

Appendix B: Illustrative Training Schedule

DAY 1			
Time	Topic	Method	Resources
8:00-8:15am	Welcome and Introduction Learning Objectives	Discussion	Basic Slide Set: Session I, Slide 2
8:15-8:45	Pre-test	Test	Evaluation Tool: The Male Condom Pre-Test
8:45-10:15	Session I: Characteristics of Male Condom		
	What is the Male Condom?	Discussion	Basic Slide Set: Session I, Slide 3 and Handout #1
	Explaining How Male Condoms Work	Lecturette	Basic Slide Set: Session I, Slide 4
	Male Condoms: Key Points for Providers and Clients	Discussion	Basic Slide Set: Session I, Slides 5 and 6
	Dual Protection	Lecturette	Basic Slide Set: Session I, Slide 7
	Effectiveness	Discussion	Basic Slide Set: Session I, Slide 8 and Optional Advance Slide 1
	Relative Effectiveness	Lecturette	Basic Slide Set: Session I, Slide 9
	Method Effectiveness	Role Play	Handouts #2 and #3
	Effectiveness for Preventing HIV	Lecturette	Basic Slide Set: Session I, Slide 10
	Correct and Consistent Use Makes a Difference	Lecturette	Basic Slide Set: Session I, Slide 11
10:15-10:30	Tea Break		
10:30-12:00	Session I, continued		
	Effectiveness for Preventing STIs	Lecturette	Basic Slide Set: Session I, Slide 12
	Characteristics of Male Condoms	Brainstorming	Basic Slide Set: Session I, Slides 13 and 14
	Session II Who Can and Cannot Use the Male Condom?		
	Who Can Use Male Condoms	Lecturette	Basic Slide Set: Session II, Slide 2
	How to Use Male Condom	Lecturette	Basic Slide Set: Session II, Slide 3
	Five Steps of Using a Male Condom	Group Activity	Evaluation Tool: Five Steps of Using A Male Condom—Group Activity
	Practices to Avoid	Lecturette	Basic Slide Set: Session II, Slide 4
	Lubricants for Latex Male Condoms	Lecturette	Basic Slide Set: Session II, Slide 5

DAY 1			
Time	Topic	Method	Resources
12:00-1:00pm	Lunch		
1:00-2:30	Session II, continued		
	Managing Problems	Lecturette	Basic Slide Set: Session II, Slides 6 and 7
	Problems that May Require Switching	Lecturette	Basic Slide Set: Session II, Slide 8
	What to Remember	Lecturette	Basic Slide Set: Session II, Slide 9
	Fact Sheet	Brainstorming	Basic Slide Set: Session II, Slide 10 and Handouts #4
	Session III: Providing Male Condom		
	Counseling about Male Condom: Key Counseling Topics	Lecturette	Basic Slide Set: Session III, Slide 2
	Responding to Myths and Fears	Brainstorming	Basic Slide Set: Session III, Slide 3 and Handouts #6-7
	Tools and Techniques	Lecturette	Basic Slide Set: Session III, Slide 4
	Talking with Partners (1)	Lecturette	Basic Slide Set: Session III, Slide 5
2:45-4:00	Talking with Partners (2)	Lecturette	Basic Slide Set: Session III, Slide 6
	Talking with Partners (3)	Lecturette	Basic Slide Set: Session III, Slide 7
2:30-2:45	Tea Break		
2:45-4:00	Session III, continued		
	Follow-up Visits	Lecturette	Basic Slide Set: Session III, Slide 8
	Case Study	Case Study	Handout #8: Case Study 1
	Male Condom: Summary	Lecturette	Basic Slide Set: Session III, Slide 9
	Post-test and Course Evaluation	Test	Post-test, Applied Learning Case Studies, and Course Evaluation

Appendix C: Facilitating Role Plays

Why use role plays?

Role plays allow trainees to apply new technical knowledge and skills in situations that simulate those they encounter at work, which helps facilitate transfer of learning to the workplace for improved on-the-job performance. Unlike case studies, in which trainees carefully analyze a situation before responding, role plays require trainees to react to situations in the moment when applying technical information and procedures they have learned.

In addition, role plays help facilitate transfer of learning by giving trainees opportunities to:

- Practice in a safe, non-threatening environment where it is permissible to make mistakes
- Work in small groups and observe the facilitator or an experienced trainee demonstrate the provider role, which helps trainees to be comfortable trying out new approaches
- Become confident using job aids and tools to facilitate performance of work tasks
- Receive targeted feedback and support after each time they role-play a provider; such immediate feedback is crucial for trainees to achieve a high level of proficiency and attain workplace performance expectations

***Note:** Many learning activities in the modules involve brief role-playing. These instructions apply to activities involving multiple role plays conducted in small groups of three trainees.*

