical mucus thick, which prevents sperm from entering the uterus and fertilizing an egg. They also work by preventing the release of eggs from the ovaries.

2. What are some of the advantages of taking POPs?

- They are very effective contraception.
- Fertility returns quickly after stopping use of the pills.
- They can be stopped at any time without a provider's help.
- They do not interfere with sex.
- Painful cramping and heavy bleeding during periods is reduced.
- They provide protection from symptomatic PID.
- Safe for breastfeeding women and their infants.
- Safe for women who cannot use estrogen.

3. What are some of the limitations of taking POPs?

- Some users experience side effects.
- The pills must be taken correctly and consistently at the same time each day; otherwise they are not as effective.
- They provide no STI/HIV protection.
- On extremely rare occasions, complications may occur.

4. How does breastfeeding affect her eligibility to use POPs? What additional information about the effect of POPs on breastmilk should you offer to breastfeeding women who are considering POPs?

- Use of POPs during breastfeeding has no impact on the quantity or quality of breastmilk or the duration of lactation. It also has no impact on the health of the breastfed infant. As a result, the WHO medical eligibility categories regarding POPs for breastfeeding women are as follows:

Condition: Breastfeeding	WHO Category	Category Explanation
< 6 weeks postpartum	2	Generally, use the method
> 6 weeks to < 6 months postpartum	1	Use the method
≥ 6 months postpartum	1	Use the method

- Layla is able to start POPs anytime.

Answers to Question Set B

1. What information should you discuss with Layla?

- Make sure she understands how to take the pills and the importance of taking a pill every day—it is necessary for the pill to be effective and it will reduce the likelihood of spotting.
- Link pill-taking to daily activities to improve compliance (e.g., take the pill every evening just after dinner or before going to bed).
- Discuss what to do if she misses pills, possible side effects, and warning signs of rare complications of POPs.

2. What should you tell her about missing her pills or starting a new pack late?

Carefully review these instructions with Layla and provide her with a client brochure, if available, that explains how to use pills.

- Take one pill each day at the same time each day
- You can reduce nausea by taking a pill with food or right before going to bed.
- If you miss a pill or are more than three hours late taking it, or start a pack late, and you are not breastfeeding or are breastfeeding and your menses has returned:
 - Always take a pill as soon as you remember and continue taking one pill each day. Depending on when you remember that you missed a pill(s), you may take two pills on the same day—one at the moment you remember and the other at the regular time—or even at the same time.
 - Use a backup method or abstain from sex for two days.
 - If you had unprotected vaginal intercourse in the last 5 days, consider taking emergency contraception
- If you miss a pill or are more than three hours late taking it, or start a pack late, and you are breastfeeding:
 - Always take a pill as soon as you remember and continue taking one pill each day. Depending on when you remember that you missed a pill(s), you may take two pills on the same day—one at the moment you remember and the other at the regular time—or even at the same time.
 - No need for a backup method.

3. How will you help Layla prepare for possible side effects?

- Review the possible side effects with her.
- Remind her that side effects are not signs of illness and they usually lessen or diminish with time; that they are common but not all women have them.
- Tell her to return to the clinic if she has any questions or concerns about side effects.

4. What will you tell her about follow-up and resupply?

- Instruct Layla to return anytime she has questions or concerns or if she experiences any warning signs of complications. If she experiences any of these symptoms, she should stop taking the pills, use a backup method, and return to the clinic immediately.
- Tell her it is important to return for resupply before she runs out of pills.

Answers to Question Set C

1. What tool would you select to help screen for medical eligibility?

The *Checklist for Screening Clients Who Want to Initiate Progestin-Only Pills (POPs)* identifies clients who have conditions or characteristics that prevent the safe use of POPs.

1. Do her current medical conditions affect her eligibility for POPs?

No, her current health conditions have no effect on her eligibility for POPs.

- **Antibiotic treatment:** Antibiotics taken for a urinary tract infection would not have any effect on POP effectiveness. The only two antibiotics which may diminish the effectiveness of POPs are rifampicin and rifabutin, which are used for tuberculosis treatment.
- **Anemia:** Presence of anemia is classified by WHO medical eligibility criteria as Category 1 for POPs (use without any restrictions).

