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Facilitators' Guide for Training of Reproductive, Maternal, Neonatal, and Child Health (RMNCH) Counsellors

January 2013

Family Planning Division
Ministry of Health and Family Welfare
Government of India





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Government of India, Nirman Bhawan, New Delhi – 110 108

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Foreword

NRHM with its aim to provide effective healthcare to rural population especially women and children has launched various schemes which has helped to increase the institutional deliveries over the past seven years. Increased institutional deliveries provides an opportunity and a suitable platform to inform more and more women, couples and family members about key maternal, new born, child health and family planning issues to improve the health of mothers and newborns.

It has been observed that the good practices related to mothers, newborns and child health and family planning are adopted and continued, when clients make decisions by themselves based on accurate information. Effective counselling is a means, which empowers clients to seek what is best for them and to exercise their rights to good quality maternal, newborn, child health and family planning services. A need was therefore felt to strengthen the counselling on family planning, maternal and child health issues to address the individual needs of the clients. Keeping this in mind, the Reproductive, Maternal, Newborn and Child Health (RMNCH) counsellors have been appointed for the district level facilities and above, where deliveries are conducted.

The 'Handbook for Reproductive, Maternal, Neonatal and Child Health Counsellors' contains the critical areas, essential knowledge and skills for effective counselling in family planning, maternal, newborn and child health. However, the counsellors will be able to effectively execute their responsibilities once they undergo good quality, standardized training.

The 'Facilitators Guide for Training of Reproductive, Maternal, Neonatal and Child Health Counsellors' has been developed to provide guidance and serve as resource material for trainers for conducting a comprehensive and participatory training workshop for counsellors, based on the content of Handbook. The training activities of the Facilitators Guide can be used and adapted by trainers in order to build competency of counsellors in quality counselling.

The effort of the Family Planning division in developing the Facilitators Guide for trainers of RMNCH counsellors is commendable.

I hope that this Facilitators Guide will be useful for the trainers to conduct effective competency based training for counsellors.


(Anuradha Gupta)



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Acknowledgment

The 'Facilitators Guide for Training of Reproductive, Maternal, Neonatal and Child Health Counsellors' has been developed in order to equip trainers to conduct competency based training to build capacity of counsellors in quality counselling on family planning, maternal, newborn and child health.

We express our sincere gratitude to Ms. Anuradha Gupta, Additional Secretary and Mission Director, NRHM, for being the inspiring force behind this initiative.

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(Dr. S K Sikdar)

SMALL FAMILY, HAPPY FAMILY



छोटा परिवार, सुखी परिवार



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INTRODUCTION FOR TRAINERS AND PROGRAM PLANNERS

This introduction provides information to trainers and program planners on the training package and how it should be used.

With increase in institutional deliveries facilitated by JSY scheme, the doctors and nurses at the public health facilities remain busy with conducting deliveries and providing clinical services. It is a well-recognized fact that effective counselling of women and couples is critical to increase the acceptability and adoption of evidence based best practices by women and couples that improve maternal, newborn and child health. Doctors and nurses are not able to devote much time on counselling due to their heavy work load with increase in institutional deliveries. To complement the health services provided by clinical staff, reproductive, maternal, new born and child health (RMNCH) counsellors are identified as catalytic agents, who can provide quality counselling for reproductive, maternal, newborn, child health (RMNCH) services to women, couples and family members attending the health facility.

RMNCH Counsellors' Training

Goal of the Training

To build the competency of facility based RMNCH counsellors to effectively counsel women, couples, family members coming to the public health facilities, on key points to create awareness for practices for improved maternal, neonate and child health.

With this goal in mind, a four day competency based training course has been designed for RMNCH counsellors.

Objectives of the Training

Training objectives are as follows:

1. Participants will demonstrate quality counselling skills on family planning, reproductive, maternal, newborn and child health based on updated knowledge and skills.
2. Participants will be able to counsel women on postpartum family planning for achieving healthy spacing of pregnancy and limiting future pregnancies and will be able to provide suitable options for contraceptive methods based on breastfeeding status and time of initiation of methods.
3. Participants will be able to counsel and help women in practicing effective mother and newborn care practices; will be able to counsel women on breastfeeding, details about immunization requirements, schedule, availability; preparations to be made in case of major and common illness of the baby and mother; timely accessing institutional care, if the need would arise for the mother/baby.

(The detailed objectives of each session are given in 'Session Activities'.)





Training Approach:

The session outline for 4-day training is suggested in this guide. This competency based participatory training includes:

- Update on key technical information related to family planning, mother, neonate and child health, recording and reporting.
- Participatory training methodologies, which are used in the training activities and explained in each session of the Facilitators Guide. The variety of training activities like interactive presentation, brainstorming, group activities, case studies and role-plays have been included to establish an energetic and positive learning environment that fully engages participants, facilitates effective learning and prepares participants to translate learning into action.
- The key focus of the training is to build the competency of participants through repeated simulated practice of counselling in the classroom and hospital setting, using simple counselling skills checklists and job-aids.

Facilitators Guide

The Facilitators Guide has been designed for use by skilled, experienced trainers, who are identified for their knowledge, expertise and training skills and expected to conduct the 4-day counselling training based on the topics included in the reference manual.

The session outline is suggested in the facilitators' guide with adequate timing for each session. The training activity for each session includes the following:

- Session Objectives
- Time
- Resources/Materials Needed
- Instructions

For the sessions and training activity, which have the presentations, the CD containing slides of the sessions will be provided to the trainers.

The training should be conducted in the language that participants are most comfortable in speaking. **To ensure the quality of training, there should not be more than 20 participants per training event.**

Equipment and Supplies

Arrangements should be made well in advance of the training to secure availability of all the necessary materials and supplies at the training site during the training.

Suggested equipment for the training includes the following:

- Flip charts with stand
- Flip chart markers of different colours
- Laptop computer, projector and screen
- Extension cord





- Double sided tape for posting flip chart on the wall
- Note pads (for every participant)
- Pens and pencils (for every participant)
- Folders or bags for participants to carry the materials back home
- Adequate no. of copies of Handbook for participants
- Adequate no. of copies of job-aids like counselling kits, flip book etc.
- Adequate no. of copies of pre and post-test questionnaires for participants
- Adequate no. of copies of course evaluation forms for participants
- Certificates of completion

(The detail of resource materials required for each session are mentioned in session outline and training activity for the session)

Assessment of Training

■ Pre-course and post-course test

The assessment of the participants will be done for knowledge on the thematic area of the course and its related counselling skills at the beginning and end of each thematic area. The purpose of this assessment is to assess the gain in knowledge and skills through training.

Trainers should administer the pre-test at the beginning of the section and give the post-test at the end of the section of relevant thematic areas.

The pre-test will help trainers to understand participants' baseline knowledge, strengths and weaknesses and then to adjust training as needed.

The post-test gauges how well trainees understood the content. Trainers need to address the gaps identified in post-test knowledge based on the responses given by participants in post-test. For successful completion of training, each participant should achieve minimum 80% in post-test knowledge and demonstrate standards counselling skills by the end of the course.

■ Course evaluation form

Course evaluation form should be administered at the end of four-day training to assess the overall satisfaction of participants and identify areas of strengths and weakness of the whole training process.

Preparation for the Trainers

Prior to the training, the trainer should:

- Master the content of the RMNCH Counselling Handbook
- Review the training goals, session outline, training activity for each session (learning objectives, time, resource materials needed and instructions for trainers) given in this facilitators' guide
- Review and become familiar with the slides for the sessions (that include presentation) given in the CD





- Review the pre/post-test and course evaluation form and make copies for each participant
- Make copies of relevant handouts, role-play situations, checklists to be distributed in the training
- Check all audio-visual equipment
- Check training venue for sitting arrangement, lights, fans/air cooling (in summer)
- Ensure arrangements have been made for lunch, tea, drinking water etc.
- Prepare participant packets, including handbooks, job-aids, notebooks, pencils/pens, handouts, etc.
- Prepare attendance sheets and name tags
- Prepare flip charts according to sessions. Write agenda for each day on the flip charts
- Certificates for participants





Session-Outline

(Note: The agenda of the training should follow the timings, session topics as given in the session-outline)

Day 1			
Timings	Session	Content (Training Activities)	Resource Materials
9:00-9:30 am (30 minutes)	Registration	<ul style="list-style-type: none"> ▪ Filling attendance sheet ▪ Distribution of training material 	<ul style="list-style-type: none"> ▪ Attendance sheet ▪ Folders for participants containing handbook, job-aid etc.
9: 30-10:45 am (1 hour 15 minutes)	Session 1: Introductory Session	<ul style="list-style-type: none"> ▪ Welcome and opening remarks (Opening speech) ▪ Introduction of participants (Icebreaker for getting to know each other) ▪ Participants' expectations (Culling out form participants) ▪ Training Norms (Brainstorming) ▪ Goal and objectives of the training (Interactive presentation) ▪ Role of RMNCH counsellors (Discussion based on job description of RMNCH counsellors) ▪ Introduction to training materials, agenda and training methodology for 4 days (Interactive presentation and making familiar with the course materials) ▪ Pre-training Knowledge Assessment on family planning, maternal and newborn health, child health (Written test) 	<ul style="list-style-type: none"> ▪ Flip charts, marker pens ▪ VIPP cards ▪ PowerPoint slides on goals and objectives ▪ Copies of Job description of RMNCH counsellor ▪ Training materials (Handbook, job-aid and agenda) ▪ Copies of pre-training questionnaires on family planning, maternal and newborn health and child health for participants ▪ Copy of correct answers of the pre-test questionnaire for trainers
10:45-11:00 am (15 minutes)	TEA		
11.00-12.00 pm (1 hour)	Session 2: Counselling and Effective Communication	<ul style="list-style-type: none"> ▪ What is counselling (Culling out from participants based on experiences from their own lives, followed by discussion) ▪ Key components of counselling (Demonstration of role-play, followed by discussion) ▪ Effective communication – verbal and non-verbal communications (Discussion taking cues from role-play) ▪ Desired characteristics and skills of effective counsellor (Discussion based on examples and responses to questions asked to participants) ▪ GATHER approach for counselling (Interactive presentation) ▪ Rights of clients (Interactive presentation) 	<ul style="list-style-type: none"> ▪ Flip charts, marker pens ▪ Power-point presentations of the session





Counselling for Family Planning			
12.00-1.00 pm (1 hour)	Session 3: Principles, Setting and Types of Family Planning Counselling	<ul style="list-style-type: none"> Principles of family planning counselling (Interactive presentation) Setting and types of counselling for family planning (Interactive presentation) Counselling for motivating men (Discussion) 	<ul style="list-style-type: none"> Power-point slides on the session
1:00-2:00 pm (1 hour)	LUNCH		
2:00-3:45 pm (1 hour 45 minutes)	Session 4: Family Planning Choices	<ul style="list-style-type: none"> Importance of family planning for improving maternal, new-born and child health (Brainstorming activity followed by discussion) Informed choice in family planning (Interactive presentation) Different family planning choices (Small group exercise, presentation and discussion) Common misconceptions about contraceptive methods (Brainstorming, followed by discussion) 	<ul style="list-style-type: none"> Flip chart and markers PowerPoint slides on the session Copies of blank charts for small group exercise
3:45-5.15 pm (1 hour 15 minutes)	Session 5: Counselling for PPFP and PPIUCD (Tea served during the session)	<ul style="list-style-type: none"> Postpartum family planning counselling – return to fertility, importance of postpartum and post-abortion counselling (Interactive presentation) Timing of initiation of different family planning methods in postpartum period (Exercise followed by presentation) Videos on PPFP counselling - 2 types of clients (video followed by discussion) Checklist to be reasonably sure that a woman is not pregnant (Explaining the checklist) Checklist for PPFP/PPIUCD counselling (Explaining the checklist and exercise) 	<ul style="list-style-type: none"> PowerPoint slides on the session Flip chart with blank columns for the time of initiation of different family planning methods Videos on PPFP counselling Copies of checklists for participants
5:15-5:30 pm (15 minutes)	Session 6: Wrap up and home assignment	<ul style="list-style-type: none"> Giving home assignments to be familiar with steps of GATHER approach and PPFP/PPIUCD counselling checklist (Instructions) Wrap up with key take home messages from the day (Interactive summarization of the key take home messages through questions and answers) 	<ul style="list-style-type: none"> Flip chart and marker





Day 2			
Counselling for Family Planning (continued)			
Timings	Session	Content (Training Activities)	Resource Materials
9:00-9:15 am (15 minutes)	Session 1: Review of Day 1 and Warm-up	<ul style="list-style-type: none"> Recap of key points from Day 1 (Game activity) Warm-up (Energizer by participant) 	<ul style="list-style-type: none"> Chits of paper with written topics Day 1 agenda
9:15-10:00 am (45 minutes)	Session 2: Demonstration of FP/ PPFP/ PPIUCD counselling	<ul style="list-style-type: none"> Demonstration through role play (role play by trainers) Feedback and discussion 	<ul style="list-style-type: none"> Role play situations Counselling flip book Counselling kit Job aids (contraceptive effectiveness chart & timing of initiation) Client card All methods stamp Counselling register Posters (All methods, client rights, PPIUCD) Counselling checklists
10:00-10:45 am (45 minutes)	Session 3: Practice of PPFP, PPIUCD and Post-abortion counselling	<ul style="list-style-type: none"> Small group practice through role plays (Role play in small groups followed by feedback and discussion) 	<ul style="list-style-type: none"> Role play situations Counselling flip book Counselling kit Job aids (contraceptive effectiveness chart & timing of initiation) Client card All methods stamp Counselling register Posters (All methods, client rights, PPIUCD) Counselling checklists
10:45-11:00 am (15 minutes)	TEA		
11:00-1:30 pm (2 hour 30 minutes)	Session 4: Practice of PPFP counselling in the ANC OPD, LR and PNC ward	<ul style="list-style-type: none"> Supervised counselling practice in antenatal OPD, early labour and postpartum wards of the hospital (group activity- counselling practice in different clinical areas followed by sharing of experiences and feedback in classroom) 	<ul style="list-style-type: none"> Counselling flip book Counselling kit Job aids (contraceptive effectiveness chart & timing of initiation) Client card All methods stamp Counselling checklists
1:30-2:30 pm (1 hour)	LUNCH		
2:30-4:00 pm (1 hour 30 minutes)	Session 5: Orientation to documentation of services	<ul style="list-style-type: none"> Roles of RMNCH counsellors for PPFP, PPIUCD and post-abortion counselling (Brainstorming and discussion for their roles for PPFP/PPIUCD/Post abortion counselling based on job-description of RMNCH counsellors) Orientation to FP/ PPFP/PPIUCD counselling record keeping and reporting Maintaining counselling register, PPIUCD insertion and FU 	<ul style="list-style-type: none"> RMNCH handbook-section V—Expectations from RMNCH counsellors Flip chart, stand and markers Samples of PPFP/PPIUCD counselling, Insertion and Follow Up registers and reporting formats





		register and preparing & reporting monthly report (Explanation of filling different columns of registers and reporting format and their importance)	
4:00-5:00 pm (1 hour)	Session 6: Post-training family planning knowledge and counselling skills assessment	<ul style="list-style-type: none"> Post-training FP knowledge assessment (written test) Counselling skills assessment on peers (Assessment using checklists during role plays) 	<ul style="list-style-type: none"> Copies of FP knowledge assessment questionnaire- for participants Answer-key for trainers Counselling checklists for trainers for assessing skills of participants
5:00-5:10 pm (10 minutes)	TEA		
5:10-5:20 pm (10 minutes)	Session 7: Post-training assessment results and clarification of doubts	<ul style="list-style-type: none"> Sharing pre and post-training FP knowledge assessment results and clarification of doubts (Discussion) 	<ul style="list-style-type: none"> FP questionnaire answer key Filled Result analysis format
5:20-5:30 pm (10 minutes)	Session 8: Wrap up and key take home messages on postpartum and post-abortion FP counselling	<ul style="list-style-type: none"> Key take home messages from the day (Question-answers and Discussion) Wrap-up (by participant) 	<ul style="list-style-type: none"> Day 2 agenda Flip chart, stand and markers





Day 3			
Counselling for Maternal and Newborn Health			
Timings	Session	Content (Training Activities)	Resource Materials
9:00-9:30 am (30 minutes)	Session 1: Recap of day 2 and warm-up Pre-training knowledge assessment	<ul style="list-style-type: none"> Recap of key points from Day 2 (by participants/ game activity) Warm-up (energizer by participant) Pre-training maternal and newborn health knowledge assessment (written test) 	<ul style="list-style-type: none"> Materials needed for the game activity Day 2 agenda Copies of maternal and newborn health knowledge assessment questionnaires for participants
9.30-10:15 am (45 minutes)	Session 2 General Care During Pregnancy	<ul style="list-style-type: none"> Care during pregnancy Antenatal check-ups ANC package at facility Registration of the pregnant woman, IFA supplementation. Advice for nutrition and rest during pregnancy (Interactive presentation /Discussion for all above) 	<ul style="list-style-type: none"> Power-point presentation (PPT) on the session Flip cart and markers RMNCH counsellors handbook (chapter 7)
10:15–10:45 am (30 minutes)	Session 3: Birth Preparedness for Safe Delivery and Emergency Planning	<ul style="list-style-type: none"> What is birth preparedness and emergency plan (Question answer and discussion) Who is a skilled birth attendant (SBA) Content of a birth preparedness and complication readiness plan (Brainstorming followed by, writing on the flip chart the key components of birth preparedness and emergency plan) Options available to women for selecting the place of delivery (Interactive presentation) Maternal health schemes – Janani Suraksha Yojana (JSY); Janani Shishu Suraksha Karyakram (JSSK) (Interactive presentation on maternal health schemes) 	<ul style="list-style-type: none"> Flip chart and markers Power-point presentation on the session RMNCH counsellors handbook-(chapter 8)
10:45-11:00 am (15 minutes)	TEA		
11:00-11: 20 am (20 minutes)	Session 4 : Danger Signs in Pregnancy	<ul style="list-style-type: none"> Danger signs during pregnancy Identification of problem and where to go (Interactive presentation on above) 	<ul style="list-style-type: none"> Power-point presentation on the session RMNCH counsellors handbook (chapter 9)
11:20-11:40 am (20 minutes)	Session 5: Counselling for prevention of Anemia	<ul style="list-style-type: none"> Counselling messages for pregnant women with anemia (Brainstorming and discussion, Exercise on myths and facts related to IFA tablets) 	<ul style="list-style-type: none"> RMNCH counselling flip book RMNCH counsellors handbook(chapter 10) Flip chart and markers
11:40-12: 00 pm (20 minutes)	Session 6: Post- Abortion Care	<ul style="list-style-type: none"> Pre-procedure counselling Helping to choose the method of MTP, consent Helping her to adopt a contraceptive 	<ul style="list-style-type: none"> RMNCH counselling flip book RMNCH counsellors handbook(chapter 11)