Preparing for the activity

1. **Read the role-play scenarios.** Carefully review the details on the client and observer information sheets for each role play and become familiar with the key issues. Select the role plays that suit the objectives of your training session and represent situations that are most similar to what trainees will encounter at their workplaces.
2. **Adapt the activity to make it relevant.** If necessary, adapt role plays to make them more consistent with the situations that providers are likely to encounter in their workplace (e.g., type of facility, titles of job aids, cultural practices and names of clients). For example, if most of the trainees work in a hospital, the scenario should reflect this. It is also important to keep the cultural practices of clients in mind. For example, if women tend to come to appointments with their husbands or mothers-in-law, make sure that the scenarios provide for this.
3. **Anticipate and know how to address issues.** Study the relevant technical information in *Family Planning: A Global Handbook for Providers* (CCP and WHO, updated 2018) so that you are ready to address issues that trainees might raise during the role-playing activities. For CHWs, keep explanations simple as well as accurate.
4. **Familiarize yourself with relevant tools and job aids.** Will trainees be practicing using a checklist for screening clients who want to initiate a particular contraceptive method? Will they be working with pages from the counseling tool? Will they share an informational brochure with a new method user? Be prepared to demonstrate proper use of counseling tools or other job aids.
5. **Decide how you will introduce and use the role plays.** If it is the first time that the trainees are taking part in a multiple role-playing activity, conduct a demonstration so that

they become familiar with the expectations related to the roles and support materials. Choose one role play to use for the demonstration. Practice playing the role of the provider and prepare two other facilitators (or trainees) to take on the supporting roles of the client and observer during the demonstration. Also practice explaining how to conduct the role plays. Ensure that there are at least three role play scenarios so that the trainees in a small group will not need to repeat a role play during a round.

6. **Prepare copies of resources.** Make enough copies of the provider, observer, and client instructions and the role play observation checklist for each small group. Ensure that trainees have copies of the counseling tools or job aid(s).

Conducting the activity

1. **Introduce the activity using role-play instructions found on the handout.** Emphasize that role-playing provides trainees with an opportunity to apply their new knowledge, skills, and tools in situations that simulate actual client interactions.
2. **Ask trainees to break into groups of three.** Direct the members of each group to choose who will play the role of client, provider, or observer. Remind the groups that each trainee will play each role during the activity. Distribute copies of the instructions for the client, provider, and observer roles, or create flip charts that describe the general expectations for each role. Review the expectations for each role with the trainees.
3. **Provide a demonstration.** In addition to showing how the activity is conducted, the demonstration will help trainees feel more comfortable trying out new approaches. Prepare for the demonstration as suggested in item 5 above.
4. **Distribute role-play materials to trainees taking on the client and observer roles.** Give each “client” a copy of the scenario information sheet that includes the client description and responses to share with the provider. Give the “observer” a scenario information sheet describing the case-specific issues they should watch for and a role play observation checklist. Ask the clients and observers not to share any information about the role play with the person who is playing the provider, except the client’s name, age, and gender.
6. **Give the groups 15 minutes to conduct the role play.** Circulate among the groups to answer any questions that may arise and provide guidance as needed.
7. **Instruct each group to discuss the role play.** After the small groups have finished with the role play, ask the groups to take five minutes to talk about what happened during the role play from the perspective of the provider (self-assessment), the client (personal satisfaction with the interaction), and the observer (objective assessment using the Role Play Observation Checklist). The groups should discuss the following questions among themselves:
 - What was going on between the provider and client?
 - What did the provider do in this situation that was effective?
 - What might the provider consider doing differently?
 - How well did the provider attend to the items on the Role Play Observation Checklist and the case specific observations included in the role play description?

Post a prepared flip chart of the discussion questions where each small group can see it, or display the PowerPoint slide that shows these questions. Encourage trainees to provide constructive criticism during their discussions and to take breaks as needed between role plays.

8. **Rotate roles and substitute new role plays.** Trainees should rotate roles within their small groups. If the small groups are each working on different role plays, the groups can pass their role play materials to the next group.
9. **Process the activity.** After the groups have completed three rounds of role plays (each team member has had an opportunity to play each role once), conduct a discussion in the large group using the following questions:

While playing the role of the provider:

- How did it feel to integrate new content, techniques, and job aids into your interaction?
- What worked well? What still feels awkward and requires more practice?
- What did you think about the length of the counseling sessions?
- Did the client raise issues or questions that you did not know how to answer?

While playing the role of the client

- Did the provider adequately address your main reason for coming to the clinic?
- Were you able to understand and use the information the provider gave you?
- Did the provider address all of your concerns?
- Were you comfortable asking questions?
- After being a client, what changes will you make the next time you role-play the provider?

While playing the role of the observer

- Did the provider create a comfortable environment? Did the provider build adequate rapport with his/her client?
- Can you share some examples of interesting interactions and creative solutions that you observed in the role plays?

10. **If desired and time allows, ask the trainees to form new small groups** and complete another set of role plays, using different role-play scenarios and switching roles after the first and second rounds.
11. **After the final round of role-plays** (each team member has had an opportunity to play each role twice), **repeat the large group discussion.** Use the questions in step 9 to conduct another debriefing with the trainees.
12. **Conclude the activity by reminding trainees of the importance of their interactions with clients.** Counseling is an essential component of FP services. When done well, FP counseling sessions can ensure that providers meet the needs of their clients.

