

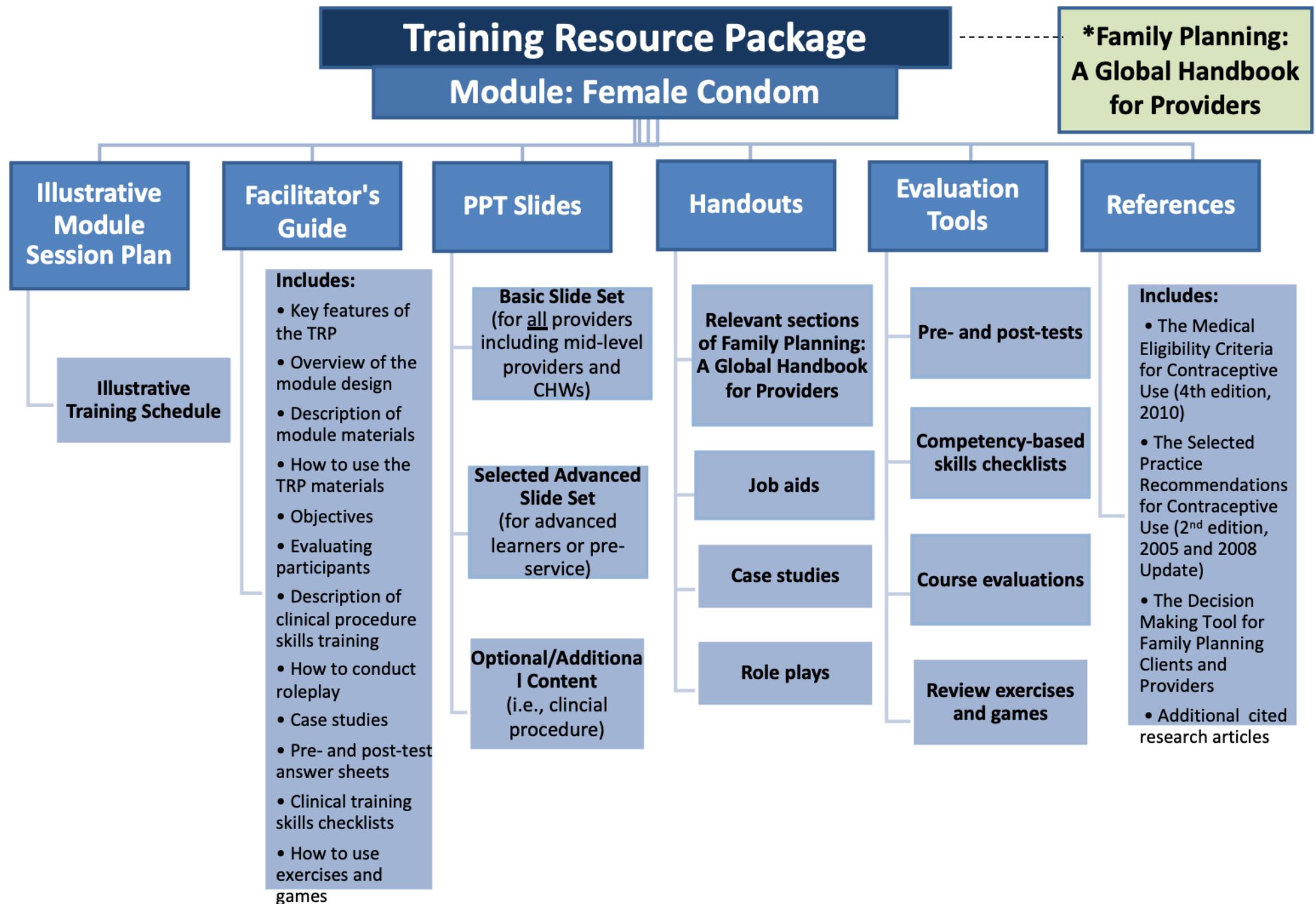
Female Condom: Facilitator's Guide to the Training Resource Package

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Female Condom: Facilitator's Guide to the Training Resource Package

I. What is the Training Resource Package Module on Female Condom?

This Facilitator's Guide will help you make effective use of the female condom module of The Training Resource Package (TRP). The TRP module on the female condom is part of a global resource package for trainers, supervisors, and program managers. It contains high quality user-friendly materials and resources for designing, conducting and evaluating training for family planning (FP) providers. The resource package is specifically designed for mid-level providers but also contains more advanced materials for physicians and can be adapted for use with lower-level community health workers.

II. What is the Purpose of the Training Resource Package Module on Female Condom?

This training manual was developed for use in training physicians, nurses, and midwives and other health care providers. It is designed to actively involve the trainees in the learning process. Sessions include PowerPoint presentations, simulation skills practice in the form of role plays, discussions, case studies and practice, and clinical practice using objective competency-based skills checklists.

At the end of this module, the trainee will be able to describe the female condom as an effective FP method, counsel and screen clients seeking female condoms, provide services for female condom clients, and provide follow-up care for female condom acceptors.

III. Who Can Use the Training Resource Package Module on Female Condom?

The training materials are designed to be used by clinical trainers and pre-service educators with a thorough understanding of adult learning principles and the ability to provide clinical training on FP topics in pre-service or in-service settings.

IV. Using the Female Condom Module to Develop Training

All of the parts needed to develop a curriculum for female condoms are included in the TRP module on the female condom. The diagram following the Table of Contents shows how the different elements of the module fit together. Each piece of the female condom 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 kind of training e.g., face-to-face or self-study combined with clinical practicum, on-the-job training, etc. The module can be used as a stand-alone module or as part of a comprehensive course in FP. If the module is used as part of a comprehensive course, you may want to reduce the time allocated for some of the sessions by eliminating or shortening some activities, such as the "counseling role plays on contraceptive effectiveness." Doing some of the role plays once will be sufficient. The module can be used as a resource for refresher training or for training new providers. Whenever possible, the module should be translated into the local language. The following eight steps can be used as to develop effective training using the TRP materials.

Step 1: Assess Performance Needs

Before devoting time and resources to developing a training program, verify that a lack of skills and knowledge is a primary cause of the performance problem or challenge that you are facing. A training program can address only knowledge and skills deficits; it does not address any of the other factors that influence workers' performance, such as lack of clear job expectations, clear and immediate performance feedback, adequate physical environment and tools, and motivation and incentives to perform as expected. Engage stakeholders in the assessment of the performance challenge. If a knowledge and skills deficit is identified, also ensure that the factors workers need to transfer new knowledge and skills to the job are in place (or will be in place at the completion of training). Engaging stakeholders and ensuring support for improved performance are often overlooked but critical components of a training program.