Answers to Question Set D

1. What information should you gather from Layla?

- Ask probing questions and make detailed notes about the side effects that Layla is experiencing to determine the severity of the bleeding irregularities, headaches and nausea to ensure that these are not caused by underlying problems or that she has developed migraines with aura.
- Check if she is taking pills consistently and correctly and ask about the time of intake.

2. How will you address Layla's concerns?

- First, reassure Layla that mild headaches, nausea, and spotting are normal side effects of POPs, are not harmful or signs of illness and usually diminish over time.
- Reassure her spotting is a normal side effect of POPs. Other causes of spotting include missed pills, taking pills at a different time each day, vomiting or diarrhea, or taking anticonvulsants or rifampicin.
- To reduce spotting, advise Layla to take pills at the same time each day, perhaps with the evening meal or at bedtime, which will also reduce nausea. Inform her that taking pills in the morning or on an empty stomach may increase nausea.
- If the headaches bother her, she may use aspirin, ibuprofen, paracetamol, or other pain relievers.
- If the nausea or headaches continue to persist and are bothersome, she may try using another formulation of POPs, or you could help her choose another contraceptive method. Now that she is no longer breastfeeding, she has more options for methods.
- Remind her to return immediately if headaches are preceded by a bright area of lost vision in one eye (aura).

3. What information would you give her about continued POP use now that she is no longer breastfeeding?

- POPs are most effective in breastfeeding women. Once a woman stops breastfeeding, POPs are less effective than other hormonal methods of family planning. If women are happy with POPs as their family planning method, they can continue using the method, but should be counseled that it is even more important to take the pill at exactly the same time each day. She may also return to the clinic for a new method.

Note: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2017 update)*. If national guidelines are available

and provide guidance on these topics, participants should follow the recommendations in the national guidelines.

Appendix B: Role Plays Instructions Observation Checklist and Scenarios

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name, gender (male or female) and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Role Play Observation Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the role play.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Ensured that the client met the medical eligibility criteria for the method she chose
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female.

During the interaction, offer information *only* when the provider asks relevant questions. Use the

information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

Role Play Observation Checklist for Clinicians

Case: _____ Provider: _____ Client: _____ Observer: _____ Date: _____

	Yes	No	N/A		Yes	No	N/A
Overall: Communicate Effectively and Maintain Rapport					Help Client Make an Informed Decision or Address a Problem		
Shows respect and avoids judging client					Asks client if he or she has any questions about methods of interest		
Maintains relaxed, friendly and attentive body postures and eye contact					Asks client to choose a method		
Uses simple, clear language					Uses screening checklist to determine if client can use the method		
Uses open-ended and probing questions correctly					Agrees on decision or plan in partnership with client		
Listens carefully to client (paraphrases and reflects)							
Asks client about feelings (and shows empathy)					Provide Assistance to Support Client's Decision		
Encourages client participation					Gives contraceptive method and condoms for dual-method use, if needed..		
Explains what will occur during visit and procedures					Explains and/or demonstrates correct use		
Ensures client understanding and corrects misunderstandings					Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration		
Uses job aids appropriately					Reminds client about side effects and reasons for returning		
Offers to involve client's partner					Gives treatment, supplies, medications (as indicated)		
Records data according to protocols					Role plays or rehearses negotiation skills and helps client plan approach.		
					Arranges follow-up, resupply, and referral to other services, as needed		
Establish Rapport and Assess Client's Needs and Concerns					Case-Specific Observations or Questions:		
Greets client appropriately							
Ensures confidentiality and privacy and that client is comfortable							
Asks about reason for visit							
Asks about client's partner(s), children, family, sexual behavior, health							
Asks about plans to have children, desire for FP (e.g., spacing, limiting)..							
Explores STI risk and what client does to avoid STIs.....							
Identifies areas to evaluate during physical exam (if indicated)							
							