		<ul style="list-style-type: none"> ▪ Key messages for woman after an abortion ▪ Counselling before or after abortion in case of referral to higher facility (Interactive presentation & discussion on key messages) 	<ul style="list-style-type: none"> ▪ Power-point presentation on the session
12:00-1:00 pm (1 hour)	<p>Session 7: Support during Labour and Childbirth</p> <p>Counselling for Care of the Mother after Birth and Newborn</p>	<ul style="list-style-type: none"> ▪ Key support to woman during labour and childbirth (Discussion) ▪ What birth companion should not do (Small group exercise on dos & don'ts for birth companions) ▪ Danger signs in labour and delivery (Interactive presentation and then individual exercise to write the danger signs on a drawing of a pregnant woman) ▪ Important messages for women and family members, immediately following birth (Question-answers, discussion) ▪ When to seek care for dangers signs in mother ▪ Important messages for care of the newborn ▪ Care of the babies less than 2.5 Kg ▪ Danger signs of the newborn ▪ Government's minimum package offered for post-natal care ▪ Breastfeeding (Interactive presentation on the above all contents) 	<ul style="list-style-type: none"> ▪ RMNCH counselling flip book ▪ RMNCH counsellors handbook-(chapter 12 & 13) ▪ Flip chart and markers ▪ PowerPoint on the session ▪ Handouts for small group activities ▪ Handouts for individual exercise on marking the danger signs
1:00-2:00 pm (1 hour)	LUNCH		
2:00 – 4:00 pm (2 hours)	<p>Session 8:</p> <p>(i) Practice of counselling during pregnancy – General care, birth preparedness and complication readiness, danger signs, for anemic women.</p> <p>(ii) Practice of counselling during pre and post abortion period</p> <p>(iii) Practice of support during labour and childbirth; practice of counselling for care of the mother after birth and newborn</p> <p>(Tea served during the session)</p>	<ul style="list-style-type: none"> ▪ Small group practice using role plays and job-aids ▪ Feedback by peers and facilitators (Group practice- role plays, feedback, discussion) 	<ul style="list-style-type: none"> ▪ Role play situations for counselling- during pregnancy, pre/post abortion, labour and post-partum period ▪ RMNCH counselling flip book and job aids ▪ Counselling register ▪ MCP card ▪ PPFP counselling kit, flip book & options stamp ▪ Safe motherhood booklet





4:00-4:30pm (30 minutes)	Session 9: Post-training knowledge assessment	<ul style="list-style-type: none">▪ Post-training maternal and newborn health knowledge assessment (written test)▪ Pre-Post-training maternal and newborn health knowledge assessment results and clarification of doubts	<ul style="list-style-type: none">▪ Copies of MNH knowledge assessment questionnaire- for each participants▪ MNH questionnaire answer key
4:30-4:50pm (20 minutes)	Session 10: Wrap-up and Key messages on MNH	<ul style="list-style-type: none">▪ Key take home messages from the day and wrap-up	<ul style="list-style-type: none">▪ Day 3 agenda▪ Flip chart, stand and markers





Day 4:			
Counselling for Child Health and Expectations from RMNCH Counsellors			
Timings	Session	Content (Training Activities)	Resource Materials
9:00-9:30 am (30 minutes)	Session 1: Review of Day 3 and warm up Pre-training child health knowledge assessment	<ul style="list-style-type: none"> Recap of day 3 (by participant/ game activity) Warm-up (energizer by participant) Pre-training Child Health knowledge assessment (written test) 	<ul style="list-style-type: none"> Materials needed for game activity Day 3 agenda Copies of Child health knowledge assessment questionnaire for participant
9:30-9:50 am (20 minutes)	Session 2: Importance of Child Health Counselling	<ul style="list-style-type: none"> Importance of child health counselling Four key messages (BIND) for child health (Brainstorming, discussion) 	<ul style="list-style-type: none"> RMNCH counsellors handbook-(page no.45)
9:50 10: 45 am (55 minutes)	Session 3: Immunization	<ul style="list-style-type: none"> Importance of immunization National Immunization Schedule (activity in pairs) What to do if a child has missed immunization as per the prescribed schedule Key messages for parents regarding immunization (Interactive presentation on the above contents) 	<ul style="list-style-type: none"> PowerPoint Presentation on the session RMNCH counsellors handbook (chapter 14) Hand outs on blank chart for activity on immunization schedule
10:45-11:00 am (15 minutes)	TEA		
11:00-12:00 pm (1 hour)	Session 4: Adequate and Age Appropriate Nutrition for the Child	<ul style="list-style-type: none"> Importance of adequate and age appropriate nutrition for the child (Interactive presentation) Breast feeding (Brainstorming on advantages to mother & baby, culling out from participants about the correct positioning of the baby for breastfeeding) Complementary feeding after 6 months (Group activity and role-play) Feeding during illness (Discussion) Growth monitoring (Show growth chart or MCP card & discussion) Key messages for parents regarding age appropriate and adequate nutrition and counsellor's role (Interactive presentation) 	<ul style="list-style-type: none"> PowerPoint Presentation RMNCH counsellors handbook (chapter 15) Flipchart and marker Growth chart or MCP card
12:00-1:00 pm (1 hour)	Session 5: Early Identification and Care for Major Childhood Diseases	<ul style="list-style-type: none"> Recognition and early care for diarrhoea (Interactive presentation) ORS, ORT and how to make ORS at home (Demonstration) Counsellor's role in case of 	<ul style="list-style-type: none"> RMNCH counsellors handbook (chapter 16) PowerPoint Presentation Clean drinking water,





		diarrhoea in children (Discussion) ■ Recognition and early care for acute respiratory infection (Interactive presentation) ■ Counsellor's role in case of ARI in children (Discussion) ■ Fever- Key facts and counsellor's role in case of fever in children (Interactive presentation on the above all contents)	spoon, ORS packet, 1 litre container, picture of hand washing
1:00-2:00 pm (1 hour)	LUNCH		
2:00 – 4:00 pm (2 hours)	Session 6: Practice counselling for child care (Tea served during the session)	■ Small group practice through role plays using job-aids (Group practice- role plays, feedback, discussion)	■ Role play situations for counselling women on immunization, adequate nutrition for child & care of sick child ■ RMNCH counselling flip book and job aids ■ Counselling register ■ MCP card & growth chart ■ National immunization schedule
4:00-4:30 pm (30 minutes)	Session 7: Post-training child health knowledge assessment Course evaluation by participants	■ Post-training child health knowledge assessment (Written test) ■ Pre and Post-training results and clarification of doubts (Discussion) ■ Participants' evaluation of the training course (Filling course evaluation forms by participants)	■ Child health knowledge assessment questionnaire for each participant ■ Child health questionnaire answer key ■ Course evaluation forms for each participant
4:30-5:00 pm (30 minutes)	Session 8 : Next Steps	■ Recap of the expectations from a RMNCH Counsellor (Recall & Discussion on Roles & Responsibilities of RMNCH Counsellors)	■ RMNCH counsellors handbook(Section V)
5:00 – 5:30 pm (30 minutes)	Session 9: Closing	■ Closing remarks (Closing speech) ■ Distribution of certificates (By Guest/ concerned authority from facility/ facilitators) ■ Vote of thanks (By facilitator)	■ Closing speech ■ Printed and duly signed certificates





DAY 1: SESSION 1: TRAINING ACTIVITY

INTRODUCTORY SESSION

Session Objectives

By the end of the session, participants will be able to:

- Know each other
- Specify participants' expectations from the course
- Establish training norms, positive climate and spirit of cooperation
- Identify the goal and objectives of the training workshop
- Get familiar with roles of RMNCH counsellors
- Get familiar with Handbook, training agenda for 4 days
- Participate in pre-course knowledge assessment on family planning

Time

1 hour 15 minute

Resources/Materials Needed

- Daily attendance sheets or sign in sheets to be filled by participants before commencement of the session
- Name tags
- Participant packets/folders – containing agenda, handbook, counselling job-aids, note book
- Presentation on the goal, objectives of the training workshop and key messages for the session
- Flip chart, stand and markers
- Day's agenda made on the flipchart paper and posted on the wall
- Copies of the pre-test for participants

Instructions

- Greet participants and give them a name tag, get the attendance sheet filled and distribute training workshop packets before this session starts.
- Formally open the training. This might be done by an invited guest such as representative of state/district health department or the head of the facility where training is happening. If the representative from the health department or the head of the facility where training is late, continue the training and have the formal opening event, when the representative arrives.
- Welcome participants and introduce the trainers.
- Ask participants to introduce to each other. You can do this by
 - Asking the participants to pair off
 - Ask each pair to spend 5 minutes time interviewing each other to answer: partner's name, worksite, and at least one thing his/her partner hopes to gain from the training





- Have each participant present his/her partner's name, worksite and one expectation, to the group
- Make note of the participant expectations on a flipchart and post the flipchart paper on wall.
- Provide an overview of the training by reviewing the training goal and objectives.
- Ask the participants to have a quick brainstorm to create a set of basic norms for the 4 days, based on following:
 - Allow all participants to benefit from the training
 - Ensure that everyone can participate openly
 - Create a stress free learning environment

Examples of norms include:

- Arrive on time
- Come back from tea and lunch breaks on time
- Attend the entire day
- Start and end on time
- Keep side conversation to a minimum
- Speak one at a time
- Ask a question when you have one and request an example if a point is not clear
- Show respect for others
- Don't close your mind by saying, "this is all fine in theory, but....."
- Keep your mobile phone in switch off/silent mode
- Actively participate in the training
- Have fun

- Provide an overview of roles and responsibilities of RMNCH counsellors.
- Review the agenda with participants. Through discussion point out where the training will meet participant expectations or explain why this is not the case. Respond to any questions about the day or about the overall workshop.
- Distribute the pre-test questionnaire on family planning (questionnaire for participants and the answer key are given at the end of this session).
- Tell participants that this is a simple test designed to assess their existing knowledge and practices related to family planning. Explain that it will help indicate areas where additional information and/or skills development may need to be addressed during the training.





Pre/Post Training Knowledge Assessment Questionnaire

Family Planning

Name..... Date.....

Pre-Training Assessment/ Post-training Assessment (Circle the appropriate assessment)

Instructions: Circle the most appropriate response for the questions.

1. A couple must wait for at least 24 months (2 years) from their last child birth before attempting another pregnancy.
True False
2. A woman must wait for at least 6 months after an abortion before attempting next pregnancy.
True False
3. Cu T 380A IUCD is effective upto 3 years only.
True False
4. Breast feeding woman can take oral contraceptive pills from 7 days after the child birth.
True False
5. IUCD (CuT) and Lactational Amenorrhea Method (LAM) can be initiated immediately after delivery by postpartum breastfeeding women.
True False
6. The three criteria for LAM to be effective are:
 - a) Baby less than six months old who is getting both breastfeeding and sometimes top feeding and woman's menses have started
 - b) Menses have not returned, baby gets only breast milk and no other fluids and the baby is less than six months old
 - c) Only breastfeeding the baby, menses have not started and the baby is seven months old
7. Who should choose the family planning method for the client:
 - a) The provider
 - b) The woman/client
 - c) The counsellor
8. When can an IUCD be inserted in the postpartum period:
 - a) After 48 hours of delivery
 - b) Immediately after delivery up to 48 hours
 - c) Immediately after delivery up to 7 days after delivery





9. Which of the following is a non-verbal communication?
- a) Using simple language and providing feedback
 - b) Maintaining eye contact with the client
 - c) Answer questions clearly
10. When can female sterilization be done in the postpartum period?
- a) Within 7 days of the delivery
 - b) Upto 10 days after the delivery
 - c) Between 7 to 28 days after a delivery

Score:/10 **Score %:**





Pre/Post Training Knowledge Assessment Questionnaire

Family Planning

(With Correct Answers)

Pre-Training Assessment/ Post-training Assessment

1. A couple must wait for at least 24 months (2 years) from their last child birth before attempting another pregnancy.
True False
2. A woman must wait for at least 6 months after an abortion before attempting next pregnancy.
True False
3. Copper T 380A IUCD is effective upto 3 years only.
True **False**
4. Breast feeding woman can take oral contraceptive pills from 7 days after the child birth.
True **False**
5. IUCD (CuT) and Lactational Amenorrhea Method (LAM) can be initiated immediately after delivery by postpartum breastfeeding women.
True False
6. The three criteria for LAM to be effective are:
 - a) Baby less than six months old who is getting both breastfeeding and sometimes top feeding and woman's menses have started
 - b) Menses have not returned, baby gets only breast milk and no other fluids and the baby is less than six months old**
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8. When can an IUCD be inserted in the postpartum period:
 - a) After 48 hours of delivery
 - b) Immediately after delivery up to 48 hours**
 - c) Immediately after delivery up to 7 days after delivery
9. Which of the following is a non-verbal communication?
 - a) Using simple language and providing feedback
 - b) Maintaining eye contact with the client**





c) Answer questions clearly

10. When can female sterilization be done in the postpartum period?

- a) **Within 7 days of the delivery**
- b) Upto 10 days after the delivery
- c) Between 7 to 28 days after a delivery

Score:/10 Score %:

Scoring criteria:

- The maximum marks for each question is 1
- For each correct answer, the participant will get 1
- For each incorrect answer or question not attempted, the participant will get 0
- Add the marks obtained for all questions, to get the total marks/score
- For evaluating score percentage, use the following formula:

X (Marks obtained)/10 × 100 =%











Session 1

**Welcome to
Training Workshop
on
Reproductive, Maternal, Neonatal and Child
Health (RMNCH)
Counseling**

Know Each Other

- Participants will interact in pairs in 5 minutes
- Ask your partner:
 - Name
 - Worksite
 - One expectation from the training
- Introduce your partner to the large group by stating the above 3 points about him/her







2

Goal of Training Workshop

Build the competency of counsellors on counselling women and couples on family planning, maternal, new born, child health practices to achieve improved health and survival for mothers and children.



3





Objectives of the Training Workshop

- Participants will demonstrate quality counselling skills on family planning, reproductive, maternal, newborn and child health based on updated knowledge and skills
- Participants will be able to counsel women on postpartum family planning for achieving healthy timing and spacing of pregnancy
- Participants will be able to counsel and help women in practicing effective mother and new born care practices



4





DAY 1: SESSION 2: TRAINING ACTIVITY

COUNSELLING AND EFFECTIVE COMMUNICATION

Session Objectives

By the end of the session, participants will be able to:

- Describe what is counselling and endorse key components of counselling
- Identify verbal and nonverbal communication skills
- State desired characteristics and skills of effective counsellor
- Specify components of GATHER approach for counselling
- Indicate clients' rights and explain informed choice

Time

60 minutes

Resources/Materials Needed

- Presentation slides for the session, laptop, projector and screen
- Reference manuals for all participants already given to participants in the participant packet

Instructions

- Introduce the session by presenting the slides on topic and objectives.
- Ask participants to explain in their own words what is counselling. Then, present the definition of counselling.
- Ask the group to think of a situation from their lives, when the counselling or a discussion with another person helped them to make a decision in life. (Hint: Example can be given from personal life like deciding to choose subjects while entering into college; fixing marriage of one's son or daughter; counselling done by a friend etc.).
- Ask any one or two participants to volunteer for sharing their examples with the large group.
- Linking with the example given by the participant, discuss key components and tasks involved in counselling, benefits of counselling and clear counselling.
- The trainer and co-trainer should demonstrate the role-play, as given below and after discussing the role play (discussion questions are given below with the role-play) show the slides on 'Desired characteristics and skills of an effective counsellor'.
- Referring to the role-play and giving examples, emphasize on verbal and non-verbal communication and show the slides.
- Present the components of GATHER approach of counselling and explain each step of this approach by giving examples (may be from the role-play shown).
- Ask participants to individually recollect a situation from their personal lives when they have gone to a health provider or health facility for their own or family member's health related problem/matter. Ask them to think in following lines:
 - Are they satisfied with the services provided to them or their family members?





- If yes, why? If no, why?
- Ask volunteer/s to describe the incident and explain why s/he is satisfied or not satisfied.
- Ask the group, if you go to a health provider to avail some health service/care, what rights you think you should have as a client.
- Show the slide listing the rights of FP clients and ask participants to focus on all rights and think for 3 minutes, whether and how they, as counsellors or health providers, can support each of the rights of clients. Elicit answers from the participants on how they can support each of the rights while providing counselling.





ROLE PLAY

COUNSELLING AND EFFECTIVE COMMUNICATION

Directions

The purpose of the role play is to provide an opportunity for learners to appreciate the importance of good interpersonal communication skills when providing counselling for a woman who is seeking a family planning method.

The facilitator and co-facilitator will perform the following roles in the role-play: a skilled provider and a client seeking a family planning method. The facilitator will read out the role-play first.

Participant Roles

Provider: The provider is an experienced clinician (doctor, nurse or ANM) at a district hospital, who has good communication skills.

Client: Kamla

Role play situation:

Kamla has come to the health centre to get information about family planning methods. Kamla has a 4 year old daughter and is currently pregnant. Her husband has agreed to her using a family planning method after this delivery, but he does not want to use condoms. She is nervous about the safety of family planning method; she has heard that it can make it impossible to have more children.

Focus of the role play

The focus of the role play is the interaction between the provider and Kamla. The provider should ask Kamla's purpose of visit to the health centre. She should provide Kamla with information about each of the available methods and assess the appropriateness of each of the methods for Kamla. The provider should provide Kamla with emotional support and reassurance. Kamla should continue to express her fears and concerns until the provider has provided her with enough information and reassurance to decide what method she would like to try.

DISCUSSION QUESTIONS

The Facilitator should use the following questions to facilitate discussion after the role play:

1. How did the provider approach Kamla?
2. Did the provider give Kamla all of the information that she needed to make the best decision for herself?
3. How did Kamla respond to the provider?
4. What did the provider do to demonstrate emotional support and reassurance during her interaction with Kamla? Were the provider's explanations and reassurance effective?
5. What could the provider do to improve her interaction with a client?





ANSWERS

The following answers should be used by the trainer to guide the class discussion after the role play. Although these are “likely” answers, other answers provided by the learners during the discussion may be equally acceptable.

1. The provider should introduce herself and address Kamla by name. She should speak in a calm and reassuring manner, using terminology that Kamla will easily understand.
2. Sufficient information should be provided about each of the family planning methods available.

(Note for trainers: Though technical details of FP methods are not yet introduced in the training, but trainers will do this role-play and participants should observe and remember in subsequent sessions, how counselling is done on family planning by offering various methods for informed choice).

3. The provider should listen and express understanding and acceptance of Kamla’s feelings about family planning. She should address each of Kamla’s questions with respect, ensuring that Kamla fully understands the family planning methods available to her.
4. Nonverbal behaviors, such as touching or squeezing Kamla’s hand or a look of concern, may be enormously helpful in providing emotional support and reassurance for Kamla. Kamla’s responses and non-verbal expressions will tell if the provider’s explanation and reassurance was effective or not.









Day 1: Session 2

Counselling and Effective Communication

Objectives


- Describe what is counselling and endorse key components of counselling
- Identify verbal and nonverbal communication skills
- State desired characteristics and skills of effective counsellor
- Specify components of GATHER approach for counselling
- Indicate clients' rights and explain informed choice





2

What is Counselling?

- Counselling is a two way communication between a health care worker and a client (or a couple) for the purpose of confirming or facilitating a decision by the client, or helping the client address problems or concerns





3





Think.....