Role Play Scenario 1—Client is interested in and eligible for male condoms

Condoms Scenario 1—Client Information Sheet	Condoms Scenario 1—Observer Information Sheet
Client Description You are a 41-year-old man. You have two teenage daughters with your wife and a two-year-old son by your current girlfriend, who was using oral contraceptive pills, but forgot to take them for several days and became pregnant. Your wife now has an IUD. You are interested in using condoms with your girlfriend until she decides on a reliable contraceptive method that suits her better. Offer this information <u>only</u> when the provider asks relevant questions: • You have no serious health problems. • You have had experience with condoms on occasion, but felt that they dulled your sensitivity and reduced pleasure. • You are not interested in a vasectomy at this time. • You have not been tested for STIs or HIV and you do not know if your partners have been tested.	Make note of whether the provider performs these case-specific tasks: • Assesses the client’s reproductive health goals, fertility intentions, life plans • After client reveals male condoms as his method of choice, discusses effectiveness, prevention of pregnancy and protection from STIs and HIV (dual protection) • Provides condoms, gives instructions on correct use, practices to avoid, and where to go for resupply • Asks client to demonstrate correct use • Offers suggestions for making condom use more enjoyable • Suggests he refer his girlfriend to the clinic for FP counseling • Discusses benefits of testing for STIs/HIV and suggests testing for himself and his partners Methods for which the client is eligible: • Male or female condoms

Role Play Scenario 2—Allergy to latex condoms

Condoms Scenario 2—Client Information Sheet	Condoms Scenario 2—Observer Information Sheet
Client Description You are a 23-year-old married man with one child. You have come to the clinic because after having sex with your wife your genitals became very red and itchy, there were red spots in several other places on your body, and you felt dizzy. Offer this information <u>only</u> when the provider asks relevant questions: • You have no other serious health problems. • Have just started using condoms with your wife, because she does not want another child for a while. • Your wife had previously used a calendar method for FP and you abstained from sex during her fertile days. • You had used a condom just once or twice in the past. • You and your wife are faithful to each other. • You want another child in the future.	Make note of whether the provider performs these case-specific tasks: • Assesses the client’s concerns, reproductive health goals, fertility intentions, life plans • Asks questions about his symptoms and condom use and determines latex allergy • Advises client to stop using latex condoms immediately • Assesses STI risk • Advises client on other FP options, including plastic female or male condoms, and suggests he bring his wife in for FP counseling • Provides treatment or refers for treatment of latex allergy. Methods for which the client is eligible: • Plastic male condoms or synthetic female condoms

Role Play Scenario 3—Negotiating condom use (may be adapted for female condoms)

Condoms Scenario 3—Client Information Sheet	Condoms Scenario 3—Observer Information Sheet
Client Description You are an 18-year-old single woman and have come to the clinic for your first general checkup. You have recently begun dating someone who you like very much. You know he has had other girlfriends. You don't want to become pregnant or get an STI so you want to talk about using condoms. Offer this information <u>only</u> when the provider asks relevant questions: • You have no health problems. • Two days ago you and your new boyfriend had sex for the first time since you started dating. It was spontaneous and you did not use a condom or any other FP method. • Your period started five days ago; and they are usually very short, but do not come on a regular schedule. • You have not been tested for STIs or HIV, and you do not know if your partner has been tested but many of your friends have tested positive for STIs so you think you would like to be tested too. • You are very worried about getting HIV. • You have had one previous boyfriend who you dated a year ago. He used condoms, but not every time. • You do not feel comfortable discussing condoms with your new boyfriend. • You want children in the future, but not for at least two or three years.	Make note of whether the provider performs these case-specific tasks: • Assesses the client's reproductive health goals, fertility intentions, life plans • After client reveals male condoms as her method of choice, discusses benefits; prevention of pregnancy and protection from STIs and HIV • Suggests testing for STIs and HIV for herself and her boyfriend • Reviews benefits of dual method use to ensure pregnancy prevention in case her boyfriend does not use condoms consistently or client does not have condoms handy • Provides condoms and instructions on correct use and resupply • Discusses use of emergency contraception in case condom is not used or is used incorrectly • Helps client make a plan for discussing condoms with boyfriend and asks if client would like to role play the conversation; does a role-play practice with client • Offers couples counseling Methods for which the client is eligible: • Male or female condoms • Implants • DMPA or NET-EN • COCs

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								
Case: _____		Provider: _____		Client: _____		Observer: _____		Date: _____
Overall: Communicate Effectively and Maintain Rapport	Yes	No	N/A	Help Client Make an Informed Decision or Address a Problem	Yes	No	N/A	
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).....				Provide Assistance to Support 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				Gives treatment, supplies, medications (as indicated)				
Offers to involve client's partner				Role plays or rehearses negotiation skills and helps client plan approach.				
Records data according to protocols				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 .....				.....				

Appendix D: Using Case Studies

Why use case studies?

Case studies allow trainees to carefully analyze a situation and make well considered decisions about how to apply the technical information they have learned. Analyzing case studies gives trainees the opportunity to apply new knowledge and skills in situations similar to those they will face in their workplace, which helps ensure that the knowledge and skills are transferred to the job.