Provide Information and Options Related to Client's Concerns							
Advises on preventing STIs (i.e., abstain, fewer partners, use condoms)							
Advises on achieving desired pregnancy as safely as possible							
Explains benefits of FP and healthy spacing.....							
Helps client identify FP methods suited to her or his needs.....							
Gives information on FP methods of interest.....							
Responds to other client questions or concerns							

Role Play Observation Checklist for Community Health Workers

Case: _____ CHW: _____ Client: _____ Observer: _____ Date: _____

	Yes	No	N/A		Yes	No	N/A
Overall: Communicate Effectively and Maintain Rapport					Help Client Make an Informed Decision or Address a Problem		
Shows respect and avoids judging client					Asks client if he or she has any questions about methods of interest		
Maintains relaxed, friendly and attentive body postures and eye contact					Asks client to choose a method		
Uses simple, clear language					Uses screening checklist to determine if client can use the method		
Uses open-ended and probing questions correctly					Agrees on decision or plan in partnership with client.....		
Listens carefully to client (paraphrases and reflects)					Help Carry Out Client's Decision		
Asks client about feelings (and shows empathy)					Gives contraceptive method and condoms for dual-method use, if needed..		
Encourages client participation					Explains and/or demonstrates correct use		
Explains what will occur during visit and procedures					Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration		
Ensures client understanding and corrects misunderstandings					Reminds client about side effects and reasons for returning		
Uses job aids appropriately					Role plays or rehearses negotiation skills and helps client plan approach.		
Correctly records information on data-collection forms					Arranges follow-up, resupply, and referral to outside services, as needed ..		
Establish Rapport and Assess Client's Needs and Concerns					Case-Specific Observations or Questions:		
Greets client appropriately.....							
Ensures confidentiality and privacy and that client is comfortable.....							
Asks about reason for visit							
Asks about client's partner(s), children, family, sexual behavior, health							
Asks about plans to have children, desire for FP (e.g., spacing, limiting)..							
Explores STI risk and what client does to avoid STIs.....							
Provide Information to Address Client's Identified Needs and Concerns							
Informs client when needs/concerns are beyond CHW capability.....							
Advises on preventing STIs (i.e., abstain, fewer partners, use condoms)							
Explains benefits of FP and healthy spacing.....							
Helps client identify FP methods suited to her or his needs.....							
Gives information on FP methods of interest.....							
Responds to other client questions or concerns							

Progestin-Only Pills (POPs)—Clinicians

Role Play Scenario 1—Adolescent client is interested in and is eligible for POPs

POPs Scenario 1—Client Information Sheet	POPs Scenario 1—Observer Information Sheet
Client Description You are a 16-year-old female who has been counseled about the benefits of using family planning through a program at school. You read the pamphlet on family planning method options that was given to you in the class and have made a decision about which method you believe best suits your needs. Offer this information <i>only</i> when the provider asks relevant questions: • You have had a steady boyfriend for about six months. • Your boyfriend was taking antibiotics recently after he went to see a doctor at the STI clinic. • You do not use condoms. • Your last period started five days ago and are very regular. • You feel healthy and have no health problems. • You want a method that you can be in control of. • Your best friend used COCs and had a bad experience so you are not interested in taking them because you're worried you'll have a similar complication. • You would like to have a child someday, but your boyfriend says he is not ready, so you have chosen to use POPs because you believe that POPs would best suit your needs.	Make note of whether the provider performs these case-specific tasks: • Asks about the client's reproductive health goals, fertility intentions, and life plans • Ensures that the client understands the contraceptive options described in the pamphlet, including emergency contraception, and has made an informed choice to use POPs • Determines the client's medical eligibility using the POPs screening checklist • Provides POPs, instructions on correct use, including what to do if pills are missed, and information about resupply • Encourages her to be tested for STIs • Explains the benefit of using condoms and offers couples counseling to support correct and consistent condom use • Discusses benefits of healthy timing and spacing of pregnancies, noting it is best to wait until at least age 18 before attempting to become pregnant Methods for which the client is eligible: • COCs • DMPA or NET-EN • Implants • Male or female condoms • Standard Days Method®