- Think of a situation from your own life, when the counselling or a discussion with another person helped you to make a decision in life



4

Counselling: Key Components

- Mutual trust between client and counsellor
 - Provider shows respect for the client
 - Provider identifies and addresses client's concerns, doubts and fears
- Exchange of relevant, accurate and complete information between counsellor and client



5

Counselling: Tasks Involved

- Helping clients assess the needs
- Providing information appropriate to clients' identified problems and needs
- Assisting clients in making their voluntary and informed decisions
- Helping clients develop the skills they will need to carry out the decision



6





Counselling

Benefits

- Good counselling results in higher client satisfaction
- Clients who receive good counselling are more likely to use RMNCH services more successfully

Counselling should be clear

- Communicate clearly
- Listen
- Encourage and empathize
- Ask
- Respect



7

Role-play

Kamla has come to the health centre to get information about family planning methods. Kamla has a 4 year old daughter and is currently pregnant. Her husband has agreed to her using a family planning method after this delivery, but he does not want to use condoms. She is nervous about the safety of family planning; she has heard that it can make it impossible to have more children.



8

Discussion Questions

- How did the provider approach Kamla?
- Did the provider give Kamla all of the information that she needed to make the best decision for herself?
- How did Kamla respond to the provider?
- What did the provider do to demonstrate emotional support and reassurance during her interaction with Kamla? Were the provider's explanations and reassurance effective?
- What could the provider do to improve her interaction with a client?



9





Verbal and Non-verbal Communications

- Verbal communication – Words, tone
- Skills:
 - Active listening
 - Verbal encouragement
 - Positive tone of voice
 - Using simple language
 - Giving feedback
 - Empathy
 - Being non-judgmental
- Non-verbal communication – Actions, gestures, behaviours, facial expression
- Positive Cues:
 - Leaning towards the client
 - Smiling, not showing tension
 - Facial expression showing interest, concern
 - Maintaining eye contact
 - Nodding



10

Effective Counsellor

Characteristics:

- Committed
- Accepting, respectful, non-judgmental, objective
- Not imposing own values and biases on clients
- Sensitive to cultural and psychological factors
- Maintains client's privacy and confidentiality

Skills:

- Has technical knowledge
- Prepared to answer queries on myths, rumors
- Able to use visual aids and explains in simple language
- Able to recognize when to refer the client to doctor or specialist



11

GATHER Approach in Counselling

- G: Greet
- A: Ask
- T: Tell
- H: Help
- E: Explain
- R: Return

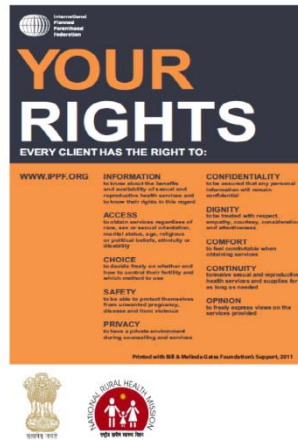


12





Rights of Clients



Rights to:

- Information
- Access to services
- Informed choice
- Safety of services
- Privacy and confidentiality
- Dignity, comfort, and expression of opinion
- Continuity of care



13





DAY 1: SESSION 3: TRAINING ACTIVITY

COUNSELLING FOR FAMILY PLANNING: PRINCIPLES, SETTING AND TYPES

Session Objectives

By the end of the session, participants will be able to:

- Identify the principles of family planning counselling
- Describe setting and types of family planning counselling
- Specify main tasks for counselling for (i) new clients with no method in mind, (ii) new clients with a method in mind, (iii) returning clients with no problems or concerns and (iv) returning clients who are experiencing problems or have concerns
- Explain why this is important to involve men while counselling for family planning

Time

60 minutes

Resources/Materials Needed



- PowerPoint presentations (session 3 slides)
- Handbook for all participants already distributed to participants in the packet

Instructions

- Introduce the session by presenting initial slides of session 3.
- Ask participants how counselling helps in family planning and then explain.
- Ask participants, for effective family planning counselling, what key principles need to be followed and then present through slides.
- Ask the difference between individual and group counselling and in what settings, one type is more suited than the other.
- Present general, method specific and follow up counselling types.
- Lead a discussion on how the counselling should be done or what are the key tasks for counselling:
 - (i) New client with no method in mind
 - (ii) New client with a method in mind
 - (iii) Returning client with no problems or concerns
 - (iv) Returning client with problems and/or concerns
- Ask participants why this is important to involve men while counselling for family planning and ensure that the discussion concludes that it is important to counsel men because in India in many families, men are the final decision makers with regard to family planning method and men have special counseling needs.









Day 1: Session 3

Counselling for Family Planning: Principles, Setting and Types

Objectives



- Identify the principles of family planning counselling
- Describe setting and types of family planning counselling
- Specify main tasks for counselling for (i) new clients with no method in mind, (ii) new clients with a method in mind, (iii) returning clients with no problems or concerns and (iv) returning clients who are experiencing problems or have concerns
- Explain why this is important to involve men while counselling for family planning




2

Family Planning Counselling

- Counselling is a process that helps a client to decide if s/he wants to practice family planning
- Counselling helps him/her to choose a method of his/her own choice, which is medically appropriate





3





Principles of Family Planning Counselling

- Maintain privacy
- Ensure confidentiality
- Be non-judgmental
- Use simple, culturally appropriate and easy to understand language
- Use good interpersonal communication skills
- Be brief, simple and specific with key messages
- Encourage the client to ask questions and express any concern
- Use AV aids, anatomic models and contraceptive samples
- Provide feedback, repeat key information
- Always verify what client has understood by having the client repeat the key messages



4

FP Counselling

Group Counselling

- Introduce benefits of FP
- Discuss FP methods
- Discuss how to obtain appropriate methods



Individual Counselling

- Ask client's reproductive health and medical history
- Explain FP methods
- Encourage client to ask questions and choose a method
- Explain the method of client's choice in details
- Ask client to repeat key information
- Schedule a return visit

5

Types of FP Counselling

General Counselling

- Discuss reproductive goals & needs of clients
- General information about benefits of FP and FP methods
- Decision making and method choice begins

Method-specific Counselling

- Decision making and method choice made
- More information on method chosen
- How to use the method, side effects, myths & misconceptions discussed
- When to return for follow-up

Return/Follow-up Counselling

- Ask client experience and satisfaction with the method
- Discuss problems and side effects
- Encourage continuation of the method, unless major problem
- Repeat key instructions and answer questions

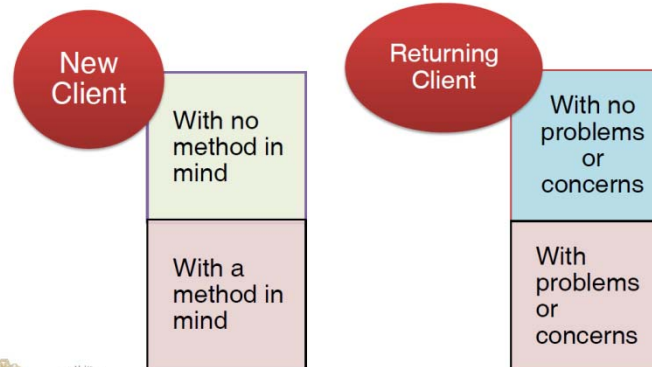


6





Counselling for Different Types of FP Clients



See Chapter 2 of section II of Handbook

7

Counselling and Motivating Men

Why is it important to counsel men on FP or involving men in FP counselling?

- Men are final decision makers in many families
- Men will know how to protect their health, their wives' and children's health
- Men have special counselling needs, as
 - They need to use or support women's use of FP methods
 - They have less information
 - They have serious misconceptions and concerns



8





DAY 1: SESSION 4: TRAINING ACTIVITY

FAMILY PLANNING CHOICES

Session Objectives

By the end of the session, participants will be able to:

- Identify the importance of family planning for improving maternal, newborn and child health
- State briefly how reproduction occurs
- Describe various family planning methods for spacing and limiting pregnancies

Time

1 hour 45 minutes

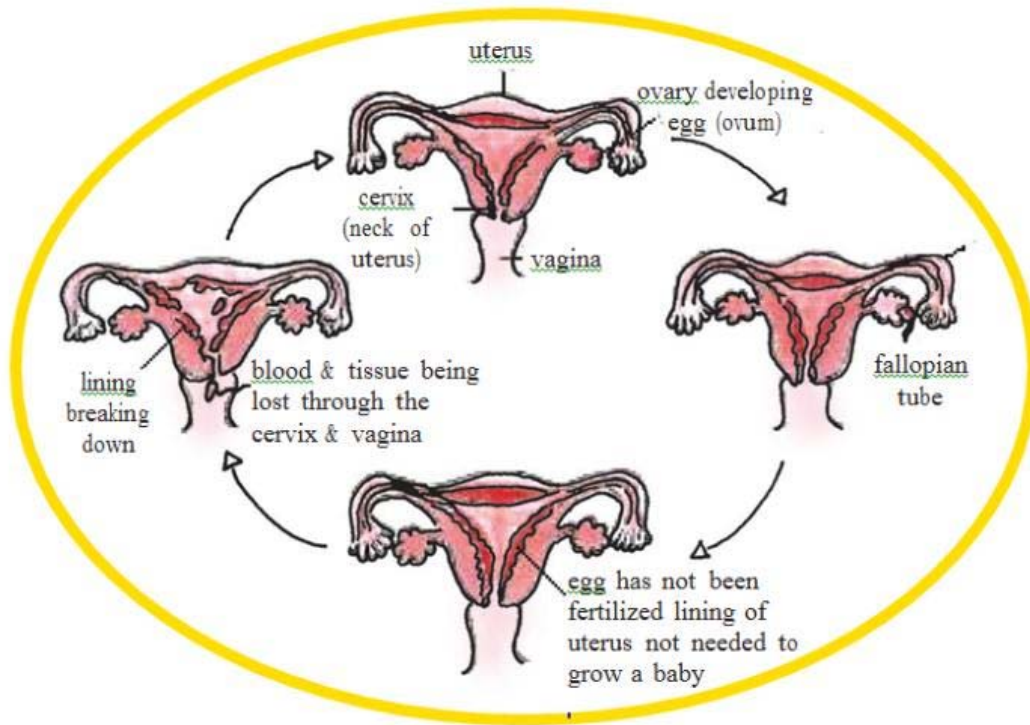
Resources/Materials Needed

- Flipcharts with headings written on them
- PowerPoint presentations (session 4 slides)
- Handbook for all participants already distributed to participants in the packet

Instructions

- Introduce the session by presenting initial slides of session 4.
- Discuss and present the importance of family planning for improving maternal, newborn and child health.
- Describe healthy timing and spacing of pregnancy and its key messages.
- Ask participants why it is important to follow informed choice in providing family planning services to clients and what can be the consequences of not following informed choice in family planning services.
- Explain that to understand how different family planning methods function to prevent pregnancy, it is important to have a brief understanding of menstrual cycle and how reproduction occurs.
- Explain the following through the slides





Menstruation

By the time a girl reaches the age of 10-13 years, a number of changes occur in her body preparing her to meet the complex child birth process.

The normal menstrual cycle has the following characteristics:

- Duration of bleeding: 3-5 days
- Bleeding recurs after : 21-35 days (Counted from the 1st day of the menstruation)
- Flow : Without clots

In a regular 28-day menstrual cycle the mid 10 days (10th-20th day) of the cycle are fertile period during which pregnancy can occur, the first day being the day when the bleeding starts.

A woman can become pregnant as early as at the age of 12-13 years (when her periods begin, which is called menarche), up to 45-55 years, (when period ultimately stops). When period stops, it is called menopause.





How Reproduction Occurs

Females produce “egg” and males produce “sperms” which unite inside the womb of the woman and produce a foetus. This grows into a baby. The sex of the baby is determined by sex chromosomes. A woman’s egg has X chromosome and a man’s sperm has either X or Y chromosome (which we may call girl sperm or boy sperm respectively). At the time of fertilization, the X male chromosome of female egg meets either a girl sperm (X) resulting in a baby girl or a boy sperm (Y) resulting in a baby boy. Neither the man nor the woman can do anything to make sure that either a boy or girl is born – this happens completely by chance depending on whether boy-sperm (Y) or girl-sperm (X) meet with the egg. Hence it is wrong to blame a woman for not giving birth to a baby boy, as is generally done.

	Egg (X)
Sperm (X)	XX Girl
Sperm (Y)	XY Boy

- Show the slide on how one can be reasonably sure a woman is not pregnant. Ask participants to open the annexure given in the handbook, and practice asking these questions with the participant sitting next to her in 10 minutes
- Divide participants in small groups of 3-4 people and ask each group to act as a team.
- Give each group a copy of blank forms (3 charts: Chart 1, 2 and 3 given at the end of this session) as given below and ask them to review the tables on “The important characteristics of the commonly available family planning methods” given in the chapter 4 of the handbook and based on the information given in the tables, complete the blank forms (3 charts given to the small groups) by putting a check mark in the appropriate box.
- Bring participants back together after 40 minutes and ask volunteers to share their answers on following points for each family planning method:
 - Mechanism of action
 - Contraceptive effectiveness
 - Benefits
 - Possible side effects
 - Limitations
 - Who should not use the method?
- Display 3 blank flip charts with headings, as “Methods for delaying the first childbirth”; “Methods for healthy spacing between 2 deliveries” and “Limiting methods” respectively and then ask the large group to suggest methods for each category and write on appropriate flip chart.





Chart 1: Technical Overview of FP Methods (Exercise format for participants)

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column, place a check mark in the appropriate box, indicating the statement is right for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Device (IUCD)	Female Sterilization	Male sterilization
<i>Mechanism of Action</i>						
<ul style="list-style-type: none">Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen						
<ul style="list-style-type: none">Slow sperm movement in the uterus, so sperms cannot meet the eggs						
<ul style="list-style-type: none">Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned						
<ul style="list-style-type: none">Barrier method that physically prevent sperms from uniting with the egg						
<ul style="list-style-type: none">The hormones oestrogen and progesterone suppress ovulation						
<ul style="list-style-type: none">Blocks the fallopian tubes to prevent sperm and egg from uniting						





Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Devices (IUCDs)	Female Sterilization	Male Sterilization
Benefits						
<ul style="list-style-type: none"> Long or short-term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding 						
<ul style="list-style-type: none"> Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic examination is not required before use 						
<ul style="list-style-type: none"> No supplies required, promotes nutritional benefits to infant, no cost to mother, helps mother's uterus return to normal size quicker, does not interfere with sexual intercourse, no systemic side effects 						
<ul style="list-style-type: none"> Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects 						
<ul style="list-style-type: none"> Simple surgery performed on women, permanent procedure, no effect on breast milk production 						
<ul style="list-style-type: none"> Permanent procedure, easier to perform than female sterilization 						





Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Devices (IUCDs)	Female Sterilization	Male Sterilization
Limitations						
<ul style="list-style-type: none"> Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method 						
<ul style="list-style-type: none"> Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method 						
<ul style="list-style-type: none"> Uncommon complications of surgery – infection, bleeding, requires a trained provider and health facility for providing the service, not reversible 						
<ul style="list-style-type: none"> Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke 						
<ul style="list-style-type: none"> Supply must be readily available before intercourse begins, effectiveness depends on correct method of use 						
<ul style="list-style-type: none"> Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully breastfeeding her baby and her menses have not returned 						





Chart 2: Hormonal methods: Who can use the method and who should not use the method (exercise format for participants)

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark in the appropriate column.

Client condition	Oral contraceptive Pills	
	Can use	Should not use
21 years old and newly married wanting an effective contraceptive to delay her pregnancy		
Anaemic		
Immediate postpartum (1 week after delivery), not breastfeeding		
2 month postpartum and using LAM		
8 months postpartum and breastfeeding		
History of blood clots in the legs		
Current pus like discharge from vagina		
Has high blood pressure		
Post abortion		
Menses started 4 days ago		
Using hormonal method and did not have menses this past month		





Chart 3: Copper IUCD (Cu T): Who can use the method (exercise format for participants)

Instructions: Below is a chart listing various conditions which may affect use of the IUCD by clients. For each condition, place a check mark in the appropriate column.

Client condition	IUCD can be inserted	IUCD should not be inserted
Age 18 and has one child.		
Has high blood pressure		
Is breastfeeding		
Post-abortion <ul style="list-style-type: none">▪ 1st trimester▪ 2nd trimester		
Immediately after delivery within 48 hours postpartum		
Postpartum with puerperal infection		
History of ectopic pregnancy		
Current pus like discharge from cervix		
Has heart disease		
HIV positive but clinically well		
On Anti TB Treatment		
Unexplained vaginal bleeding		
Grand multiparity (more than 5 pregnancies)		





Chart 1: Technical Overview of FP Methods (with answers)

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column a check mark has been placed in the appropriate box, indicating the statement is correct for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Devices (IUCDs)	Female Sterilization	Male Sterilization
Mechanism of Action						
<ul style="list-style-type: none"> Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen 						✓
<ul style="list-style-type: none"> Slow sperm movement in the uterus, so sperms cannot meet the eggs 				✓		
<ul style="list-style-type: none"> Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned 		✓				
<ul style="list-style-type: none"> Barrier method that physically prevent sperms from uniting with the egg 	✓					
<ul style="list-style-type: none"> The hormones oestrogen and progesterone suppress ovulation 			✓			
<ul style="list-style-type: none"> Blocks the fallopian tubes to prevent sperm and egg from uniting 					✓	





Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Devices (IUCDs)	Female Sterilization	Male Sterilization
Benefits						
<ul style="list-style-type: none"> Long or short-term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding 				✓		
<ul style="list-style-type: none"> Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic examination is not required before use 			✓			
<ul style="list-style-type: none"> No supplies required, promotes nutritional benefits to infant, no cost to mother, helps mother's uterus return to normal size quicker, does not interfere with sexual intercourse, no systemic side effects 		✓				
<ul style="list-style-type: none"> Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects 	✓					
<ul style="list-style-type: none"> Simple surgery performed on women, permanent procedure, no effect on breast milk production 					✓	
<ul style="list-style-type: none"> Permanent procedure, easier to perform than female sterilization 						✓





Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (OCPs)	Intrauterine Contraceptive Devices (IUCDs)	Female Sterilization	Male Sterilization
Limitations						
<ul style="list-style-type: none"> Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method 						✓
<ul style="list-style-type: none"> Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method 				✓		
<ul style="list-style-type: none"> Uncommon complications of surgery – infection, bleeding, requires a trained provider and health facility for providing the service, not reversible 					✓	
<ul style="list-style-type: none"> Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke 			✓			
<ul style="list-style-type: none"> Supply must be readily available before intercourse begins, effectiveness depends on correct method of use 	✓					
<ul style="list-style-type: none"> Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully breastfeeding her baby and her menses have not returned 		✓				





Chart 2: Hormonal methods: Who can use the method and who should not use the method (with answers)

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark in the appropriate column.

Client condition	Oral contraceptive pills	
	Can use	Should not use
21 years old and newly married wanting an effective contraceptive to delay her pregnancy	✓	
Anaemic	✓	
Immediate postpartum (1 week after delivery), not breastfeeding		✓
2 month postpartum and using LAM		✓
8 months postpartum and breastfeeding	✓	
History of blood clots in the legs		✓
Current pus like discharge from vagina	✓	
Has high blood pressure		✓
Post abortion	✓	
Menses started 4 days ago	✓	
Using hormonal method and did not have menses this past month	✓	





Chart 3: Copper IUCD (Cu T): Who can use the method (with answers)

Instructions: Below is a chart listing various conditions which may affect use of the IUCD by clients. For each condition, place a check mark in the appropriate column.