To conduct a performance needs assessment (PNA):

1. Define the desired performance in specific, observable and measurable terms. The baseline/criteria often used to identify the desired performance are:
 - National standards and guidelines
 - Job descriptions
 - Data collected from interviews with stakeholders, such as providers, managers, supervisors, and representatives from ministry of health, health training institutions, and regulatory bodies.
2. Measure actual performance.
3. Describe the gaps between desired and actual performance in specific, observable and measurable terms.
4. Identify the underlying or root causes of the gaps, which can usually be linked to the absence of one or more of the key factors that affect health worker performance:
 - Clear job expectations;
 - Clear and immediate performance feedback;
 - Adequate physical environment, including proper tools, supplies, and workspace;
 - Motivation and incentives to perform as expected; and
 - Skills and knowledge required for the job.
5. Identify possible interventions to address the root causes.

There are several reasons for conducting a PNA:

- To determine causes of poor performance and whether training is really needed;
- If a lack of knowledge and skills is causing the performance problem:
 - To determine content and scope of a training;
 - To determine desired training outcome;
- To provide a baseline for measurement; and
- To gain management support.

Additional resources on how to conduct a performance needs assessment (PNA) and a training needs assessment (TNA) can be found at <http://www.prime2.org/sst/>, <http://www.pathfinder.org/publications-tools/pdfs/Advanced-Training-of-Trainers-Participants-Guide.pdf?x=144&y=18>, and <http://www2.pathfinder.org/pf/pubs/module14.pdf>.

Step 2: Assess Training Needs

Often during a PNA, the providers' training needs are determined by identifying the gaps between the providers' current and desired Knowledge, Attitudes and Skills (KAS). A discrepancy between what exists and what is needed is often stated in terms of what KAS are necessary to perform a job or series of tasks. Keep in mind that the KAS needed for a physician may not be the same KAS needed for a nurse, midwife or lower-level provider.

What is KAS?

- Knowledge, which consists of the information and understanding necessary to perform a job or task;
- Skills, which consist of the practical, hands-on activities necessary to perform the job or task; and
- Attitudes, which consist of the opinions and beliefs associated with performing a job or task.

National standards and guidelines

The goal of training is to improve Knowledge, Attitudes and Skills (KAS) to meet the needs for health care provision. Thus, clinical training should be based on the country's clinical standards and guidelines. Linking the training to the national standards and guidelines is important in:

- Identifying providers' training needs
- Making the training relevant to the current clinical situation;
- Making the training consistent with the national standards and guidelines;
- Providing a basis, or standard, for training evaluation and follow up; and
- Providing a basis for choosing and strengthening a site for clinical practicum.

Step 3: Write your training goal and learning objectives and assess learners

To develop an effective training program, follow the steps of the instructional design process, including writing a training goal based on a PNA, defining job tasks and the skills and knowledge required to do the tasks, determining who should participate in the training, assessing the learners' instructional needs, writing learning objectives, and determining how to evaluate learning.

When assessing trainees and their work environment, be sure to:

- Identify local policies, service delivery guidelines, and record-keeping practices related to your training goal and objectives so you may adapt content accordingly (i.e., the maximum number of pill packs that health workers may distribute to new or continuing clients).
- Identify job aids and resources that trainees use or will be using at their work sites so that you can obtain and distribute these during the training and include them in training presentations and activities (i.e., screening checklists, client brochures, record-keeping forms).
- Collect local myths or misconceptions related to the training topic so you can prepare to respond to them and use them as examples.

Step 4: Identify pieces of the female condom module of the TRP related to your learning objectives

- Look in the *Illustrative Female Condom Module Diagram* (found immediately after the table of contents in this document) and their contents pertaining to your training goal, objectives, and intended trainees.
- Review the learning objectives for the TRP module on female condom.
- Select the pieces of the TRP module on female condom that address your learning objectives.

Step 5: Review and adapt materials in the TRP module on female condom

- Go to the appropriate section of the website to review the session plans, presentations, role plays, and other activities.
- Ensure that you are utilizing the principles of Adult Learning found in Appendix A.
- The session plan and the basic PowerPoint slide sets are the key documents of the female condom module. Review the session plan and the PowerPoint Presentation.
- Based on the level of your trainees, decide which slides and activities address your learning objectives. If your trainees are nurses, midwives or lower level health workers, use the basic presentation. Consider eliminating the more technical slides on medical eligibility for lower level health workers. If your trainees are physicians, consider adding the advanced slides in the appropriate places. If you are using the materials for refresher training, you may want to select slides that have new information, such as the WHO Medical Eligibility slides. Download the materials you want to use and adapt the presentations and other module materials as appropriate. Revise slides as needed.

- Use only the content directly related to the learning objectives; including extraneous information in training reduces learning.
- Create a new session plan or combine sections of different session plans as needed to coordinate the pieces of your curriculum.
- Combine the slides you copied into a new set, and revise details of role play scenarios to match your trainees' culture. Cut and paste portions of the modules' session plans to create a new session plan for your training, ensuring an appropriate mix of activities that taps into trainees' experience, keeps trainees engaged, supports your learning objectives, and presents new knowledge and skills in a logical order.

Step 6: Create a training schedule

Modify the Illustrative Training Schedule (found in Appendix B) that indicates starting and ending times of activities, breaks, and meals. Select and include additional activities such as:

- Welcoming the trainees and establishing a climate for learning
- Providing introductions
- Setting ground rules with input from the trainees
- Describing the general structure of the training
- Reviewing the agenda and plans for the day
- Gathering feedback on what worked and what needs improvement
- Ice-breakers and energizers, warm-up and wrap-up activities
- Homework assignments

Links to a collection of warm-ups and wrap-ups are available in the Conducting Training tab of the TRP website (available here: <http://www.fptraining.org/content/conducting-training>).

- Create a schedule based on the time needed for each training session, taking into account the learning objectives addressed, the activities that will be conducted, the time needed for role play practice, and the prior knowledge and skills of trainees.
- Choose ice-breakers, energizers, warm-ups, and wrap-ups that complement the activities selected to accomplish the learning objectives.

Step 7: Gather needed materials and prepare for training

- Obtain and copy the counseling tools, screening checklists, and other job aids that trainees will be using.
- Obtain equipment and supplies needed: a computer projector for displaying the presentation, flip charts, markers and pens, etc.
- Obtain equipment and supplies for practice on anatomical models, including female condoms (locally available).

- Thoroughly review the content, making sure it is clear, until you feel comfortable presenting information and facilitating group activities.

Step 8: Pre-Test the Curriculum

- Hold a trainers' workshop to finalize the curriculum, including; objectives, content, module/ material, training site, materials or aids.
- Work closely with the trainees, their supervisors, clinical trainers, and others to ensure that the logistics of the training pre-test event are well organized.
- As a training is piloted, an observer, co-trainer or assistant should keep good notes of the training times, content, methodologies, time management, and feedback from trainees. The trainer should record all learning activities, exercises, or content that need to be changed, as well as reactions from trainees.
- As part of evaluating the training, tests are given to trainees to evaluate their progress after certain training topics. Feedback on content, methodology, handouts, time allocation and training site, materials, and training aids from trainees are collected.
- After the pilot test is conducted and evaluated, trainers should meet to revise the curriculum. Changes should be made to the training curriculum to address problem areas (methodology, materials, pre- and post-course tests).