*Progestin-Only Pills (POPs)—Clinicians***Role Play Scenario 2—Postpartum, breastfeeding client is interested in and is eligible for POPs**

POPs Scenario 2—Client Information Sheet	POPs Scenario 2—Observer Information Sheet
Client Description You are a 23-year-old woman who gave birth two months ago and have come to the clinic for a postpartum check. You use this visit to ask about pregnancy spacing. You do not want another child for at least two years. Offer this information <i>only</i> when the provider asks relevant questions: • You are interested in POPs but your husband is not in favor of the idea; he believes the pills could harm the baby through the mother's milk. • You are fully breastfeeding and would like to do so until the baby is at least 6 months old. • Your monthly bleeding has not returned. • You have resumed sexual intercourse. • You have no medical problems. • You feel comfortable talking to your husband about contraception.	Make note of whether the provider performs these case-specific tasks: • Asks about the client's reproductive health goals, breastfeeding goals, fertility intentions, and life plans • Ensures client understands pregnancy risk; protected by LAM but LAM has high failure rate, especially if she reduces how much she is breastfeeding • Addresses her husband's concern; provides information about POPs and breastfeeding and corrects misunderstandings • Confirms eligibility for POPs using the checklist • Provides POPs, instructions on correct use, including what to do if pills are missed, and information about resupply • Offers couples counseling, particularly if the husband needs further reassurance about the safety of POPs Methods for which the client is eligible: • DMPA or NET-EN • Implants • IUD • Male or female condoms

*Progestin-Only Pills (POPs)—Clinicians***Role Play Scenario 3—Client requires management of POP side effects and review of instructions for missed pills**

POPs Scenario 3—Client Information Sheet	POPs Scenario 3—Observer Information Sheet
Client Description You are a 27-year-old woman with two children, ages 2 years old and 6 months. You have been taking POPs that you buy over the counter for the last four months. You have been taking the pills every day but since your menses started again postpartum, you’ve had several days of spotting in the middle of each cycle. When you told your friend about this, she suggested that something is wrong. You didn’t take your pill yesterday and have come to the clinic to get checked. Offer this information <i>only</i> when the provider asks relevant questions: • You are overwhelmed with your two small children and do not want to become pregnant for at least two more years, maybe more. • You last had sex nine days ago, but you were taking the pills. • You do not think that you are pregnant, but you are concerned about the spotting. • You were taking the pill in the morning with breakfast every day. • You have no health problems. • You and your partner do not have other sex partners. • You stopped breastfeeding three months ago, and your menses returned a week later.	Make note of whether the provider performs these case-specific tasks: • Asks about the client’s reproductive health goals, fertility intentions, and life plans • Assesses possibility of unexplained vaginal bleeding. • Discusses common POP side effects, particularly during the first few months of taking POPs or first few months after menses returns, and offers reassurance. • Discuss possibility of changing to another method now that she is no longer breastfeeding and has more options with fewer bleeding side effects. • Continue taking pills at the same time every day with a daily activity (breakfast in this case) to help reduce spotting • Provides missed pill information: instructs client to take missed pills now, then continue taking one pill a day, and use a backup method for two days. • Offers resupply or encourages the client to purchase a new pack of pills ahead of time • Reviews the benefits of using condoms (dual protection) to prevent HIV/STIs Methods for which the client is eligible: • COCs • DMPA or NET-EN • Implants • IUD • Male or female condoms

Progestin-Only Pills (POPs)—Clinicians

Role Play Scenario 4—Older client with concerns about eligibility is interested in and is eligible for POPs