In addition, case studies facilitate transfer of knowledge and skills by allowing trainees to:

- Employ different techniques for accomplishing both familiar and unfamiliar tasks
- Approach problem-solving using new strategies
- Become comfortable following new practice recommendations by collaborating with other professionals who may have similar reservations (or enthusiasm) for change
- Practice in a safe environment
- Receive targeted feedback and support, which is the key to achieving that a high level of proficiency and attaining workplace performance expectations

Preparing for the activity

1. **Read the case studies.** Carefully review the details of the cases and study the answers to the sets of questions that the trainees will be discussing. Choose situations that suit the objectives of the training and match the needs of the trainees.
2. **Adapt the activity to make it relevant.** Adapt the cases so that they reflect the cultural practices, conditions, and circumstances that trainees will encounter at their work sites.
3. **Anticipate and know how to address issues.** Review the technical information in *Family Planning: A Global Handbook for Providers* (CCP and WHO, 2018) related to the issues addressed in the case study so that you are prepared to address questions that trainees might raise.
4. **Familiarize yourself with the related tools and job aids.** Which tools are the trainees expected to use when solving the case? Make sure that you are familiar with the material and be prepared to describe proper use of the tool or job aid—whether it is a screening checklist for medical eligibility, a client brochure that describes the characteristics of a particular method, or pages from the counseling tool.
5. **Decide how you will introduce and use the case study.** If this is the first time that trainees are working through a case study, you should conduct at least part of the activity with the entire group. As trainees become more familiar with the expectations, divide them into smaller groups or pairs so that each trainee has more responsibility for resolving the case. If you have several small groups, you may want to assign each group to a different set of questions. Ensure that each small group reports back to the larger group so that all trainees can reflect on and benefit from the

lessons learned in other groups. Alternatively, you can assign the case studies as “homework” that trainees can work on—either individually or in groups—outside of the classroom.

6. **Practice giving instructions to the trainees.** Make sure you can provide clear, simple guidelines so that the activity is easy to understand.
7. **Prepare copies of resources.** Make sure that you have copies of the necessary resources available for the trainees. Ensure that trainees have copies of the tools or job aid(s).

Conducting the activity

1. **Introduce the activity.** Emphasize that case studies provide trainees with an opportunity to analyze a case and to make well-considered decisions about how to apply the technical information they have learned to situations similar to those they will encounter in the workplace. Provide step-by-step instructions that clearly describe how you (the facilitator) and the trainees are expected to analyze the case study. Tell the group how much time they have to complete each portion of the activity.
2. **Encourage trainees to work as a team and take advantage of all the available resources when answering the questions.** Groups should consider each question in the set one at a time and use their job aids, counseling tools, fact sheets, study notes, and PowerPoint slides from the presentation to arrive at the most complete response. Each group should select a spokesperson who will report their answers to the larger group.
3. **Describe the case.** Review the handout of the case studies. Ask one trainee to read the client description aloud. Ask trainees if they have any questions.
4. **Provide support and feedback as trainees work through the sets of questions.** Each small group should answer their assigned questions independently. Move from group to group, and listen to the suggestions the trainees are making, offer encouragement, suggest strategies, and redirect trainees who are moving towards or have given an incorrect response. If multiple facilitators are available, assign one facilitator to each small group.
5. **Ask spokespersons to report back.** After the groups complete their analysis and questions, ask the spokesperson from each group to share their answers with the entire group so that all the trainees have an opportunity to learn the correct answers to each set of questions. As each group reports, encourage other trainees to comment and offer additional feedback.
6. **Use the answer key to guide the discussion.** Each case study has an answer key that can help you process the reports, comments, and feedback. As necessary, intervene if neither the spokesperson nor the trainees can suggest the correct response. It is imperative that trainees know whether their answers to the case questions are correct.

Appendix D: Male Condom Case Study

Case Study 1

Adam is a 17-year-old unmarried adolescent who has a new girlfriend. He does not want her to become pregnant, and wants to talk about using condoms.

Question Set A:

You ask Adam what he knows about condoms. Adam says he has not used male condoms before, but he heard a community outreach worker talk about condoms and wants to know more.

1. How well do condoms work to prevent pregnancy?
2. How well do condoms work to prevent STIs, including HIV? Will using male condoms keep me from getting any kind of STI?
3. What are some advantages of male condoms?
4. What are the limitations of male condoms?

Question Set B:

Earlier in the counseling session, you answered Adam's questions and assessed his risk for STI/HIV infection. He has one girlfriend now but sometimes has more than one. You counsel him on dual protection and HIV risk reduction and advise consistent condom use. Adam says he has heard some things about condoms that concern him. How do you respond to each of these concerns?

1. I think using a condom means I don't love or trust my girlfriend.
2. If I use condoms, people will think I have HIV/AIDS.
3. Condoms make sex less enjoyable and make it difficult to keep an erection.
4. I feel too embarrassed to buy condoms.

Question Set C:

After you address Adam's fears and concerns, he decides he will use condoms with his current girlfriend and any other sexual partners.

1. How will you screen Adam for eligibility to use male condoms?
2. What issues or topics should you cover when counseling a client who has not previously used condoms?
3. What are the steps of correct condom use?
4. What practices should Adam avoid?

Question Set D:

Adam has been using male condoms for the past two months. He returns to the clinic for more condoms, and reports that he has been having some problems using condoms.

1. How will you advise him about each of the problems he reports?
 - He has had difficulty maintaining an erection.
 - A few times the condom has slipped off during sex.
 - He has had some itching and a red rash on his penis after condom use.
2. What else should you say or do during the session?