V. Using the Training Resource Package Module on Female Condom for Pre-service Training

Teachers and curriculum developers may use TRP resources for developing a new course or to create teaching materials for an existing pre-service curriculum. While many of the activities involved in developing in-service training also apply to pre-service curricula, (for example, task analysis of job responsibilities, defining prerequisite skills and knowledge), developing pre-service curricula involves a distinctive set of coordinated activities. Describing how to use the TRP in this process would require more extensive instructions than this guide can currently provide. (Detailed advice on using the TRP for pre-service education will be included in a future revision of this guide).

VI. Overview of the Design of the Training Resource Package Module on Female Condom

Like all of the modules in the TRP, the female condom module is a complete package of learning resources needed to address the learning objectives of the module, including a session plan, PowerPoint presentations, and accompanying activities and resources. The module is designed for generic groups of health workers. The female condom module materials should be tailored and adapted according to the education and training background and learning needs of the identified trainees.

The module is designed for the providers in developing countries who most often are tasked with providing FP services—primarily nurses and nurse-midwives, as well as primary care physicians—and assumes trainees will have at minimum level of clinical training.

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

a. The Learning Objectives

By the end of the training, trainees should be able to:

1. Describe the characteristics of the female condom in a manner that clients can understand, including:
 - a. What the female condom is and how it works
 - b. Effectiveness
 - c. STI/HIV protection and pregnancy prevention—dual protection
 - d. Non-contraceptive health benefits and other characteristics (e.g., ease of use, advantages and limitations)
2. Demonstrate the ability to counsel clients on the following:
 - a. How to put on a female condom
 - b. Effective practices
 - c. Problems with condom use and how to address them
 - d. Negotiating condom use with a partner
3. Demonstrate the ability to conduct routine follow-up for clients in a way that enhances continuing satisfaction and acceptance.
4. Demonstrate how to correctly put on a female condom.

b. Illustrative Module Session Plan with Illustrative Training Schedule

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. All the module materials and resources are listed on the first few pages of each session plan, with links to the module files. The female condom module is divided into three sessions:

- **Session I** is on the characteristics of the female condom and includes key points for providers and clients, effectiveness, health benefits, and other characteristics (e.g., ease of use, advantages and limitations).
- **Session II** contains information on who can and who cannot use female condoms, how to use female condoms, practices to avoid, and managing problems.
- **Session III** is on providing female condoms. It includes key counseling topics for female condom users, counseling tools and techniques, and follow-up visits.

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
8:00-8:15	Welcome and Introduction Learning Objectives	Discussion	Basic Slide Set: Session I, Slide 2
8:15-8:45	Pre-test	Test	Evaluation Tool: The Female Condom Pre-Test
8:45-10:15	Session I What is the Female Condom?	Discussion	Basic Slide Set: Session I, Slide 3 and Handout #1 and #2
	Female Condom: Key Points for Providers and Client	Discussion	Basic Slide Set: Session I, Slides 4-5

c. Facilitator's Guide

This Facilitator's Guide contains information on the module design, a description of the materials, learning objectives, how to conduct role plays, pre- and post-test answer key, and case study.

The female condom 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. In addition, *Facilitating Role Plays* in Appendix C includes instructions for setting up and facilitating role plays, role play observation checklists for clinicians, and general instructions for the observer, provider, and client roles.

In addition to role plays, the module also includes a with progressive case descriptions, questions, and answer keys that enable trainees to analyze a situation and think through how to apply their newly learned technical information. See *Using Case Studies* in Appendix D for instructions.

d. Presentation (PowerPoint slides)

The **PowerPoint presentation** includes technical information on female condom. There are three types of slides:

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

What is the Female Condom?

- Effective barrier method that can be used for both prevention of pregnancy and protection against HIV and other sexually transmitted infections (STIs)
- A transparent sheath that fits loosely inside a woman's vagina
- Most made of thin, soft, synthetic film



Female Condom 2

Session I, Slide #3

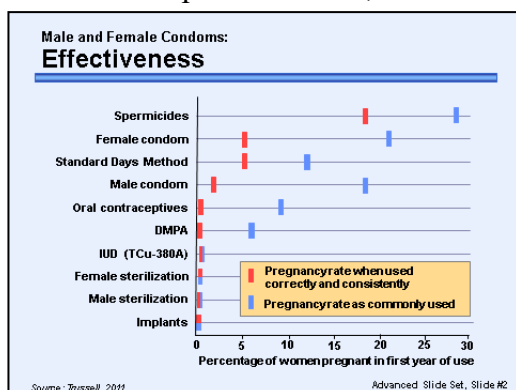
The pale blue/green slides with a pink header are primarily pictorial slides. Many of them come from WHO's Decision-Making Tool for Family Planning Clients and Providers. They are useful for all trainees, but are especially useful for trainees of low-literacy.

Female Condom:
Key Points for Providers and Clients

Protects against both pregnancy AND STIs including HIV/AIDS	Client needs condom when: • Client is unsure whether he/she or his/her partner has an STI including HIV. • Client has other sex partners or is not sure if current partner has had other sex partners.
Effective when used EVERY TIME you have sex	• When condoms are used correctly every time, they are very effective in preventing pregnancy, HIV and other STIs. • May be less effective than the male condom in preventing pregnancy, HIV and other STIs. • Best if inserted before any sexual contact.

Session I, Slide #4

The pale blue *advanced slides* present research that supports the recommendations in the *Global Handbook* and the *Training Resource Package* and can be included or excluded by the facilitator as appropriate. They are especially appropriate for physicians who may desire additional information from supporting research studies. The text for these slides can be found in the speaker's notes, rather than in the session guide.



e. Handouts

Job aids

The female condom 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 female condom 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 *Decision-Making Tool for Family Planning Clients and Providers*, *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).

Games and activities

Most modules contain review games that are enjoyable ways for trainees to review module content. In addition to games, role plays, and case studies, TRP modules also contain other small or large-group activities that keep trainees engaged and enable them to apply new knowledge and skills.

f. Evaluation Tools

The female condom 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 applied learning 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 Female Condom can be found in Appendix F.

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 Appendix J.

Rapid evaluations can be done quickly 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. These can be found under the Evaluation Tools section of the website.

g. References

The main references for the female condom module as well as for other modules of the TRP are the World Health Organization's four 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/

Other resources related to female condoms:

- *Comprehensive Condom Programming: A Strategic Response to HIV and AIDS*
<http://www.unfpa.org/hiv/programming.htm>
- Feldblum, PJ. Pregnancy and STD prevention. In McNeill ET, Gilmore CE, Finger WR, et.al. *The Latex Condom: Recent Advances, Future Directions*. Durham, NC: FHI.
<http://www.fhi.org/en/RH/Pubs/booksReports/latexcondom/index.htm>
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Systems Strengthening Working Group of the Reproductive Health Supplies Coalition. *Contraceptive Projections and the Donor Gap: Meeting the Challenge*. Washington, D.C.; DELIVER Project, 2009. Available:

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VII. Clinical Practicum

a. Selecting a Clinical Training Site

The success of a competency-based training program depends upon having a site where trainees are exposed to adequate numbers of cases and are practicing in a supportive environment that reinforces standards taught in the training program.