POPs Scenario 4—Client Information Sheet	POPs Scenario 4—Observer Information Sheet
Client Description You are a 41-year-old woman with three teenage boys and a two-year-old girl (who was a surprise baby following the removal of an IUD). You and your husband have been using condoms every time you had sex, but you don't feel they are reliable enough. You are interested in pills but have heard that they are not safe for older women. Offer this information <i>only</i> when the provider asks relevant questions: • You want a method that you are in charge of. • You have migraines with auras. • You used the IUD in the past but were not pleased with the heavy bleeding and cramping. • You are not interested in sterilization at this time. • Your last period started 21 days ago. • You have a pamphlet about methods that discussed a kind of pill that was safer for some women.	Make note of whether the provider performs these case-specific tasks: • Asks about the client's reproductive health goals, fertility intentions, and life plans • Asks about methods the client has used in the past and what she liked or didn't like about them and whether there are any methods she does not want to consider • After client reveals POPs as her method of choice, discusses benefits (based on the client's responses, POPs would be an ideal method because the user is in control, they are safe for many women who cannot use COCs, and are reversible) • Discuss safety of POPs for older women and women with migraines, including in relation to COCs • Confirms medical eligibility for POPs using the checklist • Provides POPs and instructions on correct use and on resupply Methods for which the client is eligible: • DMPA or NET-EN • Implants • IUD • Male or female condoms • Standard Days Method®

*Progestin-Only Pills (POPs)—Clinicians***Role Play Scenario 5—Breastfeeding client with tuberculosis is interested in but is *not* eligible for POPs**

POPs Scenario 5—Client Information Sheet	POPs Scenario 5—Observer Information Sheet
Client Description You are a 26-year-old woman who had a baby five months ago. You began taking POPs three months ago and have been very happy with the method. Last week you were diagnosed with tuberculosis and began rifampicin therapy to treat it. You came to the clinic for a pill resupply today. Offer this information <i>only</i> when the provider asks relevant questions: • You are exclusively breastfeeding and planning to wean at six months. • Other than the TB, you are healthy. • You do not want any more children for at least two or three years.	Make note of whether the provider performs these case-specific tasks: • Review continued eligibility before resupply. At this time she should not continue POPs because rifampicin therapy is a category 3 (it reduces the effectiveness of POPs). • Asks about the client’s reproductive health goals, breastfeeding goals, fertility intentions, and life plans • Discusses other contraceptive options that the client may be eligible to use. • Discuss the option of using a backup method for the duration of treatment if it will be short-term. • Discusses the importance of using condoms for STD protection. Methods for which the client is eligible: • LAM (short-term option) • IUD • Male or female condoms

Appendix C:

Illustrative Competency-Based Skills Assessment Checklist for POPs

Date of Assessment _____ Dates of Training _____

Place of Assessment: Facility _____ Classroom _____

Name of Facility _____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for POPs. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
 - 1= Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted
 - 2= Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently
 - 3= Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)
 - Not observed:** Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee

misses a critical step or compromises the safety of the client.

6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

TASK/ACTIVITY	CASES			COMMENTS
INITIAL INTERVIEW	1	2	3	
• Greets client in a friendly and respectful manner.				
• Maintains eye contact with the client				
• Concentrates fully on what the client is saying				
• Asks what MCH/FP service she is seeking and respond to any general questions she may have.				
• Provides general information about MCH services and FP methods available.				
• Explains what to expect during clinic visit.				
• Asks client if she has a method in mind				
• Asks client her feelings about or experience with a method				
• Helps client to make an informed choice: e.g., • asks client about reproductive goals, to space or limit births • explores any attitudes or religious beliefs that may favor or rule out one or more methods • briefly explains contraceptive choices available • briefly explains benefits/advantages of each • briefly explains risks/disadvantages of each • asks client if she has any questions and responds to these • asks client which method she prefers				
METHOD-SPECIFIC COUNSELING				
• Ensures necessary privacy.				
• Obtains necessary biographical data (name, address, age, etc.).				
• If the client chooses POPs: • asks her what she knows about POPs. Corrects any myths, rumors or misinformation she may express • asks if she has used POPs in the past. What was her experience? • gives client a package of POPs to look at and handle • explains advantages of the POP, including non-contraceptive benefits • briefly explains how POPs work and the importance of taking it at the same time every day • explains potential common side effects of the POP. Stress that she may experience some (or possibly none) of these and that they can all be managed: - changes in bleeding patterns (lighter, irregular, infrequent or no monthly period), especially if she is not breastfeeding - nausea (upset stomach)				