Case Study 1—Answer Key

Knowledge and Skills Objectives Addressed by Condoms Case Study 1

6. Describe the characteristics of male condoms in a manner that clients can understand
7. Demonstrate the ability to counsel clients on the following:
 - a. How to put on a male condom
 - b. Practices to avoid
 - c. Problems with condom use and how to address them
 - d. Common concerns, misconceptions, myths, and fears
 - e. Negotiating condom use with a partner
8. Demonstrate the ability to conduct routine follow-up for clients in a way that enhances continuing satisfaction and acceptance
9. Demonstrate how to correctly put on a male condom, using a penis model

Answers to Question Set A:

1. How well do male condoms work to prevent pregnancy?

When condoms are used correctly and consistently, they are also highly effective in preventing pregnancy. Among couples using male condoms correctly and consistently, only two pregnancies occur per 100 couples using condoms in the first year. However, as male condoms are commonly used, 18 pregnancies occur per 100 couples.

2. How well do condoms work to prevent HIV? Will using male condoms keep me from getting any kind of STI?

Condoms significantly reduce the risk of HIV infection. Condoms prevent 80-95 percent of HIV infections that would have occurred without the use of condoms. For example, there have been a number of scientific studies of couples in which one person is HIV-positive and the other person is not. These studies demonstrated that, with consistent, correct condom use, the HIV infection rate among uninfected partners was less than one out of 100 per year.

Condoms are highly effective in preventing STIs that are transmitted through bodily fluids, such as HIV, gonorrhea, and chlamydia. Condoms are less effective against STIs that are transmitted through skin-to-skin contact, such as genital herpes and warts, because the condom may not cover the entire affected area.

3. What are some advantages of male condoms?

- Safe and easy to use
- Widely available
- Effective when used consistently and correctly
- Provide dual protection
- No hormonal side effects
- Can help with premature ejaculation
- Do not require provider's assistance
- Can be used as temporary backup method of contraception
- Protect from conditions caused by STIs: PID, cervical cancer, infertility

4. What are the limitations of male condoms?

- As typically used, less effective at preventing pregnancy than many other methods
- Require partner communication and cooperation
- Can be damaged by oil-based lubricants, heat, humidity or light
- May reduce sensation
- Can interrupt sex

Answers to Question Set B:

1. I think using a condom means I don't love or trust my girlfriend.

If you are truly concerned about your girlfriend (partner), you will help protect her health by using condoms.

2. If I use condoms, people will think I have HIV/AIDS.

Most people who use condoms don't have HIV or AIDS, and it's because they use condoms to protect themselves.

3. Condoms make sex less enjoyable.

Both partners can still have an orgasm when using a condom. In fact, condoms increase sexual pleasure for some couples by delaying ejaculation. To increase your sexual pleasure, you can try putting the condom on as part of foreplay. You can also use more lubrication to increase sensation. There are also varieties of condoms that are designed to enhance pleasure, such as ribbed, flavored or colored condoms. Remember, if you are worried about HIV and other STIs, you won't be able to enjoy sex anyway.

4. I feel too embarrassed to buy condoms.

Sales clerks are used to handling condoms and don't think twice about it. Go with a friend the first time if it makes you feel more comfortable. You also can get condoms from vending machines, or return to the clinic for more.

Answers to Question Set C:

1. How will you screen Adam for eligibility to use condoms?

There are no medical eligibility requirements for condoms. All men and women can use male condoms, except those with severe allergy to latex.

2. What issues or topics should you cover when counseling a client who has not previously used condoms?

- How to use (with demonstration)
- Importance of correct and consistent use
- Common problems; practices to avoid
- Lubricants
- How many they will need and where to get more
- Use of emergency contraception, if condom breaks or slips, or was not used
- How to talk with partner about using condoms

3. What are the steps of correct condom use?

1. Use a new condom for each act of sex. Check package for date and damage. Tear open package carefully.
2. Place condom on tip of penis with rolled side out.
3. Unroll condom all the way to the base of the penis.
4. After ejaculation, hold rim in place and withdraw penis while it is still erect. Slide condom off, avoid spilling semen.
5. Dispose of condom safely.

2. What practices should Adam avoid?

- Unrolling the condom before putting it on
- Using oil-based lubricants
- Using condoms that may be old or damaged (dried out, brittle, sticky)
- Reusing condoms
- Practicing dry sex

Answers to Question Set D:

1. How will you advise Adam about each of the problems he reports?

- **He has had difficulty maintaining an erection.**
Condoms can make it more difficult for some men to maintain a full erection. Often this is due to embarrassment, which goes away with experience. Making condom use more enjoyable, by integrating it into foreplay, using more lubrication, or using condoms which provide more stimulation (e.g. ribbed condoms) also helps.
- **A few times the condom has slipped off during sex.**
This may be due to using too much lubricant inside the condom. Just a drop is helpful for increasing sensation, but too much can make the condom slip. How long does he wait before withdrawing? Waiting too long to withdraw, when the erection begins to subside, can make it more likely that the condom will slip off.
- **He has had some itching and a red rash on his penis after condom use.**
Suggest that he try a different brand of condom; some men are more sensitive to certain brands or certain lubricants. He may have a mild latex allergy. He may try plastic condoms, if available.

2. What else should you say or do during the session?

Review correct condom use and practices to avoid; ask Adam to describe how he opens a condom package and demonstrate on a model how he puts it on. Correct any errors. Remind Adam about the importance of using condoms with every act of sex. Regarding HIV infection, inconsistent condom use is as risky as not using condoms at all. Ask Adam how many condoms he needs and provide condoms.

Note: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2018 update)*. If national guidelines are available and provide guidance on these topics, participants should follow the recommendations in the national guidelines.