Clinical sites should be selected based on the following criteria:

- Patient mix and volume;
- Equipment, supplies, and drugs;
- Available physical facility
- Staff (number of staff, skills needed);
- Quality of services according to national standards
- Transportation accessibility; and
- Other training activities. (If there are other trainings going on, predict possible obstacles/barriers. What are possible solutions?).

b. Steps in Developing a Clinical Training Site

1. Discuss the process that will be needed to prepare the site for a clinic practicum with the clinic staff.
2. Select an appropriate team to make the site assessment.
3. The purpose of the assessment will be to determine what needs to be done to prepare the site for a clinical practicum.
4. Brief the assessment team on what you plan to do.
5. Discuss the steps in the performance analysis.
6. Decide what you will need at the facility to make it a practicum site.
 - Patient mix and volume
 - Equipment, supplies, and drugs
 - Supportive staff delivering high quality services
 - Protocols and correct procedures
 - Transportation
 - Clinical supervisors
 - Clinical training managers and systems
7. Conduct an analysis of the current situation in the facility.
 - Site assessment—what is currently available?
 - Look at existing performance data and review records.
 - Use inventory checklists.

- Use observation checklists to observe procedures and staff performance.
- 8. Define the gap between the current situation at the facility and what is needed to make it a good practicum site.
 - Meet with assessors and clinic staff.
 - Define what will be needed.
- 9. Perform a cause analysis.
 - Work with clinic staff to find the reasons for the gap.
- 10. Select interventions.
 - Work with the staff to decide on interventions and prioritize them.
- 11. Plan interventions
 - Create an action plan.
 - Include who will do it, the resources needed, a deadline, and determine how to monitor progress.
- 12. Make the changes.
- 13. Monitor and supervise the changes.

c. Selecting a Clinical Trainer

In addition to meeting the criteria for a good clinical training site, expert clinical trainers are needed. Good service providers do not necessarily make good clinical trainers. Clinical trainers must perform clinical procedures perfectly and should also be able to effectively transfer knowledge, attitudes and skills to trainees. There are various terms used to describe clinical trainers: preceptor, tutor, coach, and mentor. A clinical trainer may be a physician, midwife or nurse, but is always an experienced clinician. In selecting a clinical trainer, some important characteristics include:

- Demonstrated proficiency in skills to be taught
- Good interpersonal communication skills (both with clients and with trainees)
- Professional attitude
- A desire to be a clinical trainer
- The patience and commitment to give the time needed
- The ability to create dynamic training activities (not just to demonstrate a procedure)
- Willingness to provide post-training support if needed
- The humility to acknowledge that they are not always right

d. Clinical Procedure Skills Training

Once clinical trainers with the above characteristics have been selected, they may need training in how to conduct competency-based clinical training. Competency-based training (CBT) is very different from the traditional education most of us received.

Competency-based training is learning by doing. It focuses on the specific knowledge, attitude and skills (KAS) that are needed to carry out a procedure, task or activity. All clinical training should be competency-based. In CBT, clinical skills are developed in the class room, in a simulated setting, using role plays or an anatomical model, before the trainee comes in contact with an actual patient in a clinical setting. During the learning process, the clinical trainer determines whether and when the learner is competent to practice the relevant procedures on clients in a supervised clinical setting.

Clinical trainers should determine competency in the provision of methods by assessing a learner's KAS throughout the learning intervention against a set of criteria captured on a validated knowledge assessment tool and skills checklist. As a general rule, trainees should:

- Be introduced to the procedure
- Observe demonstrations in role plays, on models, and with clients
- Have opportunities to practice the required procedures in role plays or on anatomical models in a simulated setting
- Be coached and receive constructive feedback

In the CBT approach, actions required to complete each clinical task are detailed in checklists that then serve as guides for both instructors and trainees. The checklists of tasks for each skill are derived from evidence-based internationally accepted standards. They are very specific and even include the communication and recording activities required. CBT checklists can be found in each of clinical training modules in the TRP.

The **CBT checklists** are used in a variety of ways in training. On arrival, the trainer should assess the participant's learning needs by assessing his/her performance with a checklist. The checklist should be filled out and given to the trainee to use as a learning guide during the training. Trainees can verify the validity of the items on the checklist as they observe the trainer performing the skill. Later each participant uses the checklist to guide development, integration and proper sequence of each task within the skill as he/she develops clinical competency. Periodically during the CBT course the participant is observed by the trainer to assess progress. Trainees may also observe and critique each other using the checklist. When the trainee can demonstrate the ability to perform all of the actions on the checklist with 100% accuracy, the trainee can advance to actual clinical practice with clients.

During the practicum, the clinical trainer must again determine whether the learner can safely, effectively, and independently perform the procedures. Only then can a learner be considered qualified to provide the method(s) at their workplace. Newly qualified trainees should be instructed to refer complicated cases to more experienced providers, unless they can perform those under supervision. Trainees should not be left alone in clinical practice until they are considered to be competent and have support in their clinics.

A **skilled trainer's judgment** is the most important factor in determining a trainee's competence. Competence carries more weight than the number of procedures performed. Trainers must enable every participant to achieve competency and provide additional practice of skills if necessary. Using competency-based checklists ensures that trainees have mastered clinical and counseling skills and activities, first with role plays and models and then with clients. Checklists also ensure that all trainees will have their skills measured according to the same standard and forms the basis for follow-up observations and evaluations. After a trainee demonstrates competency, they can work with clients, and checklists can be used again to assess their performance.

Certification of a trainee's competency means that a trainee is competent to perform a procedure independently, without supervision. The institution that provides the training, whether it is a government or NGO institution may provide some type of certification. The institution assumes the responsibility for assuring that a trainee is competent to independently perform a procedure. The institution may choose to provide either competency certificates or simply certificates of attendance.

e. How Much Clinical Practice is Needed for Certification?

For the purpose of planning training events, trainers should arrange for three to five cases per trainee to ensure an adequate number of clients are available during the practicum. The actual number of supervised client procedures completed by each learner will vary based on how quickly the learner develops mastery of the required skills. Every learner is different. Each learner acquires competency at a different rate. Providers who have already been providing services may acquire skills much more quickly than new service providers or students. For this reason, we suggest that certification be given based on competency, rather than the number of procedures performed.

Practicums (or simulations of client visits) can be used to assess the competence of service providers and provide them an opportunity to practice using their new knowledge and skills under the supervision of an experienced provider. This practice may occur in a clinic-based practicum or in a simulated setting (see below). Although a clinical practicum setting may not be comparable to what the providers encounter in their own facilities and communities, the interactions between the clients and the provider are similar to what occurs in their facility or community setting.

f. What is the Proper Length of Clinical Training and Ratio of Trainers to Trainees?