TASK/ACTIVITY	CASES			COMMENTS
- headaches - breast tenderness/fullness - dizziness				
METHOD-SPECIFIC COUNSELING continued	1	2	3	
• reassures client that most side effects are not serious and will decrease or stop after a few months of use • responds to any questions or concerns the client may have • explains that s/he will ask the client some questions and performs a minimal physical examination to be sure that the POP is medically appropriate				
CLIENT SCREENING				
• Screens client using <i>Checklist for Screening Clients Who Want to Initiate POPs</i>. Asks all questions on checklist and record responses. 1. Do you currently have a blood clot in your legs or lungs? 2. Have you ever been told you have breast cancer? 3. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)? 4. Have you ever been told that you have a rheumatic disease such as lupus? 5. Do you have serious liver disease or jaundice (yellow skin or eyes)? 6. Are you currently breastfeeding a baby less than 6 weeks of age? 7. Did your last menstrual period start within the past 7 days? 8. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then? 9. Have you abstained from sexual intercourse since your last menstrual period or delivery? 10. Have you had a baby in the last 4 weeks? 11. Have you had a miscarriage or abortion in the last 7 days? 12. Have you been using a reliable contraceptive method consistently and correctly?				

TASK/ACTIVITY	CASES	COMMENTS
• Understands that if the clients answers No to all of questions 1-6 she may use POPs and if the clients answers Yes to at least one of questions 13-18 and is free of signs and symptoms of pregnancy, provider can assume the client is not pregnant. • Reassures client of confidentiality and uses judgment concerning the necessity of asking the following questions: • Do you or your husband/partner have other sex partners? • What medicines do you regularly take? • Checks blood pressure: Is BP very elevated? - Systolic over 160 - Diastolic over 100 • Manages or refers for follow-up any positive findings.		

TASK/ACTIVITY	CASES			COMMENTS
• If POP is appropriate: • Gives client her pill packet to hold and look at • Shows her how to follow the arrows on the pack. • If the client uses a 28- or 35-pill pack: instructs her to start a new pack the day after she finishes all of the pills in the packet and that all pills have active hormone. • If the client is not having menstrual cycles, she may begin POPs anytime and use a backup method for first 2 days. If she is fully or partially breastfeeding, she should wait until the baby is 6 weeks old to start. If she is fully breastfeeding, she does not need a backup method if the baby is less than 6 months old. • If the client is not having menstrual cycles not related to childbirth or breastfeeding, she may begin taking POPs anytime and will need a backup method for the first two days. • Instructs the client to start the pill on first day of her next menstrual period (or on fifth day of her menstrual period, or use local guidelines for this instruction). If the client starts the pill after day five of her cycle she should use a back-up method for the first 2 days. • Gives the following client instructions about missed pills: • Explain to the client that if she forgets to take her pills or takes them more than 3 hours late, she may become pregnant. If she forgets to take her pills, she should do the following: - If she misses one pill, the client should take it as soon as she remembers. Take the next one at the regular time. - If she is having regular monthly bleeding, she should use a backup method for the next two days. If she has had sex in the last 5 days, she can consider taking ECPs.				
• Cautions client that she may feel queasy or nauseated if she takes two pills in one day, but taking two pills reduces her chances of becoming pregnant.				