Appendix E: Demonstration Return Demonstration

The Five-Step Method of Demonstration and Return Demonstration is a training technique useful in the transfer of skills. The technique is used to make sure that trainees become proficient in certain skills. It can be used to develop skills in implant insertion, pill dispensing, performing a general physical examination, performing a breast or pelvic examination, etc. In short, it can be used for any skill which requires a demonstration. The following are the "five steps:"

1. **Overall Picture:** Provide trainees with an overall picture of the skill you are helping them develop and a skills checklist. The overall picture should include why the skill is necessary, who needs to develop the skill, how the skill is to be performed, etc. Explain to the trainees that these necessary skills are to be performed according to the steps in the skills checklist, on models in the classroom and practiced until trainees become proficient in each skill and before they perform them in a clinical situation.
2. **Trainer Demonstration:** The trainer should demonstrate the skill while giving verbal instructions. If an anatomical model is used, a participant or co-trainer should sit at the head of the model and play the role of the client. The trainer should explain the procedure and talk to the role playing participant as s/he would to a real client.
3. **Trainer/Participant Talk-Through:** The trainer performs the procedure again while the participant verbally repeats the step-by-step procedure.

Note: the trainer does not demonstrate the wrong procedure at any time. The remaining trainees observe the learning participant and ask questions.

4. **Participant Talk-Through:** The participant performs the procedure while verbalizing the step-by-step procedure. The trainer observes and listens, making corrections when necessary. Other trainees in the group observe, listen, and ask questions.
5. **Guided Practice:** In this final step, trainees are asked to form pairs. Each participant practices the demonstration with their partner. One partner performs the demonstration and talks through the procedure while the other partner observes and critiques using the skills checklist. The partners should exchange roles until both feel competent. When both partners feel competent, they should perform the procedure and talk-through for the trainer, who will assess their performance using the skills checklist.

Appendix F: Illustrative Competency-based Skills Checklist for Male Condoms

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 male condoms. 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
1. Provides basic facts about condoms:				
– How they work and their effectiveness				
– Stresses that consistent and correct use with every act of intercourse is the key to effectiveness				
– Explains their ability to prevent both pregnancy and STIs				
– Asks if client/partner has any allergies to latex				
– Tells where to obtain them and the cost				
2. Asks if client has any questions and responds to them				
3. Provides very specific instruction on how to correctly use and when to use condoms:				
– Package must be torn open carefully				
– Use during every act of intercourse				
– Use with spermicide whenever possible				
– Do not "test" condoms by blowing up or unrolling				
– Put on when penis is erect				
– Put on before penis is near/introduced into vagina				
4. Demonstrates how to correctly put on condom by using a model, banana, or two fingers:				
– Cautions client not to unroll condom before putting it on				
– Shows how to place rim of condom on penis and how to unroll up to the base of penis				
– Instructs how to leave 1/2 inch space at tip of condom for semen, which must not be filled with air or the condom may burst				
– Shows how to expel air by pinching tip of condom as it is put on				

TASK/ACTIVITY	CASES			COMMENTS
– Cautions about tearing accidentally with fingernails/rings				
5. Counsels client what to do if condom breaks or slips off during intercourse:				
– See doctor/clinic where woman can be assessed for emergency contraception				
– Request emergency contraceptive pills within 72 hours (the earlier the better) of unprotected intercourse or condom breakage				
6. Has client demonstrate and practice putting on condom using the model/banana/fingers. Corrects any technique errors.				
7. Counsels client on how to remove penis from vagina with condom intact and with no spillage of semen:				
– Hold on to rim of condom when withdrawing				
– Be careful not to let semen spill into vagina when penis is flaccid				
8. Discusses use of lubricants and what not to use:				
– Do NOT use: petroleum-based products (Vaseline)				
– Do NOT use: mineral, vegetable, or cooking oil				
– Do NOT use: baby-oil				
– Do NOT use: margarine or butter				
– Use a water-based lubricant if one is needed				
9. Advises client to dispose of condoms by burning, burying, or throwing in the latrine and to not flush down the toilet				

TASK/ACTIVITY	CASES			COMMENTS
10. Provider repeats major condom messages to client:				
– Be sure to have a condom before you need one				
– Use a condom with every act of intercourse				
– Do not use a condom more than once				
– Do not rely on condom if package is damaged, torn, outdated, dry, brittle, or sticky				
11. Provides client with at least a three-month supply (about 30–40 condoms).				
12. Reassures client s/he should return at any time for advice, more condoms or when s/he wants to use another method.				

Comments: _____

Appendix G: Male Condom: Answer Keys for Pre- and Post-Test and Applied Learning Case Studies

Name: _____ **Date:** _____

Instructions: Circle the letter(s) for all that apply. (Some questions may have more than one correct answer.) Follow specific directions for each section. There is a total of 20 points.

Scoring: Score each correct answer by 1. Multiply total correct answers by 2 to get total percentage. It is recommended that a passing score is 80% and above.

Multiple Choice

For each of the following questions, circle the letter(s) of the correct answer(s).

1. Which of the following are characteristics of male condoms?
 - A. Outer ring provides added sexual stimulation for some women
 - B. Significantly reduce the risk of HIV infection when used correctly**
 - C. Made of synthetic rubber
 - D. As commonly used, about 21 pregnancies per 100 women over the first year

True or False

Circle true or false for each statement.