There is no absolute number of days for clinical training and no perfect ratio of trainers to trainees. The number of trainees should be limited based on the number of clients expected and complexity of the skills being learned. There should be a balance between practice on models versus practice on clients and models should be available in clinics where clinical training is held. For procedures that require a high level of skills and the potential to do harm to the patient (such as IUD or implant insertion), a clinical trainer should always be present. For skills like counseling, once the trainer is satisfied that the trainee is performing the skill correctly, the training may continue to practice without direct one-on-one supervision.

g. Steps for Guiding a Clinic-Based Practicum

1. Orient the trainee to the space where they will be seeing clients for visits. Ensure that they know where to access the supplies that they need during their interactions with clients.
2. Pre-screen clients to ensure that their reason for visiting the clinic is to receive FP services. Ideally it would be most efficient to identify those who express an interest in the contraceptive method(s) that the provider has learned to provide (e.g., clients interested in an implant if the provider is learning to offer implants).
3. Before initiating any interaction with a client, inform the client that this is a learning activity for the trainee that will occur under the close observation of an experienced provider/supervisor who is prepared to intervene as needed. Ask the client's permission for the trainee to conduct the session and request that she/he initial the observation checklist to indicate her/his approval. The supervisor should also initial the observation form to verify that the client's permission was obtained.
4. Use a competency-based skills checklist similar to the one in Appendix F to document the trainer's observations of the interactions that the trainees have with clients. Adapt the checklist as needed to include specific tasks and sub-tasks related to female condom. During the course of each trainee's interaction with a client, check YES, NO, or NA (not applicable) next to the item described in the checklist. Use the space on the second page of the checklist to make detailed notes about your observations.
5. If at any time during the trainee's interaction with the client it appears that the client's care is being compromised, intervene in the interaction or the procedure to ensure the client's safety is maintained at all times. Decide whether the trainee should receive a passing score (if she demonstrated overall competence) for this interaction and note that on the last page of the checklist.
6. Immediately after the conclusion of the client interaction, meet with the trainee to discuss your observations. Provide reinforcement for the items or tasks that the trainee completed correctly and offer constructive feedback for items or tasks that the trainee needs to improve. As indicated, instruct the trainee to read pages from the counseling tool or job aids booklet to review key information or tasks that need improvement. Share your overall score of the interaction with the trainee, indicate passed/failed in the space provided, and ask the trainee to sign the checklist.

h. Training Follow-up

For training to be truly successful, trainees must be able to use their new skills and knowledge and apply them when they return to their jobs. Only when the trainees have been able to apply the new skills and knowledge that they have acquired during training, has the transfer of learning really been achieved. Following-up with trainees once they return to work is essential in order to:

- Determine whether the trainee is correctly providing the service with his/her newly acquired skills and knowledge;

- Help the trainee solve problems and clarify misunderstandings that might have developed since the training;
- Obtain feedback from the trainee that might improve future trainings;
- Ensure that the clinic environment supports the use of the trainee's new skills. This includes making sure that equipment is in place, that clinical standards support the newly acquired skills, and that clinic management and systems (especially financial) support the trainee's use of new skills.

The competency-based checklists included in each module can be used to evaluate clinical skills during training follow up. In addition, it is useful to review client records to assess the type and mix of clients the trainee is seeing; ensure that clinical equipment, supplies and commodities are in place; interview the trainee about how the training can be improved; and interview the clinic manager or supervisor about the trainee's performance.

Appendices

Appendix A: Adult Learning

Adult Learning

A noted educator, Dr. Malcolm Knowles, devised a theory of adult learning. Before Dr. Knowles published his theory, most educators assumed that adults learned just as children did and that the teacher's role was to teach and the learner's role was just to learn. The teacher was to take full responsibility for the teaching/learning process. S/he made all of the decisions about what should be learned; how it should be learned was purely a result of the teacher's knowledge and expertise. In the 1960's, Dr. Knowles and others theorized that children and adults learned differently and he made the following assumptions that characterized adults as learners:

Adults as Learners

1. Adults have a need to know why they should learn something.

Adults are motivated to learn when they are convinced that learning the new knowledge, attitude, or skill is important. Learning is a more meaningful experience for adults if they can understand why they "need to know."

2. Adults have a deep need to be self-directing.

"The psychological definition of an 'adult' is one who has achieved a self-concept of being in charge of his or her own life, of being responsible for making his or her own decisions, and living with the consequences." Adults have a strong need to take responsibility for their own lives, including deciding what they want to learn. Dr. Knowles speculates that when adult learners are treated as children, they withdraw from the learning situation. However, self-directed learning doesn't necessarily mean learning without help. Adults often need help in making the transition from seeing themselves as dependent learners to becoming self-directed learners. Trainers are still responsible for the plan or approach, but throughout the training, the trainer involves the participant.

3. Adults have a greater volume and different quality of experience than youth.

The longer we live, the more experiences we have. This affects learning in several ways. Adults bring to the learning experience a wealth of experience which can be used to enrich their learning and that of other trainees.

Adults have a broader base of experience to which to attach new ideas and skills and give them richer meaning. Tying learning activities to past experiences can make them more meaningful and will help trainees remember them better.

Adult trainees come together in a group having had a wide range of experiences. They will have a wide range of differences in background, interests, abilities, and learning styles. Because of these differences, adult learning must be more individual and more varied. A wise trainer will find out what the trainees already know and build on these experiences.

There is a potential negative effect of greater experiences. People may develop habits in the way they think and as a result may be less open to new ideas. This potentially negative effect must be taken into account in planning learning experiences. Techniques must be developed to try to counter this tendency.

4. Adults become ready to learn when they experience in their life situation a need to know or to be able to do in order to perform more effectively and satisfyingly.

Adults learn best when they choose voluntarily to make a commitment to learn. In order for them to choose voluntarily, the trainer needs to help them understand why the information is included or why they need to develop a particular skill.

5. Adults enter into a learning experience with a task-centered orientation to learning.

Children learn through a process of acquiring subject matter needed to pass tests, so the content of courses for children needs to be organized into subject-matter courses such as history or science divided into specific periods of time. In adult education the content needs to be organized around life tasks, problems or situations. The content should focus much more on "how-to" and "problem-solving." In this way trainees will see the program as much more relevant to their lives and will learn the content with the intention of using it.

6. Adults are motivated to learn by both extrinsic and intrinsic motivations.

Almost all adults are motivated to learn something. Allen Lough, who conducted research on how adults learned in real life, could not find a single subject who had not engaged in at least one major learning project (a minimum of seven hours of intentional learning) in the preceding year, and the average learning projects were over seven.

Adult learners respond to extrinsic (external) motivators such as wage increases, promotion, or praise from their boss, but they also respond to intrinsic (internal) motivators such as the need for recognition and self-esteem, natural curiosity, an innate love of learning, broadened responsibilities, and achievement.

The only difficulty is that trainees may not be motivated to learn what we wish to teach them which is why it is important to develop in them a need or wish to know.