TASK/ACTIVITY	CASES			COMMENTS
- Explains other situations in which a back-up method is needed: <i>Diarrhea/vomiting</i>: If she vomits within 2 hours after taking a pill, she should take another pill from the pack as soon as possible, and keep taking pills as usual. If vomiting or diarrhea continues, take pills as usual and use a backup method until 2 days after vomiting and diarrhea finish. - If taking certain medications used in the treatment of tuberculosis and seizures (rifampin, phenytoin, carbamazepine).				
Stresses the importance of informing other doctors/health workers who may care for her, that she is using the POP.				
- Asks client to repeat back in her own words instructions for when to start POPs, how she will take the subsequent pills, and what she will do if she misses a pill or pills - Explains in a non-alarming way that the client should see a doctor or nurse if any of these occur, stressing the rarity of these: - Unusually long or heavy bleeding - A bright spot in your vision before very bad headaches - Jaundice (skin and eyes look yellow) - May be pregnant, especially if pain or soreness in belly				
Asks client a few questions to ensure that she understands and remembers key instructions.				
- Prescribes or provides client with at least three- month supply of POPs - Reassures client that she may change the pills or try another method if she does not like these POPs.				
Reassures client that s/he is available to see her if she has any problems or questions or needs advice.				
- Plans for a return visit and gives client a definite return date. - Asks client to bring her pill packets with her on the return visit.				
Documents/records the visit according to local clinic guidelines.				

TASK/ACTIVITY	CASES			COMMENTS
RETURN VISIT COUNSELING				
1. Asks client if she is satisfied with the POP.				
2. Asks if she is having any problems or experiencing any side effects. If yes, manages these as appropriate.				
3. Asks client how she is taking the POPs and to demonstrate for you with the package she is using.				
4. Repeats the history checklist. If history suggests client has developed a precaution, does an appropriate physical examination to rule out or verify. If breastfeeding status has changed, discusses implications for POP use.				
5. Checks client's blood pressure.				
6. Briefly reviews key messages/instructions concerning missed pills, use of back-up method, and warning signs.				
7. Asks client to repeat these back.				
8. If the client is satisfied with the POP, is tolerating the POP well, is not experiencing any serious side effects, and no precautions exist: • Prescribes/provides at least another three cycles of POPs. (She may be provided with 11-13 cycles.) • Provides her with a sufficient supply of condoms, if at risk of an STD.				
9. If client wants to discontinue the POP, helps her make an informed choice of another method.				
10. Encourages client to see her/him at any time if she has questions or problems.				

Comments: _____

Appendix D: Answer Keys for Progestin-Only Pills (POPs) Module Pre- and Post-test

Participant Name _____

Instructions: Circle the letter(s) for the correct answer. Follow specific directions for each section. There is a total of 50 points.

Scoring: Score each correct answer by 1. Multiply total correct answers by 2 to get total percentage. Use whatever passing score is usually used in your country. A commonly used passing score is 80%.

1. What are the primary ways that POPs prevent pregnancy?
 - a. Damaging sperm
 - b. **Thickening cervical mucus to block sperm and preventing the release of eggs from the ovaries**
 - c. Preventing a fertilized egg from embedding in the uterine lining
 - d. Stopping sperm from entering the woman's body
2. A woman comes to you for POPs but you cannot rule out pregnancy. What should you do?
 - a. Have her come back when she gets her next menstrual cycle
 - b. Have her start POPs today anyway
 - c. **Give her POPs today and tell her to begin taking them when her next monthly bleeding begins**
3. If 100 breastfeeding women used POPs as commonly used for one year, typically how many would become pregnant?
 - a. **<1**
 - b. 1
 - c. 2
 - d. 3-10
4. What information should you give a woman with HIV who wants to start POPs?
 - a. **POPs do not protect against sexually transmitted infections, so you still must use condoms**
 - b. POPs are not safe for women with HIV
 - c. POPs are not an effective method for women taking HIV medication