Client condition	IUCD can be inserted	IUCD should not be inserted
Age 18 and has one child.	✓	
Has high blood pressure	✓	
Is breastfeeding	✓	
Post-abortion <ul style="list-style-type: none">▪ 1st trimester▪ 2nd trimester	✓	
Immediately after delivery within 48 hours postpartum	✓	
Postpartum with puerperal infection		✓
History of ectopic pregnancy	✓	
Current pus like discharge from cervix		✓
Has heart disease	✓	
HIV positive but clinically well	✓	
On Anti TB Treatment	✓	
Unexplained vaginal bleeding		✓
Grand multiparity (more than 5 pregnancies)	✓	









Day 1: Session 4

Family Planning Choices

Objectives



- Identify the importance of family planning for improving maternal, newborn and child health
- State briefly how reproduction occurs
- Describe various family planning methods for spacing and limiting pregnancies



2

Benefits of FP for Mothers

- Reduced risk of complications associated with pregnancies
- Will have more time to take care for her baby
- Will breastfeed longer, longer duration of breastfeeding is linked to reduced risk of breast and ovarian cancer
- May be more rested and well nourished so as to support the next healthy pregnancy
- May have more time for herself, children and family
- More time to prepare for next pregnancy



3





Risks for Mothers if FP is Not Practiced

- Increased risk of pregnancy complications
- Increased risk of miscarriage
- More likely to induce abortion
- At greater risk of maternal death



4

Benefits for the Newborn Child

- More likely to be born strong and healthy
- Breastfed for a longer period, so health and nutritional benefits
- Enhanced mother-baby bonding by breastfeeding, facilitating child's overall development
- Mothers are better able to meet the needs of their newborns



5

Risks for Newborns if FP is Not Practiced

- Newborn and infant deaths are higher
- Greater chance of pre-term low birth weight baby
- If breastfeeding is stopped before 6 months:
 - ✓ the newborn does not experience the health and nutritional benefits of breast milk
 - ✓ diminished mother-baby bonding affecting baby's development



6





Healthy Timing & Spacing of Pregnancy

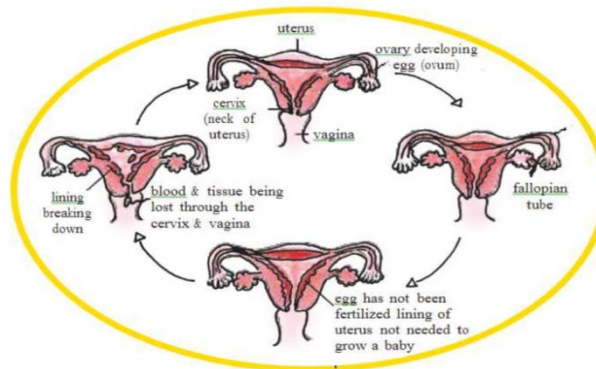
Key Messages:

- **Delay the first pregnancy**
- For spacing after a live birth: The recommended interval before attempting the next pregnancy is at least 24 months
- For pregnancy after an abortion: The recommended interval before attempting the next pregnancy is at least 6 months



7

Menstruation



8

Menstruation

- Duration of bleeding : 3-5 days
- Bleeding recurs after : 21-35 days
- Flow : Without clots
- In a regular 28-day menstrual cycle the mid 10 days (10th-20th day) of the cycle are fertile period during which pregnancy can occur, the first day being the day when the bleeding starts
- A woman can become pregnant from the age of 12-13 (when her periods begin, which is called menarche), up to 45-55 years, (when they ultimately stop). When they stop, it is called menopause



9





How Reproduction Occurs

- All female produce “egg” and male produce “sperms” which unite inside the womb of the woman and produce a foetus. This grows into a baby
- A woman’s egg has X chromosome and a man’s sperm has either X or Y chromosome (which we may call girl sperm or boy sperm respectively)
- If X chromosome of egg meets with X chromosome of sperm – Results in a girl child
- If X chromosome of egg meets with Y chromosome of sperm – Results in a boy child



10

Checklist to be Reasonably Sure a Woman is NOT Pregnant

Ask these 6 questions:

- Did you have a baby less than 6 months ago? If so, are you fully or nearly-fully breastfeeding? Have you had no menstrual bleeding since giving birth?
- Have you abstained from unprotected sex since your last menstrual bleeding or delivery?
- Have you given birth in the last 4 weeks?
- Did your last menstrual bleeding start within the past 7 days (or within 12 days if you plan to use an IUD)
- Have you had a miscarriage or abortion in the past 7 days?
- Have you been using a reliable contraceptive method consistently and correctly?



11

Checklist to be Reasonably Sure a Woman is NOT Pregnant

IF CLIENT ANSWERS THEN

“Yes” to any of the questions and she is free of signs and symptoms of pregnancy

Pregnancy is unlikely

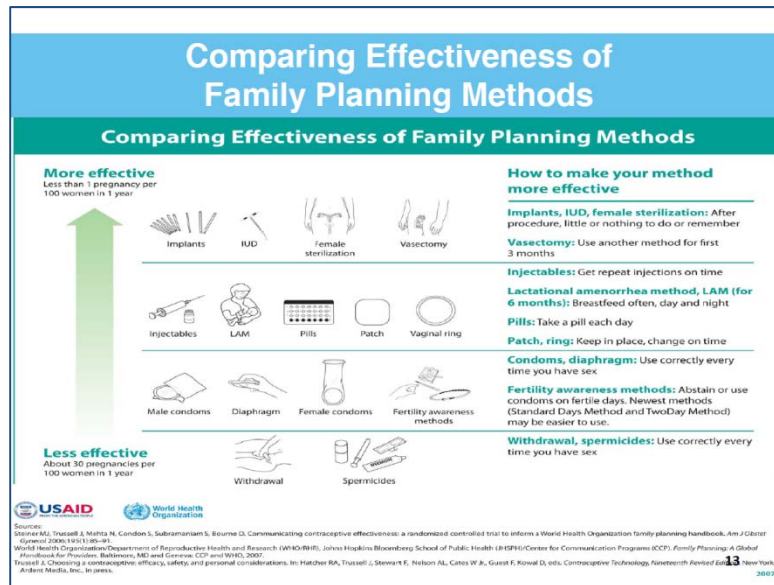
“No” to all of the questions

1. Pregnancy cannot be ruled out
2. Give client a pregnancy test if available
3. Ask her to return when she has her next menstrual bleeding
4. Provide her with a back-up method, such as condoms, to use until then



12





Small Group Exercise to know about FP methods

- Participants will be divided in small groups
- Distribute each group a copy of 3 blank forms (3 charts)
- Participants will open the chapter 4 of Handbook. The table, "Characteristics of various family planning options under National Family Welfare Programme"
- Each group will fill up the blank charts based on information given in table of the Handbook



14

Large Group Discussion for FP Methods

- | | |
|---|---|
| <ul style="list-style-type: none"> • Condom • LAM • OCPs • IUCD • Female Sterilization • Vasectomy • EC Pill | <ul style="list-style-type: none"> • Mechanism of action • Contraceptive effectiveness/Failure Rate • Benefits • Limitations • Who should not use the method |
|---|---|

Refer to chapter 4 table in handbook for the technical details of FP methods



15





FP Methods		
For Delaying the first child	For Healthy spacing between two childbirths	For Limiting future pregnancies
<ul style="list-style-type: none"> • Condoms • OCPs • IUCD • EC pills (not to be used as a routine method) 	<ul style="list-style-type: none"> • Condoms • IUCD • OCPs • LAM (Needs to be followed up by any other method, before completing 6 months after childbirth) 	<ul style="list-style-type: none"> • Female Sterilization • Male sterilization/Vasectomy • IUCD (after completing the total duration, the old IUCD should be replaced by a new one)



16

Where can clients get FP method/services			
Sub Center	PHC	CHC/FRU	District Hospital
Counselling	All services available at Sub-center	All services available at PHC	All services available at CHC/FRU - Daily basis
IUCD insertion	Minilap Sterilization (including postpartum sterilization)- Fixed day/camps	Lap sterilization – Fixed day/camps	
OCPs	NSV- Fixed day/camps	PPIUCD (postpartum IUCD)	
Condoms	Referral	Management of complications	
EC Pills			
Follow up of acceptors			

17





DAY 1: SESSION 5: TRAINING ACTIVITY

COUNSELLING FOR POSTPARTUM FAMILY PLANNING (PPFP) AND POSTPARTUM IUCD (PPIUCD)

Session Objectives

By the end of the session, participants will be able to:

- Understand return to fertility and importance of postpartum and post abortion period for family planning
- Recommend appropriate family planning method and it's safe time for initiation, for postpartum women, considering their breastfeeding status
- Specify logic in form of facts and realities to address common misconceptions about various family planning methods

Time

1 hour 15 minutes

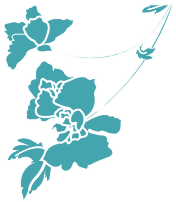
Resources/Materials Needed



- Presentation (Session 5 slides), projector, laptop, screen
- Flipchart papers, stand and markers
- Handbook distributed to participants
- Flipbook distributed to participants
- Handouts for checklists on FP counselling and PPFP counselling

Instructions

- Introduce the session by showing the initial slides of session 5 presentation.
- Explain the time of return to fertility by showing the relevant page of the flip book/slide.
- Ask participants, is it important for postpartum and post-abortion women to use family planning?, Why
- Discuss Timing of Method Use in Postpartum Period by asking participants to open the page in the handbook on “Postpartum Family Planning Method Choices” and see it carefully and then ask when can (condoms/IUCD/female sterilization/male sterilization EC pill/OCPs) be used after delivery.
- Ask participants to state what rumour/misconceptions they have heard for following FP methods:
 - OCPs
 - IUCD
 - Female sterilization
 - Vasectomy
- Ask participants to explain facts and realities to counter and address the common misconceptions and concerns.










Day 1: Session 5

Counselling for Postpartum Family Planning (PPFP) and Postpartum IUCD (PPIUCD)

Objectives

- Understand return to fertility and importance of postpartum and post abortion period for family planning
- Recommend appropriate family planning method and it's safe time for initiation, for postpartum women, considering their breastfeeding status
- Specify logic in form of facts and realities to address common misconceptions about various family planning methods



2

प्रसव के बाद अगला गर्भ ठहरने की संभावना कब होती है?

प्रसव के बाद गर्भधारण की संभावना



केवल स्तनपान करना वाली महिलाएँ



प्रसव के 6 माह बाद

केवल स्तनपान न करना वाली महिलाएँ (जो ऊपरी दूध, घानी, सह्य, सुट्टी आदि देती हैं)



प्रसव के 6 हफ्ते बाद

स्तनपान नहीं करना वाली महिलाएँ



प्रसव के 4 हफ्ते बाद

जिन महिलाओं का गर्भपात हुआ है

गर्भपात



गर्भपात के 11 दिनों बाद

प्रसव के बाद माहवारी आना शुरू होने से पहले ही गर्भ ठहर सकता है








Importance of Postpartum and Postabortion Family Planning

- High unmet need for family planning in postpartum period
- Women are most receptive in these 2 periods
- Women come in contact with the health facilities and providers
- Inadequate spacing between two pregnancies result in poor maternal and neonatal health outcomes

4

प्रसव के बाद परिवार नियोजन की विभिन्न विधियों को शुरू करने का सुरक्षित समय

प्रसव के बाद कौन सी परिवार नियोजन विधि कब शुरू की जा सकती है

परिवार नियोजन विधि		सुरक्षित समय	अधिक प्रभावशीलता
कोण-ही सख्त नहीं है, ली की	• अगस्त के दिनों के तुरन्त बाद • प्रसव के 48 घंटे के अन्दर • प्रसव के 6 सप्ताह बाद	अधिक प्रभावशीलता	
अधिकांश जलवायु	• प्रसव के 7 दिनों के अन्दर • प्रसव के 6 सप्ताह बाद		
पुरुष जलवायु	किसी भी समय करवाई जा सकती है, यहाँ तक कि पानी की गर्मीकरण के दौरान भी करवाई जा सकती है		
परिवार नियोजन करने वाली महिला		अधिक प्रभावशीलता	
परिवार नियोजन द्वारा रोज़ विधि	प्रसव के तुरन्त बाद	प्रसव के 3 सप्ताह बाद	
कन्याश्रम मरिचिकीयन विधि	प्रसव के 6 सप्ताह बाद	प्रसव के 3 सप्ताह बाद	
केवल पोस्टिडिन करने वाली	प्रसव के 6 सप्ताह बाद	प्रसव के तुरन्त बाद	
केवल पोस्टिडिन करने वाले पुनर्गमन (विशेषज्ञों या बिना-उपचार)	प्रसव के 6 सप्ताह बाद	प्रसव के तुरन्त बाद	
परिवार नियोजन करने वाली महिला		अधिक प्रभावशीलता	
कोई	जब भी रोज़ संभव हो		

5

Common Misconceptions about Contraceptive Methods

Refer to chapter 6 of Handbook

6





Common Misconceptions about OCPs

- I need to take the pill when I sleep with my husband
- I will face difficulty in getting pregnant again if I use OCPs for long
- Pills will make me weak
- The pill is dangerous and causes cancer
- Pill will cause the birth of twins or triplets in next pregnancy



7

Common Misconceptions about Condoms

- If a condom slips off during sexual intercourse, it might get lost inside woman's body
- There is too much danger of condoms breaking or tearing during intercourse
- Two condoms used together give better protection



8

Common Misconceptions about IUCD

- Thread can trap the penis during intercourse
- A woman with IUCD cannot do heavy work
- The IUCD might travel inside a woman's body to her heart or her brain
- Causes pregnancy outside the uterus
- Causes cancer or rotting of the uterus



9





Common Misconceptions about Female Sterilization

- Woman after sterilization loses desire for having sex
- Woman becomes sick and unable to do heavy work
- Needs for hospitalization for few days
- Shortens the life span of woman and may cause early menopause
- Makes the woman fat or obese



10

Common Misconceptions about Male Sterilization

- Vasectomy is same as castration
- Man will not enjoy sex or will not be able to perform sexual activity
- Man will become weak
- Scrotum will burst with sperms



11





DAY 1: SESSION 6: TRAINING ACTIVITY

WRAP-UP OF THE DAY AND HOME ASSIGNMENT

Session Objectives

By the end of the session, participants will be able to:

- Receive the checklists for PPFP/PPIUCD counselling
- Summarize key take home messages from each session of the day

Time

15 minutes

Resources/Materials Needed

- Handouts for checklists on PPFP/PPIUCD counselling

Instructions

- Ask participants to do the following home work in their leisure time in the evening.
- Explain that the checklists are the list of key steps that need to be done for an effective PPFP/PPIUCD counselling. If a counsellor does all the steps of these checklists, his/her counselling will be considered of good quality.
- Provide instructions for home assignment: Read the steps given in the checklists and identify, What is/are the step/s written in the checklist, that are for G: Greet; What are the steps for A: Ask; Steps for T: Tell; Steps for H: Help; Steps for E: Explain and Steps for R: Return? They can mark against each step – G or A or T.....
- Take the agenda and ask participants to speak one by one 2 key things that they have learned for each session. Specify, if any important key take home message is missed by participants.





CHECKLIST 1: FAMILY PLANNING COUNSELLING

(To be used for practicing and assessment of the FP counselling skill)

This checklist is for counselling woman/couple at any time on various methods of family

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ Date Observed _____

CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
PREPARATION FOR COUNSELLING					
1. Ensures room/counselling corner is well lit and there is availability of chairs and table.					
2. Prepares equipment and supplies.					
3. Ensures availability of writing materials (eg., client file, daily activity register, follow-up cards, FP job-aids, client education material, flip book).					
4. Ensures privacy.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
GENERAL COUNSELLING SKILLS					
5. Greets the woman with respect and kindness. Introduces self.					
6. Confirms woman's name, address and obtains other required information.					
7. Offers the woman a place to sit. Ensures her comfort.					
8. Asks the woman the purpose of her visit. Reassures the woman that the information in the counselling session will be confidential.					
9. Tells the woman what is going to be done and encourages her to ask questions. Responds to the woman's questions/concerns.					
10. Asks the woman does she want more children.					
11. Uses body language to show interest in and concern for the woman.					
12. Asks questions appropriately and with respect. Elicits more than “yes” and “no” answers.					
13. Uses language that the woman can understand.					
14. Appropriately uses visual aids, such as posters, flipbook, drawings, samples of methods and anatomic models.					
15. Discusses the health benefits to mother and baby of waiting at least two years after the birth of her last baby before she tries to conceive again.					





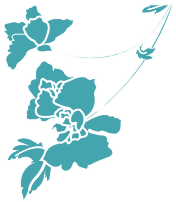
CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
SPECIFIC FAMILY PLANNING COUNSELLING					
16. Asks the woman if she has a method in mind or has she used a contraceptive in the past.					
17. Did she have any problems with that method or does she have any questions or concerns about that method?					
18. Discuss with the woman the benefits of healthy timing and spacing of pregnancy.					
19. Ask the woman if her husband will contribute by using family planning method such as condoms					
20. Asks the woman if she is currently breastfeeding.					
21. Is she practising LAM, having amenorrhoea and baby <6 months					
22. Ask the woman when the first day of her last menses was and are her periods regular					
23. Asks the woman if she has any history of medical problems ((irregular vaginal bleeding, unusual vaginal discharge-, pelvic pain TB, seizures-convulsions , irregular vaginal bleeding, liver disease, unusual vaginal discharge and pelvic pain, clotting disorder, breast or genital cancer).).					
24. Assesses the woman's risk for STIs and HIV/AIDS, as appropriate.					
25. Briefly provides general information about each contraceptive method that is appropriate for that woman based on her responses to questions 16-24: <ul style="list-style-type: none"> How to use the method Effectiveness Common side effects Need for protection against STIs including HIV/AIDS 					
26. Clarifies any misinformation the woman may have about family planning methods.					
27. Asks which method interests the woman. Helps the woman choose a method.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
METHOD-SPECIFIC COUNSELLING – once the woman has chosen a method					
28. Performs a physical assessment that is appropriate for the method chosen, if indicated, refers the woman for evaluation. (BP for hormonal methods, pelvic examination for IUCD and female sterilization)					
29. Ensures there are no medical conditions that are category 3 or 4 and contraindicate the use of the chosen method. <ul style="list-style-type: none"> If necessary, helps the woman to find a more suitable method 					
30. Tells the woman about the family planning method she has chosen:					





CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
<ul style="list-style-type: none"> Type How to take/use it, and what to do if she is late/forgets taking her method How does it work Effectiveness Advantages and non-contraceptive benefits Disadvantages Common side effects Danger signs and where to go if she experiences any 					
31. Provides the method of choice if available or refers woman to the nearest health facility where it is available.					
32. Asks the woman to repeat the instructions about her chosen method of contraception: <ul style="list-style-type: none"> How to use the method of contraception Side effects When to return to the health facility 					
33. Educates the woman about prevention of STIs and HIV/AIDS. Provides her with condoms if she is at risk and counsels her to take treatment with her partner.					
34. Asks if the woman has any questions or concerns. Listens attentively, addresses her questions and concerns.					
35. Schedules the follow-up visit. Encourages the woman to return to the health facility at any time if necessary.					
36. Records the relevant information in the woman's chart.					
37. Thanks the woman politely, says goodbye and encourages her to return to the clinic if she has any questions or concerns.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FOLLOW-UP COUNSELLING					
1. Greets the woman with respect and kindness. Introduces self.					
2. Confirms the woman's name, address and obtains other required information.					
3. Asks the woman the purpose of her visit.					
4. Reviews her record/chart.					
5. Checks whether the woman is satisfied with her family planning method and is still using it. Asks if she has any questions, concerns, or problems with the method.					
6. Explores changes in the woman's health status or lifestyle that may mean she needs a different family planning method.					
7. Reassures the woman about side effects she is having and refers them for treatment if necessary.					