A variety of activities, based on the characteristics of adult learning, can be used in the teaching process. Some are listed below:

Adults have a need to know why they should learn something.

- **Provide** real or simulated **experiences** through which the trainees experience the benefits of knowing and the costs of not knowing.
- Start training by creating a **climate of mutual trust** and by **discussing expectations** with the learner.
- Allow trainees to engage in self-diagnosis by using questionnaires and assessment instruments both before and during training.
- Help trainees see how the training will help them.

Adults have a deep need to be self-directing.

- **Allow for** as much **choice** as possible in making decisions during the learning experience.
- Create a **mechanism for mutual planning**. Help adults diagnose their needs. Set objectives and design learning activities suited to their needs.

Adults have a greater volume and different quality of experience than youth.

- Encourage trainees to **share their experiences**.
- Try to **link** new learning activities to the trainees' experiences.

Adults become ready to learn when they experience in their life situation a need to know or be able to do in order to perform more effectively.

- Any training course will be more effective if the content is related to meeting their need for knowledge or a particular skill. Often trainees are sent by their organization/ company and do not "**choose to attend**." When trainees are "sent" for training, there are **two mechanisms for reducing their resistance**:
 1. State publicly that you realize there may be some trainees who are not in the course because they want to be and that you are sorry because this gets in the way of learning, and
 2. Explain that since they have no choice but to be in the course, to try to find some value in learning what the course has to offer.
- Trainees should be told why a particular topic or session is included and why they are expected to learn a particular skill or adopt a certain attitude.

Adults enter into a learning experience with a task-centered orientation to learning.

- Case studies and role play techniques help trainees feel they are working with "real" problems and accomplishing "real" tasks.
- Developing and carrying out "re-entry" plans help trainees learn how to apply the lessons learned.

Adults are motivated to learn by both extrinsic and intrinsic motivators.

- As trainers, we can set the stage and do much to orchestrate an environment conducive to learning, however, it is also an internal process.
- Positive reinforcement enhances learning.
- Link training with promotions, added responsibility, power, and esteem.

How Adults Learn

1. Adults have many previous experiences that are pertinent to any educational activity. Ignoring them causes resistance to learning.
2. Adults have a great many preoccupations other than what you may be trying to teach them. If you waste their time, they will resent it.
3. Adults are faced with real decisions to make and real problems to solve. If training does not help them with either, it may be wasted.
4. Adults react to authority by habit according to their experiences. You cannot force someone to learn.

5. Adults are proud and self-directing. Learning is most efficient when it is the learner's idea, and meeting his specific needs.
6. Adults have real things to lose. Learning must enhance their position, their esteem, or their self-actualization. Otherwise there is too much risk.

Source: Donaldson, L, Scannell E. *Human Resource Development*. Reading, MA: Addison-Wesley Publishing Company, 1986.

Appendix B: Female Condom Module 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
8:15-8:30	Pre-test	Test	Evaluation Tool: The Female Condom Pre-Test
8:30-10:15	Session I: Characteristics of Female Condom		
	What is the Female Condom?	Discussion	Basic Slide Set: Session I, Slide 3 and Handout #1 and #2
	Female Condom: Key Points for Providers and Clients	Discussion	Basic Slide Set: Session I, Slides 4-5
	Dual Protection	Lecturette	Basic Slide Set: Session I, Slide 6
	Contraceptive Effectiveness	Discussion	Basic Slide Set: Session I, Slide 7 and Optional Advance Slide 1
	Relative Effectiveness	Lecturette	Basic Slide Set: Session I, Slide 8
	Effectiveness for Preventing HIV	Lecturette	Basic Slide Set: Session I, Slide 9
	Characteristics of the Female Condoms	Brainstorming	Basic Slide Set: Session I, Slides 10-11
	Session II Who Can and Cannot Use the Female Condom		
	How to Use Female Condom	Lecturette	Basic Slide Set: Session II, Slide 2 and Handout #3
10:15-10:30	Effective Practices	Lecturette	Basic Slide Set: Session II, Slide 3
	Managing Problems	Lecturette	Basic Slide Set: Session II, Slides 4-5
	Tea Break		
	Session II Who Can and Cannot Use the Female Condom, continued		
10:30-12:15	What to Remember	Lecturette	Basic Slide Set: Session II, Slide 6
	Session III: Providing the Female Condom		
	Counseling about Female Condom: Key Counseling Topics (10)	Lecturette	Basic Slide Set: Session III, Slide 2
	Talking with Partners (1)	Lecturette	Basic Slide Set: Session III, Slide 3
	Talking with Partners (2)	Lecturette	Basic Slide Set: Session III, Slide 4
	Talking with Partners (3)	Lecturette	Basic Slide Set: Session III, Slide 5
	Follow-up Visits	Lecturette	Basic Slide Set: Session III, Slide 6

DAY 1			
Time	Topic	Method	Resources
	Role Plays	Role Play	Handout #4-5
12:15-1:15pm	Lunch		
1:15-2:15	Case Study	Case Study	Handout #6: Case Study 1
	Female Condom: Summary	Lecturette	Basic Slide Set: Session III, Slide 7
	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 female condoms (can be adapted for male condoms)

Condoms Scenario 1—Client Information Sheet	Condoms Scenario 1—Observer Information Sheet
Client Description You are a 17-year-old female who has been referred for contraception from an HIV care and treatment provider. You were pregnant but miscarried two months ago. You read the pamphlet on family planning method options given to you by the provider and have made a decision about which method you believe best suits your needs. Offer this information <u>only</u> when the provider asks relevant questions: • You have had a steady boyfriend for about six months. • You are both HIV-positive. • Your boyfriend was taking antibiotics recently after he went to see a doctor at the STI clinic. • You want to use female condoms because they would give you some control and you can delay pregnancy for now. • You are not sure how you want to discuss this with your partner. When asked where, when and how, you choose the bench in front of your house, after Friday night dinner; suggesting to your partner that you want to avoid reinfecting each other. • You feel healthy, have no other health problems, and your menses returned to a regular pattern after miscarriage. • You might consider another method in addition to female condoms.	Make note of whether the provider performs these case-specific tasks: • Assesses the client’s reproductive health goals, fertility intentions, life plans • Ensures that the client understood the contraceptive options in the pamphlet, including emergency contraception • After client reveals female condoms as her method of choice, reviews the benefits of dual protection • Provides female condoms and instructions on correct use and resupply • Helps client explore approaches for negotiating condom use; asks client if she would like to role-play the conversation; does role play if client wishes • Offers couples counseling Methods for which the client is eligible: • Male or female condoms • COCs • DMPA or NET-EN • Implants • Standard Days Method®