- | | | |
|--|-------------|--------------|
| 2. It is a good idea to unroll a male condom on and then put it on. | True | False |
| 3. Some men have difficulty maintaining an erection when using a male condom. | True | False |
| 4. Male condoms protect women from cervical cancer. | True | False |
| 5. After sex, a man should withdraw from his partner immediately, holding onto the base of the condom. | True | False |
| 6. If washed carefully, a condom can be used safely over and over. | True | False |

Fill in the Blank

Complete the following sentences with one of these words.

vaginal infection	condom	rash	coughing	itching
diarrhea	eight	PID	chlamydia	rim
incorrect use	swelling	six	tip	four

7. When the woman is using topical treatment for vaginal infection, a couple who had been using male condoms should switch to using female condoms or plastic male condoms, or abstain from sex.
8. In step four of using a male condom, the man should hold the rim of the condom in place and withdraw his penis.
9. A primary cause of condoms breaking or slipping is incorrect use.

Appendix G: Applied Learning Case Studies Answer Key

***Note to the Facilitator:** This section should not be graded as part of the post-test. It is an extra section, which will give you an indication of whether the trainee is able to apply what he/she has learned.

Case 1

Read the case and answer the questions.

Nadia is a 24-year-old woman who is in a new relationship. She is worried that her boyfriend may have other relations while traveling for work and has not used condoms. She has asked him to use condoms, but he raised several objections. He had heard that condoms have holes that let HIV through and that they often break, burst or slip off during sex. He thinks that condoms cause serious health problems, like cancer and infertility. And he said that if people see him buying condoms, they will think he has HIV/AIDS. Nadia asks for your help in planning how to talk with her boyfriend about using condoms.

1a) What are some guidelines for negotiating condom use?

Have facts about condoms so you can clarify your partner's misconceptions and concerns. Other negotiation approaches include talking when both partners are relaxed and sober; talking about using condoms in advance, not when the couple is about to have sex; and focusing on caring, respect and coming to agreement.

1b) What are some possible responses to the beliefs and statements about condoms Nadia's boyfriend expressed?

- Condoms have holes that let HIV through.
Condoms have been tested in scientific labs, which found that HIV and other viruses do not pass through undamaged latex or plastic condoms.
- Condoms often break, burst or slip off during sex.
Condoms rarely break or slip if you use them properly and they are not old or damaged.
- Condoms cause serious health problems, like cancer and infertility.
On the contrary, condoms protect people from serious health problems associated with STIs, which include infertility for both men and women, and cervical cancer and pelvic inflammatory disease for women. Condoms can cause irritation or itching in some people; only a very few people have a severe allergy to latex.

1c) What other options can you offer Nadia?

- Suggest that she try female condoms and offer to show her how to use them. Her boyfriend might find them more acceptable.
- Offer her counseling and the opportunity to choose from among other contraceptive options, so she can ensure protection from pregnancy if her boyfriend continues to refuse to use condoms.
- Offer to counsel Nadia and her boyfriend together, if Nadia thinks it would be helpful.

Case 2

You have treated a male client, Adebayo, for chlamydia. He is at high risk for STI exposure, including HIV, and you counsel condom use. He reports that he has used condoms in the past, but doesn't like them because of the way they reduce sensation. He has also had occasional problems maintaining an erection while using a condom and while putting it on.

2a) How will you counsel Adebayo?

- Because Miriam is now having headaches with aura, she is no longer eligible to use progestin- Counsel him on his risk for STIs, including HIV, how these infections are transmitted, and that condoms are the only way to reduce that risk. Ask him to demonstrate how he puts the condom on and correct any errors.
- Explain that many men may experience a reduction in sensation from condom use, but there are ways to address this. Tell him that it is normal for men to experience problems with erections from time to time, and condoms may be one of the factors contributing to that.
- Suggest ways for increasing sensation during sex.
- Suggest that he invite his partner to come with him for counseling if he thinks that would be helpful.

2b) What could you Adebayo do to help increase sensation and pleasure while using condoms?

Put a drop of water-based or silicone-based lubricant inside the tip of the condom before putting on the condom. To increase enjoyment and reduce embarrassment, make putting on the condom part of sex. Ask his partner to put the condom on the penis while stimulating him. If his partner agrees, he may also try using female condoms. The looser fit may be more comfortable for him, and synthetic rubber female condoms conduct body heat better than latex male condoms, which makes the female condom feel more natural.

Appendix H: The Male Condom Module Pre-Test

Name: _____ **Date:** _____

Instructions: Circle the letter(s) for all that apply. (Some questions may have more than one correct answer.) Follow specific directions for each section. There is a total of 20 points.

Scoring: Score each correct answer by 1. Multiply total correct answers by 2 to get total percentage. It is recommended that a passing score is 80% and above.

Multiple Choice

For each of the following questions, circle the letter(s) of the correct answer(s).

1. Which of the following are characteristics of male condoms?
 - A. Outer ring provides added sexual stimulation for some women
 - B. Significantly reduce the risk of HIV infection when used correctly
 - C. Made of synthetic rubber
 - D. As commonly used, about 21 pregnancies per 100 women over the first year

True or False

Circle true or false for each statement.