5. Which woman should not use POPs?
 - a. a nulliparous women
 - b. a breastfeeding woman (6 weeks or less)
 - c. **a woman with liver disease (Cirrhosis)**
 - d. a woman age 35 or older
 - e. a woman taking antibiotics for a urinary tract infection
 - f. a woman with high blood pressure
 - g. a woman with HIV
6. Which is not a common side effect of POPs?
 - a. Mild abdominal pain
 - b. nausea
 - c. breast tenderness
 - d. **Weight gain**
 - e. headaches
7. A fully breastfeeding woman comes to see you she is 5 weeks after childbirth and wants to start POPs. What do you do? Tell her to come back to get them in one week when she is 6 weeks after childbirth
 - a. **Give her the POPs to start today**
 - b. Tell her to come back to get them after her monthly bleeding returns
 - c. Give her the POPs today and tell her start taking them in one week when she is 6 weeks after giving birth
8. When a client finishes a packet of 28 pills, she should start the next packet:
 - a. after 5 days
 - b. after 7 days
 - c. **the next day**
 - d. when her menstrual bleeding stops
9. Most side effects women have from POPs are mild and resolve within:
 - a. A week
 - b. **3 months**
 - c. 6 months
 - d. 1 year
10. Which woman would need to use a backup method or abstain from sex when starting POPs?
 - a. A woman who has regular period and whose period began 3 days ago
 - b. A fully-breastfeeding woman with a 5 week old baby
 - c. **A woman who is 6 weeks postpartum and not breastfeeding**
 - d. A woman who had a miscarriage 4 days ago

True or False

Check off either "True" (T) or "False" (F) in the space provided.

11. All the pills in the POP package contain the hormone that prevents pregnancy. T x F
12. As commonly used, POPs are less effective than other hormonal methods for women not breastfeeding T x F
13. POPs must be taken every day at the same time, whether or not a woman has sex that day. T x F
14. POPs can be used by women who are breastfeeding immediately postpartum. T x F
15. POPs not affect the quantity or quality of breastmilk a breastfeeding mother produces. T x F
16. POPs provide protection from STIs. T F x
17. Women do not need a pelvic exam before starting POPs. T x F
18. It's okay for a woman to wait a few days to start a new pack of pills once she finishes the last pack. T F x
19. POPs may be prescribed for women who can't take estrogen. T x F
20. For breastfeeding women who use POPs, monthly bleeding may return faster than breastfeeding women who do not use POPs. T F x

Fill in the Blank

Complete the following sentences with one of these words. (Words may be used more than once.)

Rifampicin	Cannot use methods with estrogen	Migraines with aura	Progestin	daily activity
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21. Linking pill use with a daily activity may help women remember to take their pills.
22. If a woman starts getting migraines with aura after she starts POPs, she may need to switch methods.
23. Most medications can be used safely and effectively with POPs, but women who are taking rifampicin should usually use another method.

24. Unlike COCs, POPs are appropriate for women who cannot use methods with estrogen.

25. POPs contain the hormone progestin.

Appendix E: Applied Learning Case Studies Answer Key

Answers to Question Set A

1a) Is Anne medically eligible to initiate POPs? Why or why not?

Yes. Breastfeeding women can start POPs any time after delivery. Anne is healthy, so she does not have any medical contraindications to POPs. Also, the provider can be reasonably sure Anne is not pregnant because of the contraceptive effects of lactational amenorrhea (LAM).

1b) What are the key counseling messages you should share with Anne?

Reassure her about the safety of POPs for her health and the baby's health. Explain that Anne is right, that POPs do not affect quality or quantity of milk for breastfeeding infants. Explain that effectiveness depends on the client's ability to take the pills on schedule. Explain how POPs work, side effects, and signs of complications. Provide instructions on how to take POPs and what to do if pills are missed. Explain when to return.

Answers to Question Set A

2a) Is Ellen eligible to continue POP use? Why or why not?

Yes, Ellen does not have any conditions that would prohibit her continued POP use, although some follow-up discussion is needed. Irregular bleeding should not prevent her from using POPs, unless she finds the bleeding unacceptable and wants to discontinue.

2b) Describe your course of action.

Because Ellen has just finished breastfeeding, her menses returned, and she is healthy, Ellen may switch to another method such as COCs. Discuss with her the decreased effectiveness of POPs now that she is no longer breastfeeding and review her options for switching methods. If she wishes to continue with POPs, reassure Ellen that irregular bleeding may be experienced by women using POPs. It is not harmful and not a sign of disease. It usually goes away within 3 months. Advise her to try aspirin, ibuprofen, or paracetamol if the bleeding bothers her. Advise her that if the bleeding becomes very heavy or prolonged, she should come back for evaluation. If the bleeding continues to bother her, she can try a different formulation of POPs or choose another method.