CHECKLIST FOR FAMILY PLANNING COUNSELLING (Some of the following steps/tasks should be performed simultaneously)					
STEP/TASK	CASES				
8. Asks the woman if she has any questions. Listens to her attentively and responds to her questions or concerns.					
9. Refers to the doctor for any physical examination if necessary.					
10. Provides the woman with her contraceptive method (e.g. the pill, condoms, etc.).					
11. Schedules return visit as necessary and tells her. Thanks her politely and says goodbye. ▪ Records information in her chart					





CHECKLIST 2: POSTPARTUM FP (PPFP)/POSTPARTUM IUCD (PPIUCD) COUNSELLING

(To be used for practicing and assessment of the PPFP/PPIUCD counselling skill)

This checklist is for counselling a woman who has come for ANC check-up or in early labour or just delivered, for postpartum family planning. After getting information on all the methods of family planning, if the woman shows interest in IUCD (CuT), she should be counselled on PPIUCD according to the steps given in this checklist

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ **Date Observed** _____

COUNSELLING ON PPFP/ PPIUCD				
STEP/TASK	ASSESSMENT			COMMENTS
GREET – Establish a good rapport and initiate counselling on PPFP				
1. Establish a supportive, trusting relationship. Show respect for the client and help her feel at ease.				
2. Allow the client to explain her needs and concerns and listen to her.				
3. Involve client’s family members-husband or important family member during the counselling session with her consent.				
ASK – Determine reproductive goals and use of other contraception				
4. Ask about any previous experiences with family planning method; regarding any problems and reasons for discontinuing; her knowledge about the return of fertility and the benefits of spacing pregnancies.				
5. Assess her knowledge about the return of fertility and the benefits of spacing pregnancies.				
6. Assess partner’s/family’s attitude about family planning.				
7. Ask about her reproductive goals.				
8. Ask about her need for protection against STIs. Explain and support condom use, as a method of dual protection.				
9. Ask whether she is interested in a particular family planning method.				





COUNSELLING ON PPFP/ PPIUCD				
STEP/TASK	ASSESSMENT		COMMENTS	
TELL – Provide the client with information about the postpartum family planning methods				
10. Provide general information about benefits of spacing births. <ul style="list-style-type: none">Advise that to ensure her health and the health of her baby (and family) she should wait at least two years after this birth before trying to get pregnant again.Advise about the return of fertility postpartum and the risk of pregnancy.Advise how LAM and breastfeeding are different.Provide information about the health, social and economic benefits of spacing births.				
11. Provide information about birth spacing methods. <ul style="list-style-type: none">Based on client's prior knowledge and interest, briefly explain the benefits, limitations and use of the following methods: LAM, Condoms,PPIUCD, NSV, and Postpartum Female Sterilization.Show the methods (using poster or wall chart) and allow the client to touch or feel the items, including IUCD, using a contraceptive tray and models.Correct any misconceptions about family planning methods.				
HELP – Assist the client to arrive at a choice or give her additional information that she might need to make a decision				
12. Help the client to choose a method by giving her any additional information that she may need and answer her questions.				
13. Support the client's choice and tell her what the next steps will be for providing her with her choice.				
EVALUATE AND EXPLAIN – Determine if she can safely use the method, and provide key information about how to use the method (focus on PPIUCD)				
14. Evaluate the client's health and determine if she can safely use the method by asking about her medical and reproductive history. Refer to Chapter 5: Medical Eligibility Criteria and Client Assessment in the reference manual for details.				
15. Discuss key information about the PPIUCD with the client. <ul style="list-style-type: none">Effectiveness: prevents almost 100% of pregnancies.How does the IUCD prevent pregnancy: causes a chemical change that damages the motility of the sperm. So sperm does not meet the egg.How long does the IUCD prevent pregnancy: can be used as long as the woman wants, even upto 10 years (if Cu T 380 A).The IUCD can be removed at any time by a trained provider if the woman wants it and fertility will return immediately.				





COUNSELLING ON PPFP/ PPIUCD				
STEP/TASK	ASSESSMENT			COMMENTS
16. Discuss the following advantages of the PPIUCD: <ul style="list-style-type: none"> Immediate and simple placement immediately after delivery. No further action required by the client. Immediate return of fertility on removal. Does not affect breastfeeding. Long acting and reversible: can be used to prevent pregnancy for a short time or as long as ten years. 				
17. Discuss the following limitations of the PPIUCD. <ul style="list-style-type: none"> Heavier and more painful menses especially first few cycles. May not be noticed by the client after PPIUCD insertion because these are masked by normal bleeding and pain after delivery. Does not protect against STIs, including HIV/AIDS. Higher risk of expulsion when inserted postpartum. 				
18. Discuss the following warning signs and explains that she should return to the health facility as soon as possible if she has any of the following: <ul style="list-style-type: none"> Foul smelling vaginal discharge different from the usual lochia. Lower abdominal pain, especially if accompanied by not feeling well, fever or chills, especially during the first 20 days after insertion. Has a doubt that she might be pregnant. Has a doubt that the IUCD may have fallen out. 				
19. Check that the woman understands the key information by asking questions or asking her to repeat key information.				
RETURN – Plan for next steps and for when she will arrive to hospital for delivery				
20. Plan for next steps. <ul style="list-style-type: none"> If client cannot arrive at a conclusion on this visit, ask her to plan for a discussion with her husband/family and come for a follow-up discussion on her next visit. Note key points in the client's record card about her postpartum contraceptive choice or which method interests her. Provide information to her about when to come back to the facility. 				





DAY 2: SESSION 1: TRAINING ACTIVITY

REVIEW OF DAY 1

Session Objectives

By the end of the session, participants will be able to:

1. Recapitulate the key messages discussed in day 1, which are important for effective counselling, family planning and PPFP/ PPIUCD counselling

Time

15 minutes

Resources/Materials Needed

Chits of paper, each containing a topic from session 2 to session 5 of day 1

Instructions

1. Start the session with some warm up activity.
2. After warm up, state that this starting session of the day 2 is an opportunity to review important learning dealt on previous day and which we need to remember so that each of us can get the most out of the course and previous day's experiences.
3. Ask each participant to pick up 1 or 2 chits depending on the no. of participants and then one by one, all participants will read out the topic written in their chits and share key messages related to the topics. If a participant gives some wrong message or forgets any important information, ask other participants to raise their hands, who want to complete and give chance to a participant to give the correct and complete information. For good and complete responses, acknowledge participants.





DAY 2: SESSION 2: TRAINING ACTIVITY

DEMONSTRATION OF FP/ PPFP/ PPIUCD COUNSELLING

Session Objective

By the end of the session, participants will be able to:

- Specify tasks for counselling women on family planning, postpartum family planning and post-partum IUCD if she chooses IUCD as FP method in the postpartum period after observing the counselling skills demonstrated by trainer.

Time

45 minutes

Resources/Materials Needed

- Role play situations
- Counselling flip book
- Counselling kit
- Client card
- All methods stamp
- Counselling register
- Posters (All methods, client rights, PPIUCD)
- Counselling checklists

Instructions

1. Read out case for **role play # 1**.

Case for role-play #1: Madhu has come to ANC OPD, she is 4 months pregnant. She has two children 3 year old daughter and 1 year old son. She did not want more children but became pregnant, as she was not using any FP method thinking that she will not be pregnant as long as she breastfeeds her son. She is counseled for healthy spacing and family planning.

- a) Ask the participants to observe the role-play conducted by 2 trainers (one becomes client and the other one becomes counsellor), using the checklist
- b) After the role-play, ask the following questions:
 - Did the counsellor effectively use “GATHER”? Why or why not?
 - Tell from checklist, what was done effectively and what was not done.
 - What worked? What did not?
 - What are some other ways to have counseled the client effectively?

2. Read out case for **role-play # 2**.

Case for role-play #2: Rani has come in early labour, with her husband and mother in law. This is going to be her first baby. She is not a booked case and so could not be counselled







during antenatal period. Her contractions are weak and she is comfortable between contractions. She is counselled for PPFP and she chooses IUCD, then she is counselled for PPIUCD.

- a) Ask the participants to volunteer to do the role play and others will observe the role-play conducted by 2 volunteers (one becomes client and the other one becomes counsellor), using the checklist
- b) Give 10 minutes time for volunteers to prepare for doing the role-play following the checklist and others should go through the checklist to internalize the steps for effective PPFP/PPIUCD counselling.
- c) After the role-play, ask the following questions:
 - Did the counsellor effectively use “GATHER”? Why or why not?
 - Tell from checklist, what was done effectively and what was not done.
 - What did you think about the PPFP and PPIUCD counselling that was provided? What worked? What did not?
 - What are some other ways to have counselled the client effectively?
 - Did the counsellor provide method specific counselling on PPIUCD effectively? Why or why not?









Day 2: Session 2

Demonstration of FP/PPFP/PPIUCD Counselling

Objectives



- Specify tasks for counselling women on family planning, postpartum family planning and post-partum IUCD if she chooses IUCD as FP method in the postpartum period, after observing the counselling skills demonstrated by trainer.



2

Role-Play # 1

- Madhu has come to ANC OPD, she is 4 months pregnant. She has two children - 3 year old daughter and 1 year old son. She did not want more children but became pregnant, as she was not using any FP method thinking that she will not be pregnant as long as she breastfeeds her son. She is getting counseled for healthy spacing and family planning



3





Questions after Role-Play # 1

- Did the counsellor effectively use “GATHER”? Why or why not?
- Tell from checklist, what was done effectively and what was not done.
- What worked? What did not?
- What are some other ways to have counseled the client effectively?



4

Role-Play # 2

- Rani has come in early labour, with her husband and mother in law. This is going to be her first baby. She is not a booked case and so could not be counselled during antenatal period. Her contractions are weak and she is comfortable between contractions. She is counselled for PPFP and she chooses IUCD, then she is counselled for PPIUCD.



5

Questions after Role-Play # 2

- Did the counsellor effectively use “GATHER”? Why or why not?
- Tell from checklist, what was done effectively and what was not done.
- What did you think about the PPFP and PPIUCD counselling that was provided? What worked? What did not?
- What are some other ways to have counselled the client effectively?
- Did the counsellor provide method specific counselling on PPIUCD effectively? Why or why not?



6





DAY 2: SESSION 3: TRAINING ACTIVITY

PRACTICE OF PPFP, PPIUCD AND POST ABORTION COUNSELLING

Session Objective

By the end of the session, participants will be able to:

- Perform key standard steps for effective PPFP, PPIUCD and post abortion counselling

Time

45 minutes

Resources/Materials Needed

- Role play situations
- Counselling flip book
- Counselling kit
- Client card
- All methods stamp
- Counselling register
- Posters (All methods, client rights, PPIUCD)
- Counselling checklists

Instructions



- Divide participants in small groups of 4 participants and ask them to practice PPFP/ PPIUCD /post abortion counselling. Each participant will practice these counselling through role-play using all visual job-aids and the other 2 members in the small group will observe the role-play and provide feedback using checklists. Roles in the small group should be changed so that each of 4 participants can get chance to enact as counsellor.
- Ask participants to practice well in this small group work, so that in the next session they can counsel real clients in ANC OPD, early labour and post natal ward.

Role Play Case Studies

1. A 35 year-old woman with three children who has just delivered her fourth child and does not want any more children. She is not willing for tubectomy (female sterilization). Firstly do PPFP counselling with her and then when she agrees for IUCD, counsel on PPIUCD.
2. A 20 year-old woman who is fully nursing a four week-old baby, wants to know how she can keep a gap of 2-3 years for the next pregnancy. Counsel her on FP, ensure that she knows about all methods available, which she can use.
3. A 22 year-old woman has a 1 year old child and has come to the facility for registering for ANC, as she is pregnant again. Counsel her on healthy spacing between pregnancies and PPFP.
4. Reema 28 years old, has 3 children. She comes with complaints of 3 months pregnancy with spontaneous pain and bleeding PV. On examination it was diagnosed as complete abortion. Counsel her on healthy spacing of pregnancies after abortion and then on post abortion family planning.









Day 2: Session 3

Practice of PPFP/PPIUCD and Post-abortion Counselling

Objective



- Perform key standard steps for effective PPFP, PPIUCD and post abortion counselling



2

Role-Plays in Small Groups

- Participants will be divided in small groups of 4 members to practice PPFP/ PPIUCD/post abortion counselling
- Four role-play situations will be given to small groups.
- Each participant will practice these counselling through role-play using all visual job-aids. The second participant in the group will be client and the other 2 members in the small group will observe the role-play and provide feedback using checklists



3





DAY 2: SESSION 4: TRAINING ACTIVITY

PRACTICE OF PPFP/PPIUCD COUNSELLING FOR WOMAN IN THE ANC OPD, EARLY LABOUR AND POST-NATAL WARD

Session Objective

By the end of the session, participants will be able to:

- Perform standard PPFP/ PPIUCD counselling to clients in hospital

Time

2 hour 30 minutes

Resources/Materials Needed

- Counselling flip book
- Counselling kit
- Client card
- All methods stamp
- Counselling checklists
- Arrangements for participants visit to the hospital ANC OPD, early labour and post natal ward

Instructions

- In consultation with the point person of the hospital (clinical site to be visited), divide participants into groups and assign one group facilitator (select group facilitators from the trainers, co-trainers and the hospital staff) for each group.
- Decide which group will go where in the first hour and then where in the second hour, so that each group gets chances of counselling women in ANC or early labour and post natal ward.
- Ask participants to be with the group and not to visit any other room or place of the hospital, which is not assigned for them and not to touch any hospital item without permission.
- Let the participants in the small group take turns to counsel different women using job-aids under supervision of group-facilitator.
- If any woman chooses a FP method or PPIUCD after counselling, please inform the concerned staff of the hospital, so that the staff notes down and make the services available to the woman.
- Provide feedback to participants (based on checklists), but not in front of clients. Appreciate for the tasks done well and demonstrate how improvements can be done in their counseling.
- Thank the concerned person of the hospital for allowing participants to do the counseling.





DAY 2: SESSION 5: TRAINING ACTIVITY

ORIENTATION TO DOCUMENTATION OF SERVICES

Session Objectives

By the end of the session, participants will be able to:

- Recapitulate RMNCH counsellors roles and responsibilities in enhancing PPFP/ PPIUCD and post-abortion FP use by the clients and their follow up
- Understand record keeping and reporting for PPFP/PPIUCD

Time

1 hour 30 minutes

Resources/Materials Needed

- RMNCH handbook already distributed to participants in the packet
- Flipchart, stand and markers
- Sample PPFP/PPIUCD insertion and follow up registers and reporting formats

Instructions

- Ask participants to speak out one by one the role or responsibility of the counsellor at their work-site. Each participant should mention at least one role.
- Note down their responses on the flip chart and if some roles are repeated, write them only once.
- Ask participants to open the RMNCH handbook and match what is listed as roles and responsibilities with regard to family planning in the manual, with the collated responses noted on the flipchart.
- Point out, what all have been covered by the participants and what they have left out.
- Show the PPIUCD insertion register, PPIUCD follow up register and the monthly reporting formats to the participants.
- Explain how the columns of the registers should be filled and the importance of taking contact no. of the clients and other information.
- Ask them how RMNCH counsellor will collect data for preparation of the monthly report by going through the items in the reporting format one by one.
- Share them how RMNCH counsellors will keep their individual daily work registers (diary) and how they can track outcome (whether woman adopted PPFP or PPIUCD) of their counseling.
- Explain that RMNCH counsellors should also provide on-job orientation to the ANMs/nursing staff on duties with them on providing counseling.
- Share the sample of a day schedule for RMNCH counsellor, so that almost all potential clients for PPFP and PPIUCD receive the counselling. State that the sample day-schedule is





just a suggestion. Final schedule should be prepared by the supervisor and the RMNCH counsellor including post abortion counselling and other work as well. The help of other nursing staff should be sought to cover all clients for counseling.

Sample of a Day-Schedule for PPFP/PPIUCD Counselling

Time	Place	Tasks	Comments
8 AM -12:00 noon	Antenatal OPD	Earmarking clients by number of ANC visits - Those attending for the first time need to be targeted first and if possible can be sensitized by way of group counselling. Those coming for their 2nd/3rd visits, can be addressed individually and make a plan to follow them up during subsequent visits till admission for delivery. Help of other trained staff in PPFP counselling can be taken to counsel women who have already attended 3 or more times.	In case client agrees, a plan for PPIUCD insertion should be made and shared with the client and the nodal person/supervisor should be briefed at the end of each day and regular entries should be made in their counselling registers.
12:00-12:15 pm	Tea break		
12:15 – 1:30 pm	Labour Room & Waiting room for cesarean sections	Counsel women who are in early labour and follow-up on women who have been counselled and agreed during ANC visits and ensure that providers are available and aware that insertions needs to be done.	Ensure that client details and documentation with regard to the insertion is complete and post-insertion counselling has been done prior to discharge
2:00 – 2:30 pm	Postpartum Ward	Counsel women who have delivered in the last night and during the morning hours and are mainly un-booked cases. Help of the S/Ns on duty should be taken and client comfort and privacy should be ensured.	
3:30 – 4:00 pm	Labour Room and due-list preparation for evening shift	Prepare a list of all clients who have been successfully counseled in Labour room/OT/PP ward and are willing and this list should be shared with providers on duty during the eve/night shift and a copy should be brought to the notice of the Sister incharge of the LR, OT & PP Ward.	
4:00 – 4:30 pm	Telephonic follow up/report preparation	The follow-up due list and monthly reports should be prepared once per 15 days. Telephonic follow-up of clients should be conducted twice weekly as per the prepared due-list. Time during remaining 4 days should be divided in other work as suggested by the supervisor	





DAY 2: SESSION 6 AND 7: TRAINING ACTIVITY

POST-TRAINING FP KNOWLEDGE AND COUNSELLING SKILLS ASSESSMENT AND POST TRAINING ASSESSMENT RESULTS AND CLARIFICATION OF DOUBTS

Session Objectives

- Participants will participate in the assessment of knowledge and skills to indicate the gain through training
- Sharing of the outcome-analysis of pre and post knowledge assessment and assessment of skills
- Discussion of questions of pre and post-test with correct answers, clarification of doubts.

Time

- Session 6: Post-training FP knowledge assessment and counselling skills assessment on peers: 1 hour
- Session 7: Sharing pre and post training FP knowledge assessment result-analysis and clarification of doubts: 10 min

Resources/Materials Needed

- Copies of post-test questionnaire for all participants
- FP questionnaire answer key
- Counselling checklists for trainers for assessing skills of participants
- Filled Result analysis format

Instructions

- Explain to the participants that the same questions will be given to the participants, which was given at the beginning of the training to assess the gain in knowledge of participants on FP, which will indicate how successful the training is in transferring the knowledge to participants.