Role Play Scenario 2—Client is pregnant and wants protection from STIs

Condoms Scenario 2—Client Information Sheet	Condoms Scenario 2—Observer Information Sheet
Client Description You are a 22-year-old woman and you are pregnant. You have come to talk with the provider about condoms, because you want protection from sexually transmitted infections (STIs). Your boyfriend previously gave you an STI, for which you received treatment, and you don't want to risk getting another STI while you are pregnant. Offer this information <u>only</u> when the provider asks relevant questions: • You are interested in using male and female condoms. • You have previously used only male condoms and only a few times. • You have no medical problems. • You feel comfortable talking to your boyfriend about using condoms. When asked where, when, and how, you choose: to talk to him at a local restaurant; over the weekend sometime; and you will insist he use a condom or you will not have sex—for the health of your baby.	Make note of whether the provider performs these case-specific tasks: • Assesses the client's reproductive health goals, fertility intentions, life plans • Provides condoms (male or female condoms, according to the client's decision) and instructions on correct use and resupply • Asks about discussing condoms with partner and helps client decide when, where, and what approach to use for negotiating condom use • Offers couples counseling Methods for which the client is eligible: • Male or female condoms

Role Play Scenario 3—Managing problems with female condoms; negotiating condom use

Condoms Scenario 3—Client Information Sheet	Condoms Scenario 3—Observer Information Sheet
Client Description You are a 20-year-old woman who has never been pregnant. You and your boyfriend have been using male condoms, but he often doesn't have any with him, so you use withdrawal. A few days ago you bought female condoms from a pharmacy. You have had trouble inserting the condoms and something feels wrong when your boyfriend inserts his penis inside your vagina. Offer this information <u>only</u> when the provider asks relevant questions: • You do not want to become pregnant. • You last had sex three days ago and used withdrawal. • Your period is very regular and started seven days ago. • You have no health problems. • You don't want to carry male condoms, because when you previously offered condoms to your boyfriend, he became upset and thought you were sleeping with someone else. • You want to use female condoms because they protect you from STIs and HIV and from getting pregnant. • You might consider using another contraceptive method in addition to condoms, but you are not ready to make a choice today. • You aren't sure how your boyfriend will respond. When asked where, when, how, you choose: in the park, which is very public; Sunday afternoon; because you don't want to get pregnant because you both want to finish school. • You would like the provider to help you practice what you will say to your boyfriend.	Make note of whether the provider performs these case-specific tasks: • Assesses the client's reproductive health goals, fertility intentions, life plans • Rules out pregnancy • Asks about problems with using female condoms • Provides female condoms and instructions on correct use • Demonstrates the five steps, observes client as she practices • Advises on how to improve comfort and increase effectiveness • Reviews benefit of dual method use to ensure protection from pregnancy when partner refuses to use condoms or client does not have condoms handy • Discusses use of emergency contraception in case condom is not used or is used incorrectly • Asks about discussing condoms with partner and asks if client would like to role play the conversation; does a role play practice with client • Provides instructions on resupply and other places to get female condoms Methods for which the client is eligible: • Male or female condoms • DMPA or NET-EN • COCs • Implants • IUD • Standard Days Method®

Role Play Scenario 4—Allergy to latex condoms

Condoms Scenario 4—Client Information Sheet	Condoms Scenario 4—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 5—Negotiating condom use (may be adapted for female condoms)

Condoms Scenario 5—Client Information Sheet	Condoms Scenario 5—Observer Information Sheet
Client Description You are an 18-year-old single woman and have come to the clinic for your first general check up. 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.

[illegible]

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: Female Condom Case Study

Case Study 1

Shimi is an 18-year-old who has just finished high school. She has a new boyfriend who is much older than she is. She does not want to become pregnant, and is very interested in using female condoms.

Question Set A:

During counseling, Shimi says that her boyfriend travels for work and she is worried that she might get an STI or HIV from him. She knows he has had other girlfriends and does not think he has used condoms with them. She asks several questions:

1. How well do female condoms work to prevent pregnancy? How well do they work to prevent STIs, including HIV?
2. Will female condoms protect me against all STIs?
3. What are some advantages of female condoms? (List at least three).
4. What are the limitations of female condoms? (List at least three).

Question Set B:

Earlier in the counseling session, you answered Shimi's questions and assessed her risk for STI/HIV infection. You counseled her on dual method use and discussed other methods that interested her: injectables and the IUD. Shimi decided to use injectables for extra pregnancy protection. She wants to use female condoms, too, but she has heard some things about female condoms that concern her and wants to know if these are true:

1. I heard that a female condom can get lost inside my body. Is this true?
2. My boyfriend says condoms are only for sex workers and promiscuous people.
3. I heard that condoms have holes that let HIV get through.
4. Aren't female condoms difficult to use?

Question Set C:

After you address Shimi's concerns, she decides she will use female condoms.

1. What issues or topics should you cover when counseling a client who has not previously used female condoms?
2. What are the steps of correct use of female condoms?
3. What practices will help ensure effectiveness of female condoms?

Question Set D:

Shimi decides to tell her boyfriend that she wants to use female condoms, but she is not sure how to approach the topic with him. Recently, when she asked her boyfriend if he would use male condoms, he told her that if he has to stop to put it on, he won't be in the mood anymore, and he doesn't feel as much pleasure when he uses a condom.

1. What are some guidelines for negotiating condom use?
2. What should Shimi decide before having the conversation?
3. What are some possible responses to the concerns that her boyfriend expressed?
4. How will you help Shimi plan to talk with her boyfriend about using female condoms?

Case Study 1—Answer Key

Knowledge and Skills Objectives Addressed by Condoms Case Study 1

5. Describe the characteristics female condoms in a manner that clients can understand
6. Demonstrate the ability to counsel clients on the following:
 - a. How to insert a female 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
 - f. When to return (e.g. condom broke and need emergency contraception)
5. Demonstrate how to correctly insert a female condom, using a vagina model (if available)

Answers to Question Set A:

1. How well do female condoms work to prevent pregnancy? How well do they work to prevent STIs, including HIV?

When condoms are used correctly and consistently, they are very effective in preventing pregnancy. Among couples using female condoms correctly and consistently, only five pregnancies occur per 100 couples using condoms in the first year. However, as female condoms are typically used, 21 pregnancies occur per 100 couples.

Condoms are also effective in preventing STIs, including HIV. Condoms prevent 80-95 percent of HIV infections that would have occurred without the use of condoms.

2. Will female condoms keep me from getting any STI?

Condoms are most effective for 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 female condoms? (List at least three.)

- Female-controlled
- Soft, moist texture feels more natural than latex male condoms
- Offer STI/HIV protection
- Outer ring provides stimulation
- Do not require provider's help
- Can be used as temporary backup method
- Protect from conditions caused by STIs: PID, cervical cancer, infertility
- Can be inserted in advance
- Are not tight or constricting for male partners
- Do not dull sensation
- Do not have to be removed immediately

4. What are the limitations of female condoms? (List at least three.)

- As typically used, less effective at preventing pregnancy than many other methods
- May be difficult to insert at first, require practice

- More expensive than male condoms
- Less available than male condoms

Answers to Question Set B:

1. I heard that a female condom can get lost inside my body. Is this true?

The female condom cannot get lost inside a woman's body. It stays in the vagina. If the outer ring gets pushed into the vagina, the woman can reach in and pull it out. It cannot go through the cervix into the womb, because it is too large.