- | | | |
|--|------|-------|
| 2. It is a good idea to unroll a male condom on and then put it on. | True | False |
| 3. Some men have difficulty maintaining an erection when using a male condom. | True | False |
| 4. Male condoms protect women from cervical cancer. | True | False |
| 5. After sex, a man should withdraw from his partner immediately, holding onto the base of the condom. | True | False |
| 6. If washed carefully, a condom can be used safely over and over. | True | False |

Fill in the Blank

Complete the following sentences with one of these words.

vaginal infection	condom	rash	coughing	itching
diarrhea	eight	PID	chlamydia	rim
incorrect use	swelling	six	tip	four

7. When the woman is using topical treatment for _____, a couple who had been using male condoms should switch to using female condoms or plastic male condoms, or abstain from sex.
8. In step four of using a male condom, the man should hold the _____ of the _____ in place and withdraw his penis.
9. A primary cause of condoms breaking or slipping is _____.

Appendix I: The Male Condom Post-test and Applied Learning Case Studies

Name: _____ **Date:** _____

Instructions: Circle the letter(s) for all that apply. (Some questions may have more than one correct answer.) Follow specific directions for each section. There is a total of 20 points.

Scoring: Score each correct answer by 1. Multiply total correct answers by 2 to get total percentage. It is recommended that a passing score is 80% and above.

Multiple Choice

For each of the following questions, circle the letter(s) of the correct answer(s).

1. Which of the following are characteristics of male condoms?
 - A. Outer ring provides added sexual stimulation for some women
 - B. Significantly reduce the risk of HIV infection when used correctly
 - C. Made of synthetic rubber
 - D. As commonly used, about 21 pregnancies per 100 women over the first year

True or False

Circle true or false for each statement.

- | | | |
|--|------|-------|
| 2. It is a good idea to unroll a male condom on and then put it on. | True | False |
| 3. Some men have difficulty maintaining an erection when using a male condom. | True | False |
| 4. Male condoms protect women from cervical cancer. | True | False |
| 5. After sex, a man should withdraw from his partner immediately, holding onto the base of the condom. | True | False |
| 6. If washed carefully, a condom can be used safely over and over. | True | False |

Fill in the Blank

Complete the following sentences with one of these words.

vaginal infection	condom	rash	coughing	itching
diarrhea	eight	PID	chlamydia	rim
incorrect use	swelling	six	tip	four

7. When the woman is using topical treatment for _____, a couple who had been using male condoms should switch to using female condoms or plastic male condoms, or abstain from sex.
8. In step four of using a male condom, the man should hold the _____ of the _____ in place and withdraw his penis.
9. A primary cause of condoms breaking or slipping is _____.

Appendix I: Applied Learning Case Studies

***Note to the Facilitator:** This section should not be graded as part of the post-test. It is an extra section, which will give you an indication of whether the trainee is able to apply what he/she has learned.

Case 1

Read the case and answer the questions.

Nadia is a 24-year-old woman who is in a new relationship. She is worried that her boyfriend may have other relations while traveling for work and has not used condoms. She has asked him to use condoms, but he raised several objections. He had heard that condoms have holes that let HIV through and that they often break, burst or slip off during sex. He thinks that condoms cause serious health problems, like cancer and infertility. And he said that if people see him buying condoms, they will think he has HIV/AIDS. Nadia asks for your help in planning how to talk with her boyfriend about using condoms.

- 1a) What are some guidelines for negotiating condom use?
- 1b) What are some possible responses to the beliefs and statements about condoms Nadia's boyfriend expressed?
- 1c) What other options can you offer Nadia?

Case 2

Read the case and answer the questions.

You have treated a male client, Adebayo, for chlamydia. He is at high risk for STI exposure, including HIV, and you counsel condom use. He reports that he has used condoms in the past, but doesn't like them because of the way they reduce sensation. He has also had occasional problems maintaining an erection while using a condom and while putting it on.

- 2a) How will you counsel Adebayo?
- 2b) What could you Adebayo do to help increase sensation and pleasure while using condoms?

Appendix J: Male Condom Module: Sample Course Evaluation

Instructions: Rate each of the following statements as to whether or not you agree with them, using the following key:

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

Overview

- The objectives of the module were clearly defined. 1 2 3 4 5
- The material was new to me. 1 2 3 4 5
- The trainer understood the material being presented. 1 2 3 4 5
- The time spent on this module was sufficient. 1 2 3 4 5
- Time for discussion and questions was sufficient. 1 2 3 4 5
- The material in this module has provided me with sufficient information to conclude the safety and effectiveness of male condoms. 1 2 3 4 5
- The module has offered me the skills to provide male condom services, including counseling, appropriate client screening and selection, and management and follow-up of clients. 1 2 3 4 5
- The pre-/post-test accurately assessed my course learning. 1 2 3 4 5

Meeting Conditions/Locations

- The training was held on a convenient day and time. 1 2 3 4 5
- Necessary supplies were available. 1 2 3 4 5

Training Methods and Materials

- The trainers' presentations were clear and organized. 1 2 3 4 5
- I learned practical skills in the role plays and case studies. 1 2 3 4 5
- Class discussion was helpful. 1 2 3 4 5
- The trainers encouraged my questions and input. 1 2 3 4 5

Course Length

The length of the course was (circle your answer): Too long Too short Just right

What topics in this training do you think would be most useful to you in your work?

On which topics would you have liked more information or preferred to spend more time on?

What was the least useful aspect of this training?

On which topics would you have liked less information or preferred to spend less time?

Suggestions

What suggestions do you have to improve the training? Please feel free to refer to points above.