Note for trainers: The pre/post-test questionnaire and the answer-key are given at the end of session 1 (Introductory Session) of day 1 in this Facilitators' Guide.

- Ask participants to complete the post-training questionnaire in 15 minutes.
- Then divide participants into groups as many as no. of the facilitators. Assign one facilitator for each group. Now the facilitator of the group will assess the counselling skills of individual participants in the group by using the checklists. For assessing the counselling skills of one participant, the facilitator can become the client or ask another participant to become client.





- One facilitator should score the post-training tests and do the analysis of pre and post-tests in the following manner and share the analysis with participants:
 - Highest scores in pretest; Highest scores in post-test
 - Lowest scores in pre-test; Lowest scores in post-test
 - How many scored:

Scores	How many scored in pre-test	How many scored in post-test	How many scored in post-training skill assessment
100-90%			
80-89%			
70-79%			
60-69%			
Below 60%			

(Note for TRAINERS: Remember that the accepted level in post-test is 80%. Those who received below 80% should be called for one-to-one discussion of his/her paper and if needed, s/he should be given a second chance for post-test in extra-time. The objective is that all participants should have minimum 80% scores in knowledge test after the training)

- Do the question-wise analysis of the answers. If some questions are found for which many participants have given wrong answers, discuss the questions in the large group and ensure that everyone has understood the question/s and correct answer/s.
- If needed, discuss all the questions and correct answers. Ask participants to share the queries or doubts that they have in mind and address those doubts and clarify the queries.
- Appreciate participants for their gain in knowledge and counselling skills on FP.





DAY 2: SESSION 8: TRAINING ACTIVITY

WRAP-UP AND KEY TAKE HOME MESSAGES ON POSTPARTUM AND POST-ABORTION FP COUNSELLING

Session Objective

By the end of the session, participants will be able to:

- Recapitulate the key take home messages of the day

Time

10 minutes

Resources/Materials Needed

- Agenda of the day 2
- Flip chart, stand and markers

Instructions

- Open the agenda of the day 2 and for each session covered in the day, ask participants to recap the key messages that they have learnt from the session. Ensure that all take home messages are summarized.
- If participants have any question related to topics covered in the day, answer their questions or encourage other participants to answer the queries.
- Ask participants that someone should volunteer to do the recap of day 2 on the next day in a participatory manner. If required, facilitator can guide the volunteer and give some idea to do the recap in a participatory game.





DAY 3: SESSION 1: TRAINING ACTIVITY

RECAP OF DAY 2 AND WARM-UP PRE-TRAINING KNOWLEDGE ASSESSMENT

Session Objectives

By the end of the session, participants will be able to:

1. Recapitulate the key messages and skills discussed and use of job-aids, which are important for FP, PPFP/PPIUCD and post-abortion counselling
2. Participate in knowledge assessment on maternal and newborn health

Time

30 minutes

Resources/Materials Needed

- Day's agenda made on the flipchart paper and posted on the wall
- Copies of the pre-test on MNH (Maternal and newborn health) for participants (Pre-test/Post-test questionnaire attached with this training activity)

Instructions



- Ask the volunteered participant to conduct a warm up exercise and recap of day 2 sessions. If the participant is not able to conduct the recap in an effective way, the trainer should intervene and support the participant to facilitate the recap by eliciting active participation of participants.
- Distribute the pre-test questionnaire on MNH knowledge assessment (questionnaire for participants and the answer key are given at the end of this session).
- State that today (day 3), we will learn what actions should be taken by the woman/family to ensure that woman remains healthy during pregnancy, childbirth and after birth and the newborn baby also stays healthy and thrives.
- Ask participants why RMNCH counsellors should learn about these key actions or behaviors. Ensure that the right response, “so that counsellors can counsel women to follow these actions or adopt these behaviors”.



7. Every pregnant woman and her family should have a birth preparedness and complication readiness plan containing place of delivery, place in case of complication, arrangements for support person, transport, cost, possible blood donor, made in advance.
 - a. True OR b. False
8. A woman should wait for 6 months after an abortion before trying for next pregnancy
 - a. True OR b. False
9. Bleeding (fresh blood) after delivery is not a danger sign.
 - a. True OR b. False
10. Please circle true or false for each statement:
 - a. Newborn should be breastfed after 1 hour of birth. True/False
 - b. Newborn should not be bathed on first day. True/False
 - c. The baby should be kept close to mother's chest and abdomen. True/False
 - d. The cord of the newborn should be cleaned with water daily. True/False

9. Bleeding (fresh blood) after delivery is a not danger sign.







Day 3: Session 1

Counselling for Maternal and Newborn Health

Objectives

- Recapitulate the key messages and skills discussed and use of job-aids, which are important for FP, PPFP/PPIUCD and post-abortion counselling
- Participate in knowledge assessment on maternal and newborn health



2





DAY 3: SESSION 2: TRAINING ACTIVITY

GENERAL CARE DURING PREGNANCY

Session Objectives

By the end of the session, participants will be able to:

- Prioritize the most important information that needs to be communicated to women and other family members for care of woman during pregnancy.

Time

45 minutes

Resources/Materials Needed

- RMNCH Handbook
- Flipchart and markers
- PowerPoint presentation, LCD projector, laptop and screen

Instructions

- Start the session by asking what care a pregnant woman needs. Show the slide.
- State that it is as important to talk to families and partners as it is to talk to women about self-care during pregnancy because they play an essential role in support and care of the pregnant woman and are often the key decision-makers.
- Explain that the key messages for care of women during pregnancy are perhaps the most suitable topic for group discussions, when women wait for ANC check-up. This is because the topic does not have to be personalized as it is not about specific situations or individuals. As well as discussing general care issues with groups of pregnant women and their family members encourage them to discuss these issues among themselves. By sharing their experiences women can support each other in identifying feasible solutions to problems they face. It is also a source of comfort to hear that other women have been through similar experiences.
- State that having educational material or images for women on these messages are helpful to help women to remember the messages.
- Elicit from participants what they know about Antenatal check-up, minimal package offered during ANC at the hospital/health center, registration of pregnant woman, IFA supplementation, immunization (TT), advice for rest and nutrition, Mother and Child Protection Card (MCP Card) and show the respective slides and correct if any misconceptions/wrong statements have been stated by participants.









Day 3: Session 2

General Care During Pregnancy

Objective

- Prioritize the most important information that needs to be communicated to women and other family members for care of woman during pregnancy.



2

A pregnant woman should

- Visit health facility at least 4 times for antenatal check-up
- Go to health facility if there is any health concern
- Carry her maternal card/record in every visit to the health facility
- Eat healthy food – vegetables, fruits, beans, meat, fish, eggs, cheese, milk
- Take iron tablets every day
- Take rest



3





A pregnant woman should (contd)

- Sleep under a bednet
- Not take any medication unless prescribed by the hospital/health center
- Not drink alcohol or smoke
- Practice safe sex, use condom every time, if she or her partner is at risk of infection
- Know the signs of labor – Painful contractions every 20 min or less, breaking of bag of waters, bloody sticky discharge
- Know the danger signs and when to seek care



4

Antenatal Check Up (Check up during pregnancy)

- Regular ANC protects woman and her baby in womb from complications and ensures healthy mother and child
- How many minimum ANC?
 - Registration and 1st ANC: As soon as period is missed or within 3 months of missing the period
 - 2nd ANC check up: In 4th to 6th month of pregnancy
 - 3rd ANC check up: In 7th to 8th month of pregnancy
 - 4th ANC check up: In 9th month of pregnancy



5

Minimal packages offered during ANC

- Registration
- Physical exam – Weight, BP, abdominal exam
- Identification and management/referral for danger signs
- Ensuring consumption of at least 100 IFA tablets
- Essential lab investigations for Hb, urine for albumin and sugar, pregnancy test for unconfirmed pregnancy
- TT immunization
- Counselling on nutrition, birth preparedness, safe abortion, FP, institutional delivery



6





Where will woman go for ANC check up

Facility
• Anganwadi Center (during monthly VHND)
• Sub-center: ANM will provide ANC services
• PHC
• CHC
• District Hospital
• Medical College Hospital



7

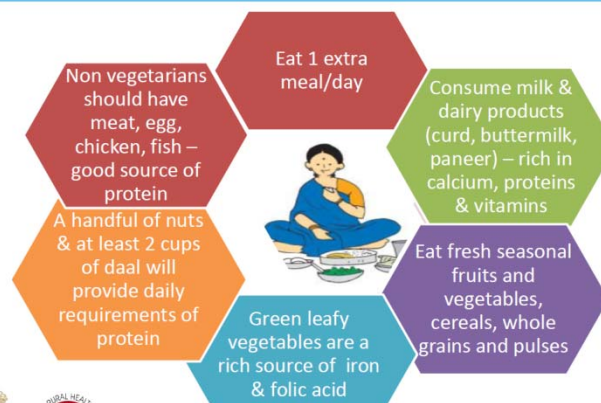
IFA Supplementation

- Take 1 tablet/day for at least 3 months from the 4th month
- If anemic, the pregnant woman should take 2 IFA tablets/day – one in the morning and one in the evening. Same doses need to continued after delivery
- IFA tablets should not be taken with tea as tea reduces absorption of iron and folic acid
- IFA tablets should preferably taken in empty stomach
- If IFA causes nausea, it can be taken after meals



8

Nutrition Advice for Pregnant Woman



9





Advice for Rest during Pregnancy

- Have 8 hours sleep at night and at least 2 hours rest during day
- Lie on your left side as it increases the blood supply to the baby in womb
- Avoid hard work such as lifting heavy weight
- Adequate rest gives physical and mental relaxation which is good both for mother and baby



10





DAY 3: SESSION 3: TRAINING ACTIVITY

BIRTH PREPAREDNESS FOR SAFE DELIVERY AND EMERGENCY PLANNING

Session Objectives

By the end of the session, participants will be able to:

- Support women and family members in developing a birth preparedness and emergency (complication readiness) plan
- Specify government's maternal health schemes and its benefits
- Mention the options available to woman for selecting the place of birth

Time

30 minutes



Resources/Materials Needed

- PowerPoint presentation, laptop, LCP projector, screen
- Flip chart and marker
- Handbook

Instructions

- Introduce the session by presenting and discussing the importance of having a birth preparedness and emergency planning for every pregnant woman.
- Ask participants to brainstorm what should be the content of a birth preparedness and emergency plan. Write their responses on flip chart. Ask them to open chapter 8 of handbook and read the 10 points that are the content of a birth preparedness and complication readiness plan and match with their responses and remember the 10 points given in the handbook.
- Then ask participants to close the book and discuss with participant next to him/her how a counsellor will counsel woman/family member on having a birth preparedness plan.
- Inform participants that ASHAs can also help pregnant women and their families to have a birth preparedness plan.
- Call any pair to come forward and show how a counsellor will counsel a pregnant woman (the second participant will enact as pregnant woman, who has come for ANC) on making this plan. A third participant might be called to be the family member of the pregnant woman in the role-play.
- Discuss who is a skilled birth attendant.
- Present the options available for women for selecting the place of giving birth.
- Discuss the maternal health schemes, JSY; JSSK; other state level schemes and benefits, who can avail this scheme; transport facilities; facilities for inaccessible/ tribal/hilly areas e.g. incentives, birth waiting home, doli/other modes of transport to reach up to pick up points.







Day 3: Session 3

Birth Preparedness for Safe Delivery and Emergency Planning

Objectives



- Support women and family members in developing a birth preparedness and emergency (complication readiness) plan
- Specify government's maternal health schemes and its benefits
- Mention the options available to woman for selecting the place of birth



2

Why this plan

- In order to ensure safe delivery and care after delivery, the woman and family must think out and plan several elements in advance – Birth preparedness and complication readiness plans
- Most women have a healthy, normal pregnancy, childbirth and postpartum period. Some women and newborn babies will have complications that require care at a higher level
- In many cases it is not possible to identify in advance, which women or the babies will have complications



3





Content of Birth Preparedness & Complication Readiness Plan

Brainstorm what should be the content?



4

Content of Birth Preparedness & Complication Readiness Plan

1. Identify health facility/skilled birth attendant for birth
2. Identify health facility for emergency/complication
3. Identify companion to accompany during labor, 24 hours after birth
4. Identify support person for care of home and children during birth or in case of emergency
5. Identify transportation to the health facility and costs
6. Estimate costs



5

Content of Birth Preparedness & Complication Readiness Plan (Contd)

7. Arrange for money
8. Arrange supplies for birth – Soft clean cotton clothes, blankets, clothes for the baby, socks and cap for baby
9. Possible blood donors, who can donate blood in case of hemorrhage/emergency
10. Know the danger signs, when a mother or a newborn need to be referred to the appropriate health facility



6





Who is Skilled Birth Attendant (SBA)

SBA is defined as an accredited health professional, such as ANM, doctor or nurse – who has been educated and trained to achieve proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in women and newborns



7

Options Available for Selecting Place of Delivery

Situation	Choice
1. In case of any danger sign/complication	Nearest CHC/FRU or District Hospital (ANM or ASHA can help the woman in identifying such facility in nearby area)
2. If there are no complications	<ul style="list-style-type: none"> 24x7 PHC (List of such places can be obtained from ANM. Woman needs to stay there for 24-48 hours after delivery) CHC/FRU or District Hospital
3. If there are no complications and woman/family reluctant to go to 24x7 PHC or 24x7 PHC is too far away	<ul style="list-style-type: none"> Sub-center (provided it is accredited as delivery center meaning ANM has been trained as a SBA, is available and the minimum facilities for delivery are there)



8

Options Available for Selecting Place of Delivery (contd)

Situation	Choice
4. If there are no complications or not a high risk case for complications and woman/family insists on delivering at home, despite counselling them for institutional delivery	<ul style="list-style-type: none"> Delivery by trained ANM at home (ASHA or ANM can help in identifying trained ANM available in the area) Family should be able to organize transport and money at very short notice The identified SBA should be able to arrive within 30 minutes of the onset of labor, should be able to stay through the process of labor and for a few hours afterwards



9





Janani Suraksha Yojna (JSY)

- Aims to reduce deaths and illnesses in mothers and newborns by promoting institutional deliveries
- Provides cash assistance for delivering and post-delivery care in the institution
- All pregnant women who deliver in a govt health facility can avail this scheme
- No restriction for age or parity (order of birth)
- All pregnant women who deliver in accredited private institution are also eligible
- The beneficiary is required to carry a referral slip from ASHA, ANM or MO and a JSY or Mother and Child Protection Card



10

Benefits under JSY

Place of Delivery	Rural		Urban	
Institutional deliveries in	Package for mothers (In Rs)	ASHA package (In Rs)	Package for mothers (In Rs)	ASHA package (In Rs)
# Low performing states	1400	600 (200+250+150) Benefit for referral transport is only given if there is no assured RT under JSSK	1000	200
# High performing states	700	200	600	200
Home deliveries	500	Nil	500	Nil



11

Janani Shishu Suraksha Karyakram (JSSK)

- Entitles all pregnant women delivering in govt health facilities to absolutely free and no expense delivery, including cesarean section
- Entitlement includes free drugs and consumables, free diagnostics, free blood wherever required, and free diet for for 3 days during normal delivery and 7 days for C-section, free transport from home to institution, between facilities in case of a referral and drop back home
- Similar entitlements for all sick newborns accessing govt health facilities for treatment till 30 days after birth

This scheme is available to all pregnant women and sick newborns up to 30 days of birth accessing govt health facility



12





DAY 3: SESSION 4: TRAINING ACTIVITY

DANGER SIGNS IN PREGNANCY AND LABOUR

Session Objectives

By the end of the session, participants will be able to:

- Mention the danger signs of pregnancy and labour and what to do

Time

20 minutes

Resources/Materials Needed

- Presentation slides, laptop, projector, screen

Instructions

- Show the pictures (in slide) or hardcopy of printed pictures of some signs in pregnancy one by one and ask participants to identify if the particular sign is a danger sign of pregnancy or not.
- Facilitate recapitulation of danger signs of pregnancy.
- Hang 2 blank flip charts with headings as 'Visit FRU' on one flip chart and 'Visit 24 Hour PHC' on another flip chart. Read the following danger sign/problem one by one and ask participants to specify where (FRU or 24 hour PHC) a woman should be taken in case of that problem/danger sign. Write the problem in the appropriate flip chart.
 - Vaginal bleeding in advanced pregnancy
 - Burning micturition
 - High grade fever or any medical illness
 - Decreased or no foetal movements
 - High blood pressure detected in ANC
 - Swelling all over body, palpitations, shortness of breath.
 - Vaginal bleeding in early pregnancy
 - Swelling all over body and / or blurring of vision
 - Excessive nausea and vomiting.
 - Fits or convulsions
 - Fainting and/or pain in abdomen
 - Labour pains or leaking before 9 months of pregnancy
 - Leaking per vagina before the onset of labour
 - Leaking for more than 12 hours without labour pains
 - Foul smelling leaking with or without fever
 - Labour pains more than 12 hours in primi and more than 8 hours in multipara
 - Continuous abdominal pain
 - Headache & blurred vision
 - Palpitation/easy fatigability/shortness of breath at rest or mild exertion
 - Hb <7gm%
 - Mal-presentation/multiple pregnancies
 - FHS<120 OR >160 per minute







Day 3: Session 4

Danger Signs in Pregnancy and Labour

Objective









- Mention the danger signs of pregnancy, labour and delivery and what to do







2

Danger Signs in Pregnancy

<ul style="list-style-type: none">Vaginal bleeding	<ul style="list-style-type: none">High fever and too weak to get out of bed
<ul style="list-style-type: none">Convulsions/fits	<ul style="list-style-type: none">Severe abdominal pain
<ul style="list-style-type: none">Severe headache with blurred vision	<ul style="list-style-type: none">Fast or difficult breathing
<ul style="list-style-type: none">Decreased or loss of fetal movement	<ul style="list-style-type: none">High blood pressure ($\geq 140/90$ mm of Hg) with or without proteins in urine



3





Where to go in case of danger sign

Visit FRU	Visit 24x7 PHC
<ul style="list-style-type: none">• Vaginal bleeding in advanced pregnancy• Decreased or no fetal movement• Swelling all over body, palpitations, shortness of breath• Swelling all over body and/or blurring of vision• High blood pressure detected in ANC• Fits or convulsions• Labor pain or leaking before 9 months of pregnancy• Leaking for more than 12 hours without labor pains• Foul smelling leaking with or without fever• Labor pains more than 12 hours• Continuous abdominal pain• Headache and blurred vision	<ul style="list-style-type: none">• Burning urination• High grade fever or any medical illness• Vaginal bleeding in early pregnancy• Excessive nausea and vomiting• Leaking per vagina before onset of labor• High blood pressure detected in ANC• Fainting and/or pain in abdomen



4





DAY 3: SESSION 5: TRAINING ACTIVITY

COUNSELLING FOR PREVENTION OF ANEMIA

Session Objectives

By the end of the session, participants will be able to:

- Specify key messages for prevention of anemia

Time

20 minutes



Resources/Materials Needed

- Presentation slides, laptop, projector, screen

Instructions

- Brainstorm on the key messages that need to be given to every pregnant woman for prevention of anemia.
- Group the messages related to diet, food and then about IFA supplementation.
- Ask the group if they have heard any rumour or myth or misconceptions about IFA tablets or why some pregnant women do not take IFA tablets and then discuss.