2. My boyfriend says condoms are only for sex workers and promiscuous people.

All kinds of people use condoms, including married couples. Even when people do not need protection from sexually transmitted infections, many couples find condoms to be a safe, convenient option for pregnancy prevention.

3. I heard that condoms have holes that let HIV get through.

According to laboratory studies, HIV and other viruses do not pass through undamaged latex condoms or synthetic female condoms. As long as condoms are not old or damaged, they can reduce your risk of HIV by 80–95 percent if you use them consistently and correctly.

4. Aren't female condoms difficult to use?

The female condom is not difficult to use, but it does require practice and patience. It becomes easier to insert with practice.

Answers to Question Set C:

1. What issues or topics should you cover when counseling a client who has not previously used female 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 needed
- How to talk with partner about using condoms

2. What are the steps of correct use of female condoms?

1. Use a new condom for each act of sex.
2. Before any physical contact, insert the condom into the vagina.
3. Ensure that the penis enters the condom and stays inside the condom.
4. To remove the condom, hold and twist outer ring to seal in fluids, and gently pull the condom out of the vagina.
5. Dispose of the used condom safely.

3. What practices will help ensure effectiveness of female condoms?

- Practice inserting the condom correctly
- Make sure the penis is inside the condom
- Avoid using male and female condoms together
- Never reuse female condoms

Answers to Question Set D:

1. What are some guidelines for negotiating condom use?

Talk when you are both relaxed and sober; talk about using condoms before you begin to have sex; use the approaches you think are best for your situation; focus on caring, respect and coming to agreement; have facts about condoms so you can respond to your partners objections.

2. What should Shimi decide before having the conversation?

To be prepared to negotiate condom use, clients need to decide where, when and how to talk to their partners about using condoms.

3. What are some possible responses to the concerns that her boyfriend expressed?

Female condoms can be inserted several hours before sex, so they don't have to interrupt sex. The soft material of female condoms quickly transmits body heat, so they provide a more natural sensation than male condoms. They are loose, not restricting, and many men find they are more pleasurable than male condoms.

4. How will you help Shimi plan to talk with her boyfriend about condoms?

Help her to decide when and where to have the conversation, and what approach she wants to use. Role-play the conversation, playing the role of Shimi's boyfriend, at first, and then switch roles if Shimi has difficulty responding during the initial role play, so that you can model possible responses.

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 Female 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 female condom (FC):				
– How they work and their effectiveness				
– Their ability to prevent both pregnancy and STD				
– That women can initiate their use				
– Where to obtain them and their cost				
– Safety and effectiveness of re-usability has not been determined				
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 FC:				
– The FC can be inserted anytime from 8 hours before to immediately before				
– Neither insertion nor removal requires an erect penis				
– Cautions that the outer ring may move from side to side or the sheath may slip up and down inside the vagina during intercourse, but this does not reduce protection				
– Explains that there is little protection if the outer ring is pushed into the vagina, or the penis is underneath or beside the sheath, rather than inside the sheath				
– Explains that any kind of lubricant can be used with the female condom				
– Tells not to use the male condom with the female condom as it may cause too much friction and result in one or the other slipping or tearing				
4. Provides instructions on how to insert, remove, and dispose of the FC:				
– The packet must be carefully torn open				
– Find the inner ring, which is at the closed end of the condom				

TASK/ACTIVITY	CASES			COMMENTS
– Squeeze together the inner ring with your fingers and put it in your vagina				
– Put the inner ring in the vagina				
– Push the inner ring up into your vagina with your finger. The outer ring stays outside the vagina.				
– When you have intercourse, guide the penis through the outer ring, making sure it goes inside the sheath.				
– Another way to insert the FC is to put it over the erect penis so that the end of the penis is touching the inner ring, and insert the penis with the sheath into the vagina.				
– Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man's sperm inside the pouch.				
– Pull the pouch out gently				
– Burn or bury it—do not flush it down the toilet.				
5. Counsels client on what to do if FC breaks or slips off during intercourse:				
– Go to clinic where you can be assessed for emergency contraception				
– Request emergency contraceptive pills within 72 hours (the earlier the better) of unprotected intercourse or breakage of condom				
6. Asks client to repeat back instructions and practice with a FC. Corrects any errors in technique.				

Comments: _____

Appendix G: Female 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 female condoms?
 - A. **Most are made of synthetic rubber and some are made of natural latex.**
 - B. When used correctly with each act of sex, about 2 pregnancies occur per 100 women using the method in the first year.
 - C. Can help men with premature ejaculation.
 - D. **Conduct body heat well.**
2. What are some positive characteristics of the female condom:
 - A. **Female controlled.**
 - B. **Do not require provider's help.**
 - C. More available than male condoms.
 - D. Easy to insert.

True or False

Circle true or false for each statement.

- | | | |
|---|-------------|--------------|
| 3. Oil-based lubricants do not damage most female condoms. | True | False |
| 4. The most common type of female condom is made of natural latex rubber. | True | False |
| 5. Female condoms provide protection from STIs. | 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

6. The female condom may be inserted up to eight hours before sex.
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. 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 Female 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 female condoms?
 - A. Most are made of synthetic rubber and some are made of natural latex.
 - B. When used correctly with each act of sex, about 2 pregnancies occur per 100 women using the method in the first year.
 - C. Can help men with premature ejaculation.
 - D. Conduct body heat well.
2. What are some positive characteristics of the female condom:
 - E. Female controlled.
 - F. Do not require provider's help.
 - G. More available than male condoms.
 - H. Easy to insert.

True or False

Circle true or false for each statement.

- | | | |
|---|------|-------|
| 3. Oil-based lubricants do not damage most female condoms. | True | False |
| 4. The most common type of female condom is made of natural latex rubber. | True | False |
| 5. Female condoms provide protection from STIs. | 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

6. The female condom may be inserted up to _____ hours before sex.
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. A primary cause of condoms breaking or slipping is _____.

Appendix I: The Female 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).

3. Which of the following are characteristics of female condoms?
 - E. Most are made of synthetic rubber and some are made of natural latex.
 - F. When used correctly with each act of sex, about 2 pregnancies occur per 100 women using the method in the first year.
 - G. Can help men with premature ejaculation.
 - H. Conduct body heat well.
4. What are some positive characteristics of the female condom:
 - I. Female controlled.
 - J. Do not require provider's help.
 - K. More available than male condoms.
 - L. Easy to insert.

True or False

Circle true or false for each statement.

- | | | |
|--|------|-------|
| 9. Oil-based lubricants do not damage most female condoms. | True | False |
| 10. The most common type of female condom is made of natural latex rubber. | True | False |
| 11. Female condoms provide protection from STIs. | 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

12. The female condom may be inserted up to _____ hours before sex.
13. 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.
14. 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: Female 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 female condoms. 1 2 3 4 5
- The module has offered me the skills to provide female 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.