Day 3: Session 5

Counselling for Prevention of Anemia

Objective



- Specify key messages for prevention of anemia during pregnancy



2

Counselling Messages to Pregnant Woman and Her Family for Prevention of Anemia

- Take iron rich food – green leafy vegetables, whole pulses, ragi, jaggery, meat and liver
- Take plenty of fruits and vegetables containing vitamin C – Mango, guava, orange, sweet lime
- Take IFA tablets – Side effects like nausea, constipation and black stool, with IFA are common but not serious and will reduce over time
- IFA tablets should be taken regularly as directed by health provider, for minimum 100 days
- Return to health provider, if woman has any problem taking IFA tablets



3





DAY 3: SESSION 6: TRAINING ACTIVITY

POST-ABORTION CARE

Session Objectives

By the end of the session, participants will be able to:

- Mention the components and messages of pre-procedure and post-abortion counselling

Time

20 minutes

Resources/Materials Needed

- Presentation slides, laptop, projector, screen

Instructions

- Start the session by discussing what the term abortion means, is legalised in India till what time, where to approach as per MTP Act.
- Discuss:
 - General information related to termination of pregnancy. Highlight that sex detection through ultrasound and subsequent termination of pregnancy is illegal as per PCPNDT Act
 - Consent
 - Key messages for woman after an abortion: Self-care, family planning, danger signs








Day 3: Session 6

Post abortion Care

Objective



- Mention the components and messages of pre-procedure and post-abortion counselling



2

What is Abortion

- Abortion is the termination of pregnancy
- A pregnancy terminates either as a spontaneous abortion (miscarriage) or elective abortion which is performed for medical or other reason



3





Pre-procedure Counselling

- As per PCPNDT Act, sex detection through ultrasound and subsequent termination of pregnancy is illegal
- Abortion in India is legalised up to 20 weeks of gestation and is available in the govt health facility and therefore woman should not approach any unqualified provider for abortion, which can pose the risk of complications and sometimes a threat to her life
- Consent – Woman has to sign the consent form after she has received the complete information about the procedure and understood its implications



4

Key Messages for Woman after Abortion

Self Care	Family Planning	Danger Signs
Rest for a few days, if she feels tired	One can become pregnant as soon as sexual activity is started	If woman has any of the danger signs, she needs to go to the health facility immediately:
Change pads every 4-6 hours	Use a family planning method to prevent unwanted pregnancy and a condom to prevent infection with STI/HIV/AIDS	<ul style="list-style-type: none"> ▪ Increased bleeding or continued bleeding for 2 days ▪ Fever, feeling ill ▪ Dizziness or fainting ▪ Abdominal pain ▪ Backache ▪ Nausea or vomiting ▪ Foul smelling vaginal discharge
Do not have intercourse until bleeding stops	Choose a family planning method of your choice	
Practice safe sex and use a condom every time, if at risk of STI or HIV	Recommended interval till the next pregnancy is at least 6 months, both for mother's and baby's health	
Return to the health facility as advised or in case of any problem/concern		

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE





DAY 3: SESSION 7: TRAINING ACTIVITY

SUPPORT DURING LABOUR AND CHILDBIRTH COUNSELLING FOR CARE OF THE MOTHER AFTER BIRTH AND NEWBORN

Session Objectives

By the end of the session, participants will be able to:

- Specify what key support a woman need during labour and childbirth
- Identify dos and don'ts for the birth companion
- Mention the danger signs of labour and delivery
- Specify key messages for women and family members, immediately following birth
- Specify important messages for care of the newborn

Time

60 minutes

Resources/Materials Needed

- Presentation slides, laptop, projector, screen
- Flipchart and marker

Instructions

- Lead a discussion on how the woman in labour can be helped by companion.
- Ask and mention the danger signs in labour and delivery.
- Ask participants to read aloud each point of the important messages for women and family members, immediately following birth, given in chapter 13 of handbook and discuss why this point is important.
- Ask participants to read aloud each point of the important messages for care of the newborn, given in chapter 13 of handbook and discuss why this point is important.
- Discuss the danger signs for the newborn.
- Divide participants into 4 groups and ask each group to select 2 participants from their group, one will enact the role of a counsellor and another will enact the role of postpartum woman.
- Give each group 10 minutes time to prepare for a role-play on giving messages to women on
 - (i) Care of the mother following birth
 - (ii) Family planning
 - (iii) When to seek care for danger signs
 - (iv) Care of the baby; Care of the baby if the baby weighs less than 2.5 Kg
 - (v) Danger signs of the newborn
- Call 2 pairs to do the role-play, one after the other. Ask others to observe the role-plays and provide feedback at the end of each role-play.







- Ensure that all the important messages have been covered in role-play and the following discussion.
- Present government's minimum package offered for postnatal care.
- Discuss important messages for successful breastfeeding and discuss how the baby should be held in correct position and how the baby should be put correctly to breast.









Day 3: Session 7

Support during Labor and Childbirth

Counselling for Care of the Mother after Birth and Newborn

Objectives

- Specify what key support a woman need during labour and childbirth
- Identify dos and don'ts for the birth companion
- Mention the danger signs of labour and delivery
- Specify key messages for women and family members, immediately following birth
- Specify important messages for care of the newborn





2

Key Support to Woman during Labor and Childbirth

Dos and Don'ts for the birth companion

<u>Companion should:</u> <ul style="list-style-type: none">• Always try to be with woman and reassure her throughout the process• Help woman to breathe and relax by rubbing her back, providing sips of water, wiping her forehead with a wet cloth• Keep the baby clothes ready	<u>Companion should not do:</u> <ul style="list-style-type: none">• Do not encourage the woman to push• Do not give advice other than that given by health provider• Do not keep the woman in bed if she wants to move around• Do not administer any local herbs or medicine
---	---



3



Danger Signs in Labor and Delivery

- Bleeding (fresh blood)
- Swollen face and hands
- Water breaks but labor does not start within 18 hours or more
- Colour of water – green or brown
- Prolonged labour – woman bearing down for more than 12 hours (8 hours in case of woman who have already had children) and baby not coming out
- Fever
- Fits
- Retained placenta



4

Messages for woman/family immediately following birth: **Care of the Mother after Delivery**

- Stay back at the hospital for 24-48 hours, as advised by health provider
- Eat more and healthier food
- Take iron tablets, as advised by health provider
- Start breastfeeding exclusively immediately after birth
- Rest, when you can and avoid hard physical work
- Drink plenty of clean, safe water
- Sleep under a bednet
- Do not take any medication unless prescribed by hospital/health center
- Do not drink alcohol or smoke
- Avoid intercourse until the wound in perineum heals. Use condom in every sexual act, if there is risk of STI or HIV and AIDS
- Personal hygiene – wash all over daily, wash perineum
- Change pad every 4 to 6 hours



5

Messages for woman/family immediately following birth: **Postpartum Family Planning Counselling**

- You have practiced this skill on Day 2 of the training
- Explain to client (woman/couple/family) that:
 - Woman can become pregnant within few weeks after delivery, if not breastfeeding exclusively
 - Choose a family planning method which best meets the needs of woman/couple
- Use the steps of PPFP counselling as given in the checklist, which you have used for doing and observing PPFP/PPIUCD counselling



6





Messages for woman/family immediately following birth: **When to Seek Care for Danger Signs**

Come back to hospital/health center

Immediately

- Excessive vaginal bleeding
- Fits
- Fast or difficult breathing
- Fever and too weak
- Severe headaches with blurred vision



As soon as possible

- Swollen red or tender breasts or nipples
- Problems urinating or leaking
- Increased pain or infection in the perineum
- Infection in the area of the wound
- Foul smelling vaginal discharge



7

Messages for woman/family immediately following birth: **Care of the Baby**



- Keep the baby warm
- Keep the cord dry- do not put anything on the stump
- Start breastfeeding immediately after birth – provide nothing else, not even water
- Do not bathe the baby on 1st day and preferably for first 7 days
- Visit the health provider 1 week and 6 weeks after birth –At 6 weeks, the baby will be immunized
- Let the baby sleep on his/her back or side
- Keep the baby away from smoke
- People who are sick (cold, cough, fever, skin infection..) should not come in close contact with the baby
- Too many people should not gather around the newborn



8

Messages for woman/family immediately following birth: **Care of the Baby less than 2.5 Kg**

- Provide extra warmth
- Wrap the baby well with cotton sheets and blankets
- Cover the head of the baby to prevent heat loss
- Keep the baby close to mother's abdomen and chest (kangaroo mother care)
- Baby must be breastfed more frequently



9





Messages for woman/family immediately following birth: **Danger Signs for the Newborn**

- Baby does not suck or sucks poorly at the breast
- Baby unable to cry or has difficulty in breathing
- Baby has convulsions
- Baby is excessively drowsy or cries continuously
- Baby has boils on body or umbilical redness or pus/blood oozing out of umbilicus
- Baby is cold or hot to touch
- Baby develops yellow staining of palms and soles



Take the baby to nearby hospital in case of any of the above signs



10

Messages for woman/family immediately following birth



- Birth registration is important and mandatory
- Collect the birth registration certificate



11

Government's Package offered for Postnatal Services

- Minimum 6 hours of stay post-delivery in sub-center and 48 hours if delivered in a PHC or FRU
- Counselling on feeding, nutrition, family planning, hygiene, immunization and postnatal check-up
- Home-visits:
 - On 3rd, 7th, 42nd days
 - Additional visits for newborn on 14th, 21st and 28th days and further visits as needed for LBW or sick newborn
- Timely identification of danger signs and complications and referral of mother and baby



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Important Messages for Successful Breastfeeding

- Start breastfeeding soon after delivery or within 1 hour after birth
- Baby should be put to mother's breast even before placenta is delivered – useful for both mother and baby
- The first yellowish milk, 'colostrum' should be fed to the baby, as it protects the baby from infections and provides nutrition
- Exclusive breastfeeding – For first 6 months, only breast milk and no other liquids or solids, not even water, with the exception of ORS, vitamin drops/syrup, mineral supplements or medicines, when required



13

Important Messages for Successful Breastfeeding (contd)

- Don't feed the newborn with sugar water, honey, ghutti
- Don't use feeding bottles
- Breast milk provides all the water a baby needs
- Breastfeed as often and as long as the baby wants (day and night at least 8-10 times in 24 hours)
- Feeding more – production of more milk
- Sore nipple or painful breasts could be the cause if baby is not feeding well or if mother complains not enough breast milk, seek care



14

Correct Position of the Baby for Breastfeeding

- Mother supports baby's back and whole body and not just the head or shoulders
- Mother holds her baby close to her body
- Baby's face faces the breasts, with nose opposite to the nipple



Baby is in correct position, when:

- Baby's chin touches the breast
- Baby's mouth is wide open
- Baby's lower lip is turned outside



15





Government's Package offered for Postnatal Services (Contd)

- Keeping the newborn warm
- Hygiene and cord care
- Exclusive breastfeeding for 6 months
- Identification, management and referral of sick neonates, LBW and pre-term newborns
- Referral linkages for management of complications
- Care of LBW newborns (<2500 gm)
- Zero day immunization for OPV, BCG, Hepatitis B

Counselling
and care



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DAY 3: SESSION 8: TRAINING ACTIVITY

PRACTICE SESSION FOR COUNSELLING DURING PREGNANCY, DURING PRE AND POST ABORTION PERIOD, DURING LABOUR AND CHILDBIRTH, AFTER CHILDBIRTH FOR CARE OF MOTHER AND NEWBORN

Session Objectives

By the end of the session, participants will be able to:

- Counsel women and family members on care during pregnancy, birth preparedness and emergency readiness plan, for prevention of anemia and on danger signs of pregnancy
- Provide pre and post abortion counselling
- Counsel on supporting woman during labour and childbirth, counsel after delivery for care of mother and newborn

Time

2 hours

Resources/Materials Needed

- Handbook distributed to participants

Instructions

- Ask participants to divide in 4-5 groups and each group should practice in 1 hour time, counselling on:
 - Care during pregnancy, birth preparedness and emergency readiness plan, for prevention of anemia and on danger signs of pregnancy.
 - Provide pre and post abortion counseling.
 - Counsel on supporting woman during labour and childbirth, counsel after delivery for care of mother and newborn.
- Ask each participant to practice all the above 3 counselling in his/her small group. The group-mates will provide feedback to each other.
- Rotate in the groups to ensure that participants are practicing and whenever required, provide feedback or answer participants' queries.
- Ask participants to volunteer to do the role plays of the 3 counselling in front of the large group. Different volunteers should do counselling for the 3 topics. Each role-play should be followed by a discussion.





DAY 3: SESSION 9: TRAINING ACTIVITY

POST-TRAINING MATERNAL AND NEWBORN HEALTH KNOWLEDGE ASSESSMENT

Session Objectives

- Participants will participate in the assessment of knowledge on maternal and newborn health to indicate the gain through training
- Sharing of the outcome-analysis of pre and post knowledge assessment on maternal and newborn health
- Discussion of questions of pre and post-test with correct answers, clarification of doubts.

Time

30 minutes

Resources/Materials Needed

- Copies of post-test questionnaire for all participants

Instructions

Note for trainers: The pre/post-test questionnaire and the answer-key are given at the end of session 1 (Introductory Session) of day 3 in this Facilitators' Guide.

- Ask participants to complete the post-training questionnaire in 15 minutes.
- One facilitator should score the post-training tests and do the analysis of pre and post-tests in the following manner and share the analysis with participants:
 - Highest scores in pretest; Highest scores in post-test
 - Lowest scores in pre-test; Lowest scores in post-test
 - How many scored:

Scores	How many scored in pre-test	How many scored in post-test
100-90%		
80-89%		
70-79%		
60-69%		
Below 60%		

(Note for TRAINERS: Remember that the accepted level in post-test is 80%. Those who received below 80% should be called for one-to-one discussion of his/her paper and if needed, s/he should be given a second chance for post-test in extra-time. The objective is that all participants should have minimum 80% scores in knowledge test after the training)

- If needed, discuss all the questions and correct answers. Ask participants to share the queries or doubts that they have in mind and address those doubts and clarify the queries.
- Appreciate participants for their gain in knowledge maternal and newborn health.





DAY 3: SESSION 10: TRAINING ACTIVITY

WRAP-UP AND KEY TAKE HOME MESSAGES ON MATERNAL AND NEWBORN HEALTH

Session Objective

By the end of the session, participants will be able to:

- Recapitulate the key take home messages of the day

Time

20 minutes

Resources/Materials Needed

- Agenda of the day 3

Instructions

- Open the agenda of the day 3 and for each session covered in the day, ask participants to recap the key messages that they have learnt from the session. Ensure that all take home messages are summarized.
- If participants have any question related to topics covered in the day, answer their questions or encourage other participants to answer the queries.
- Ask participants that someone should volunteer to do the recap of day 3 on the next day in a participatory manner. If required, facilitator can guide the volunteer and give some idea to do the recap in a participatory game.
- In addition, some trainees may be interviewed (without revealing their identity) with regards to quality of training session and training environment, trainers' skills for facilitating training, and any suggestion to improve quality of session.





DAY 4: SESSION 1: TRAINING ACTIVITY

REVIEW OF DAY 3 AND PRE-COURSE CHILD HEALTH KNOWLEDGE ASSESSMENT

Session Objectives

By the end of the session, participants will be able to:

- Recapitulate the key messages and skills discussed, which are important for counselling related to maternal and newborn health
- Participate in knowledge assessment on child health

Time

30 minutes

Resources/Materials Needed

- Day's agenda made on the flipchart paper and posted on the wall
- Copies of the pretest on child health for participants (Pre-test/Post-test questionnaire are attached with this training activity)

Instructions

- Ask the volunteered participant to conduct a warm up exercise and recap of day 3 sessions. If the participant is not able to conduct the recap in an effective way, the trainer should intervene and support the participant to facilitate the recap by eliciting active participation of participants.
- Distribute the pre-test questionnaire on child health knowledge assessment (questionnaire for participants and the answer key are given at the end of this session).
- State that today (day 4), we will learn what messages RMNCH counsellors can provide to care-givers of children of under-five years regarding child care, for optimal health, growth and development of children.





Pre/Post Training Knowledge Assessment Questionnaire

Child Health

Name..... Date.....

Pre-Training Assessment/ Post-training Assessment (Circle the appropriate assessment)

Instructions: Circle the most appropriate response for the questions.

1. Full immunization of child means one dose of BCG, three doses each of DPT, Hepatitis B, OPV, and one dose of measles vaccine before the age of one year.
a. True OR b. False
2. If a child has been brought late for a dose of DPT, the schedule of DPT vaccination needs to be restarted starting from the 1st dose.
a. True OR b. False
3. When should breast-feeding start after delivery:
a. Within 1 hour
b. After few hours
c. After 1 day
4. An infant should receive exclusive breastfeeding meaning that s/he receives only breast milk and no other liquids or water or any other food, till the age of
a. 1 year
b. 6 months
5. Which of the following should not be practiced?
a. Using feeding bottles with nipples/ pacifiers
b. Only giving mother's milk till 6 months of age of the child
c. Giving complementary food once the child becomes 6 months old.
6. If a child is not sick, it is not necessary to get the growth of child charted regularly on growth monitoring chart
a. True OR b. False
7. Should breastfeeding be continued, if the child develops diarrhea or fever or respiratory infections or if mother develops fever?
a. Yes OR b. No
8. How does the mother will know she is having enough milk?
a. The baby will pass urine 5-6 times a day. The baby will gain weight at a consistent rate and will sleep peacefully after feeding
b. Whenever baby sucks, milk is secreted from the nipples





9. Which of the following sentence is true about ORS?
- a. One packet of ORS should be mixed with 1 liter of water and use it for 7 days
 - b. One packet of ORS should be mixed with 1 liter of water and use it within 24 hours
 - c. One packet of ORS should be mixed with $\frac{1}{2}$ liter of water and use it till the solution finishes
10. In an illness, if a child is not able to drink or breast feed or becomes lethargic or does not pass urine for 8 hours or starts fast/difficult breathing, what should the family do?
- a. Keep the child warm and continue giving ORS at home
 - b. Take the baby to a health facility





Pre/Post Training Knowledge Assessment Questionnaire

Child Health (Answer key)

1. Full immunization of child means one dose of BCG, three doses each of DPT, Hepatitis B, OPV, and one dose of measles vaccine before the age of one year.
a. **True** OR b. False
2. If a child has been brought late for a dose of DPT, the schedule of DPT vaccination needs to be restarted starting from the 1st dose.
a. True OR b. **False**
3. When should breast-feeding start after delivery:
a. **Within 1 hour**
b. After few hours
c. After 1 day
4. An infant should receive exclusive breastfeeding meaning that s/he receives only breast milk and no other liquids or water or any other food, till the age of
a. 1 year
b. **6 months**
5. Which of the following should not be practiced?
a. **Using feeding bottles with nipples/ pacifiers**
b. Only giving mother's milk till 6 months of age of the child
c. Giving complementary food once the child becomes 6 months old
6. If a child is not sick, it is not necessary to get the growth of child charted regularly on growth monitoring chart
a. True OR b. **False**
7. Should breastfeeding be continued, if the child develops diarrhea or fever or respiratory infections or if mother develops fever? ?
a. **Yes** OR b. No
8. How does the mother will know she is having enough milk?
a. **The baby will pass urine 5-6 times a day. The baby will gain weight at a consistent rate and will sleep peacefully after feeding**
b. Whenever baby sucks, milk is secreted from the nipples
9. Which of the following sentence is true about ORS?
a. One packet of ORS should be mixed with 1 liter of water and use it for 7 days
b. **One packet of ORS should be mixed with 1 liter of water and use it within 24 hours**
c. One packet of ORS should be mixed with ½ liter of water and use it till the solution finishes





10. In an illness, if a child is not able to drink or breast feed or becomes lethargic or does not pass urine for 8 hours or starts fast/difficult breathing, what should the family do?
- Keep the child warm and continue giving ORS at home
 - Take the baby to a health facility**

Score:/10 **Score %:**

Scoring criteria:

- The maximum marks for each question is 1
- For each correct answer, the participant will get 1
- For each incorrect answer or question not attempted, the participant will get 0
- Add the marks obtained for all questions, to get the total marks/score
- For evaluating score percentage, use the following formula:

X (Marks obtained)/10 × 100 =%





DAY 4: SESSION 2: TRAINING ACTIVITY

IMPORTANCE OF CHILD HEALTH COUNSELLING

Session Objectives

By the end of the session, participants will be able to:

- State the importance of counselling care-givers of children on key practices for improved child health, growth and development

Time

20 minutes

Resources/Materials Needed

- Flipchart, stand and markers
- Presentation slides, laptop, LCD projector and screen

Instructions

- Start the session by brainstorming why counselling on child health is important.
- Write on a flip chart the 4 letters, B I N D. Tell that the 4 key messages for child health are related to these 4 letters.
- Ask participants to think what could be the 4 messages related to these 4 letters respectively.
- Continue the discussion and provide necessary hints till the following responses come, B = Exclusive breastfeeding; I = Immunization; N = Nutrition; D = Common childhood diseases.









Day 4: Session 2

Importance of Child Health Counselling

Objectives


- State the importance of counselling care-givers of children on key practices for improved child health, growth and development



2

Four Key Messages for Child Health (BIND)

- **B = Breastfeeding.** Breastfeeding will protect infants from malnutrition and infections
- **I = Immunization.** Immunization will protect infants from most common life-threatening diseases
- **N = Nutrition.** Adequate and age appropriate nutrition is key to optimal physical growth and overall development of the child
- **D = Diseases.** Early identification and care for most common childhood diseases will prevent morbidity and mortality among children



3





DAY 4: SESSION 3: TRAINING ACTIVITY

IMMUNIZATION

Session Objectives

By the end of the session, participants will be able to:

- State why immunization of children is important
- Specify which vaccine is given when, as per National Immunization Schedule
- Mention what needs to be followed if a child misses immunization as per the schedule
- Summarize key messages to be given to parents related to immunization of child

Time

55 minutes

Resources/Materials Needed

- Flipchart, stand and markers
- Handouts of blank chart
- Presentation slides, laptop, LCD projector and screen

Instructions

- Start the session by explaining why immunization is important for children (Please cover the 5 bullets given in chapter 14 of handbook) and show the slides.
- Give handouts of following blank chart to every participants:

	BCG	Polio	DPT	Hepatitis B	Measles	Vitamin A
Dose 0 (Dose at birth)						
Dose 1						
Dose 2						
Dose 3						

- Ask participants to work in pairs and open the handbook chapter 14. From the table of National Immunization Schedule, given in the handbook, participants in pairs should fill up their blank handout by filling 'When to give' under each vaccine.







The filled up handout will look like this:

	BCG	Polio	DPT	Hepatitis B	Measles	Vitamin A
Dose 0 (Dose at birth)	At birth	At birth or within 15 days of birth	---	At birth	---	----
Dose 1		At 6 weeks (1 ½ months)	At 6 weeks (1 ½ months)	At 6 weeks (1 ½ months)	9 months	9 months
Dose 2		At 10 weeks (2 ½ months)	At 10 weeks (2 ½ months)	At 10 weeks (2 ½ months)	16-24 months	16 months
Dose 3		At 14 weeks (3 ½ months)	At 14 weeks (3 ½ months)	At 14 weeks (3 ½ months)	---	One dose every 6 months up to the age of 5 years

- Discuss the correct filled up chart and ask participants to make corrections on their own charts, if they have filled incorrectly. Respond to participants queries.
- With the help of slides, explain what to do if a child misses immunization as per the prescribed schedule.
- Ask participants to open the handbook and read out the 5 key messages regarding immunization.
- Summarize the session by asking questions:
 1. Why immunization is important?
 2. What vaccines are given at birth?
 3. What vaccines are given at 6 weeks, 10 weeks and 14 weeks?
 4. Measles vaccines are given when?
 5. Vit. A is given when?
 6. What will happen if a child of 5 years comes to health facility and has not taken any vaccines?
 7. What will happen if a child is late for any particular dose of a vaccine?
 8. Can a child be vaccinated if she or he has fever or diarrhea?









Day 4: Session 3

Immunization

Objectives



- State why immunization of children is important
- Specify which vaccine is given when, as per National Immunization Schedule
- Mention what needs to be followed if a child misses immunization as per the schedule
- Summarize key messages to be given to parents related to immunization of child



2

Importance of Immunization

- Nearly 40% of children of one year age in India are still not immunized (CES 2009)
- Immunizations under UIP of Govt of India, protect young children against major diseases of childhood
- Vaccines included in Govt program protect against Tb, Polio, Diphtheria, Pertussis, Tetanus, Measles, Hepatitis B and Japanese Encephalitis (in selected endemic districts)



3





Importance of Immunization (Contd)

- Full immunization (i.e. 1 dose of BCG, 3 doses of each of DPT, Hepatitis B and OPV and one dose of measles vaccine before the age of 1 year) gives a child the best chance for a healthy childhood and healthy life
- If a child is not given the right vaccines in time, start them whenever possible and complete the primary immunization before the child reaches first birthday



4

When to Give the Vaccine

- Participants: Please fill up the blank chart by referring to the chart given in chapter 14 of handbook

	BCG	Polio	DPT	Hepatitis B	Measles	Vitamin A
Dose 0 (Dose at birth)						
Dose 1						
Dose 2						
Dose 3						



5

Immunization Schedule: Chart

- Does your chart look like this?

	BCG	Polio	DPT	Hepatitis B	Measles	Vitamin A
Dose 0 (Dose at birth)	At birth	At birth or within 15 days of birth	---	At birth	---	----
Dose 1	-	At 6 weeks (1 ½ months)	At 6 weeks (1 ½ months)	At 6 weeks (1 ½ months)	9 months	9 months
Dose 2	-	At 10 weeks (2 ½ months)	At 10 weeks (2 ½ months)	At 10 weeks (2 ½ months)	16-24 months	16 months
Dose 3	-	At 14 weeks (3 ½ months)	At 14 weeks (3 ½ months)	At 14 weeks (3 ½ months)	---	One dose every 6 months up to the age of 5 years





What to Do if a Child Missed Immunization

- **A child of < 5 years has not received any immunization:**

- Get the child immunized with appropriate vaccine at the facility
- If the child has received 1st doses of appropriate vaccines, complete the immunization
- If the child cannot be brought to the facility for immunization, get the child immunized at the nearby sub-center

- **A child is late for a dose:**

- No need to restart the schedule
- Pick up the vaccination where the schedule was left off



7





DAY 4: SESSION 4: TRAINING ACTIVITY

ADEQUATE AND AGE APPROPRIATE NUTRITION OF THE CHILD

Session Objectives

By the end of the session, participants will be able to:

- State four best practices for adequate nutrition of infant and young children
- Recapitulate the key messages related to breastfeeding
- Specify advantages of breastfeeding to mother and baby
- Explain what is the correct positioning of the baby for breastfeeding
- Explain how complementary food should be given to babies of specific age groups
- State importance of growth monitoring for children

Time

1 hour

Resources/Materials Needed

- Flipchart, stand and markers
- Presentation slides, laptop, LCD projector and screen

Instructions

- Start the session and show initial slides to explain the 4 best practices for adequate nutrition of infant and young child.
- Ask for any volunteer to recapitulate the messages for breastfeeding for a postpartum woman.
- Brainstorm the advantages of breastfeeding for mother and baby
- Ask what is the correct position of the baby for breastfeeding and provide feedback.
- Present slides on complementary feeding
- As you do the presentation, ask the group to specify what should be written on the blank cells of the table displayed on the flip chart paper:

Age	Texture	Frequency	Average amount of each meal
6-9 months			
9-12 months			
12-24 months			

- Present slide on feeding during illness







- After the above section of presentation, ask a volunteer to do a role-play on counselling a woman with a child of 6 months on complementary feeding of the child. Keep the flip chart hanging in front of participants doing role-play.
- Call another volunteer to do the role-play of counselling a woman with a child of 1 year, for complementary feeding of the child.
- Call third volunteer to do the role-play of counselling a woman with a child of 1 ½ years for complementary feeding of the child.

Provide constructive feedback after each role-play.

- Present other slides on growth monitoring and show the growth chart.
- Summarize key messages for parents regarding age-appropriate and adequate nutrition.









Day 4: Session 4

Adequate and Age Appropriate Nutrition of Child

Objectives



- State four best practices for adequate nutrition of infant and young children
- Recapitulate the key messages related to breastfeeding
- Specify advantages of breastfeeding to mother and baby
- Explain what is the correct positioning of the baby for breastfeeding
- Explain how complementary food should be given to babies of specific age groups
- State importance of growth monitoring for children





2

Adequate Nutrition of Infant and Young Child: Four Best Practices

- Initiation of breast feeding within 1 hour of birth
- Exclusive breastfeeding for the first 6 months
- Appropriate complementary feeding starting on completion of 6 months of age
- Continued breastfeeding for 2 years or beyond





3





Advantages for Breastfeeding

- Early skin to skin contact keeps the bay warm
- Colostrum (first milk) protects the baby from infections
- Develops a close and loving relationship between mother and child
- Helps womb to contract and the placenta is expelled easily after delivery
- Reduces the risk of excessive bleeding post-delivery
- Helps early secretion of breast milk
- Lowers the risk of pregnancy in first 6 months postpartum

Benefits for Baby

Benefits for Mother

4

Correct Position of Baby for Breastfeeding

Breastfeeding Positions

5

Complementary Feeding

- Complementing solid/semi solid food with breast milk, when breast milk is no longer sufficient to meet the nutritional requirements of infant
- The child should be fed complementary foods after 6 months
- Delayed and inadequate complementary feeding is the most common reason for growth faltering in children

6





Complimentary Feeding			
Type of Food	Age	Frequency	Average amount/meal
<ul style="list-style-type: none"> Mashed roti/rice/bread/biscuit in milk and sugar Mashed roti/rice/bread in Dal with ghee or Khichri with ghee and vegetables (cooked in khichri) Sewai/Dalia/Halwa/kheer cooked in milk Mashed potato/fried potato or one seasonal fruit (banana, cheeku, mango) or meat, fish and egg 	6-9 months	2-3 meals/day + frequent breastfeeding	Start with 2-3 table-spoonfuls
	9-12 months	3-4 meals+ breastfeed+1-2 snacks	½ of a 250ml cup/bowl
	12-24 months	3-4 meals+breastfeed+1-2 snacks	¾ to a 250 ml cup/bowl

Feeding during Illness

- Food intake decreases during illness but energy requirement increases
- Breastfeeding should be continued. Children should be encouraged to eat small frequent energy rich food
- After the illness:
 - ✓ Increase one or two meals in the daily diet for a period of about a month
 - ✓ Offer nutritious snacks between meals
 - ✓ Give extra amount at each meal
 - ✓ Continue breastfeeding



8

Growth Monitoring

- Very important to assess child's growth
- Growth monitoring is done on growth chart (sub-center, Anganwadi center)
- Assessment is done by plotting height and weight for age
- Assessment should be done monthly during 1st year, every 2 months in 2nd year, every 3 months thereafter till the 6th year
- Deviation from normal growth indicated by growth chart, points towards malnutrition, which needs to be corrected

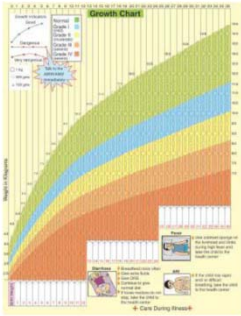


9







Growth Chart



A child is growing :

- Normally, if the weight for age is in the green zone
- Moderately underweight, if the weight is in yellow zone
- Severely underweight if the weight is in the orange zone



10

Counsel for Growth Monitoring of Children

Counsel mothers and families of young children :

- About the importance of regular growth monitoring of the child
- About the places where they can get the growth monitoring of the child plotted on the growth chart
- To keep the growth chart safe and bring it along each time while visiting a health facility or anganwadi center







11

Key Messages for Parents regarding Age-appropriate and Adequate Nutrition

Feed the child only breast milk till the age of 6 months	Start complementary feeding after the age of 6 months
Adequate nutrition is must for normal growth	
Maintain hygiene while preparing food and feeding the child	Get the growth of the child charted regularly



12





DAY 4: SESSION 5: TRAINING ACTIVITY

EARLY IDENTIFICATION AND CARE FOR MAJOR CHILDHOOD DISEASES

Session Objectives

By the end of the session, participants will be able to:

- Name 2 most common causes of illness and deaths in children
- Define what is diarrhoea in children
- State how diarrhoea in children should be cared at home and specify danger signs in which child should be taken to a health facility immediately
- Demonstrate preparation of ORS and how oral rehydration therapy is given at home
- Specify symptoms of acute respiratory infections and danger signs in which child has to be taken to a health facility immediately
- Counsel parents how to prevent acute respiratory infections in children
- Counsel parents how to care a child with acute respiratory infection at home, what to do in case of fever

Time

1 hour

Resources/Materials Needed

- Flipchart, stand and markers
- Presentation slides, laptop, LCD projector and screen

Instructions

- Start the session and show initial slides to specify the 2 major causes of illnesses and deaths in children.
- Explain what is diarrhoea and present key facts about diarrhoea.
- Show the pictures through slides and explain danger signs of diarrhoea.
- State role of zinc in diarrhoea.
- Demonstrate how a mother of a child, who is having diarrhoea, should be counselled on following through a role-play:
 - Danger signs
 - Feeding during diarrhoea
 - Prevention of dehydration
 - How to prepare ORS solution (actual demonstration with ORS packet, drinking water, utensil with cover to store the solution, stirrer, cup and spoon)
 - How to prevent future diarrhoea







- Ask questions to establish the symptoms of acute respiratory infections (ARI), danger signs in ARI.
- Ask participants to state what messages should be given to mothers:
 - To prevent ARI in children
 - To provide appropriate care of the child having cough and cold
 - To identify danger signs in ARI
- Write the responses in flip chart and ask participants to open chapter 16 of handbook and match their responses with the points given in the box on counsellors roles related to ARI in children.
- Present fever and counsellors role in case of fever in children.
- Summarize the key points of the session.









Day 4: Session 5

Early Identification and Care for Major Childhood Diseases



Objectives

- Name 2 most common causes of illness and deaths in children
- Define what is diarrhoea in children
- State how diarrhoea in children should be cared at home and specify danger signs in which child should be taken to a health facility immediately
- Demonstrate preparation of ORS and how oral rehydration therapy is given at home
- Specify symptoms of acute respiratory infections and danger signs in which child has to be taken to a health facility immediately
- Counsel parents how to prevent acute respiratory infections in children
- Counsel parents how to care a child with acute respiratory infection at home, what to do in case of fever





2

Two most common causes of illness and deaths in children

- Diarrhea 
- Respiratory infections 

Deaths and severe illness from these causes can be prevented by:

- Simple recommended care
- Seeking medical care as soon as danger signs appear



3





Key Facts about Diarrhea

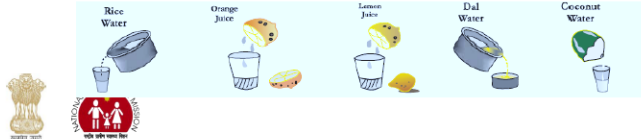
- Diarrhea – A major cause of death and disease among children under 5 years
- Diarrhea is passage of liquid or watery stools more than 3 times in a day. Passage of even one large watery motion among children can be labelled as diarrhea
- Severe diarrhea causes loss of water and minerals from the body, which is dangerous, if the child cannot take enough water or fluids to replace the loss
- Severe illness and death can be prevented by maintaining fluid intake of the child, continuing feeding of the child and timely care seeking or referral in case of danger signs



4

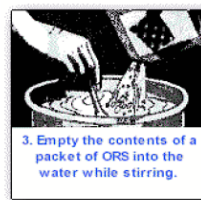
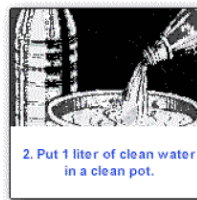
Key Facts about Diarrhea (Contd)

- The child with diarrhea should be given more fluids and breastfeeding should be continued
- Fluids can be ORS (oral rehydration solution) or ORT (oral rehydration therapy)
 - ORS is a readymade mixture (powder) available in packets, available in all health facilities and with ANMs and ASHAs
 - ORT is home available or home prepared fluid, such as rice water, dal, dal water with salt, butter milk (lassi) with salt and soup with salt, lemon water with salt, coconut water, plain water (preferably given with food)



5

How to Prepare ORS Solution



5. Use the solution within 24 hours and then prepare fresh solution



6





Danger Signs in Diarrhea



Take the child immediately to a doctor if:

- ☞ Child becomes lethargic or sicker
- ☞ Not able to drink or suck on breast
- ☞ Develops blood in stool
- ☞ Does not pass urine for 8 hours



7

Counsel about care for children with diarrhea

1. Breastfeed more often



2. Give extra fluids



3. Give ORS and dispersible Zinc tablets as prescribed



4. Continue feeding



5. Take the child to hospital if loose motion do not stop or danger signs appear



8

Diarrhea can be prevented by

- Exclusive breastfeeding for first 6 months
- Washing hands before cooking food and feeding the child
- Keeping containers for preparing the food and for feeding the child, clean
- Keeping the food covered
- Using safe source of drinking water and keeping drinking water covered
- Feeding freshly prepared food
- Keeping the house and neighboring area clean and properly disposing wastes
- Using sanitary latrines constructed in the households



9





Symptoms of Acute Respiratory Infections (ARI)

- Cough
- Running nose
- Fever
- Difficulty in breathing



10

How to prevent ARI in children

- Timely immunization of the child for vaccine preventable diseases
- Timely administration of vitamin A



11

Care of the child for common cold and cough

- Keep the child warm
- Give plenty of fluids and continue age-appropriate feeding
- Increase feeds after the child recovers
- Ensure that the child takes enough rest



12





Danger Signs of ARI



Danger Signs: Take the child to a doctor immediately

- ♦ Breathing fast
- ♦ Breathing with difficulty
- ♦ Not able to drink or breast feed
- ♦ Becomes sicker
- ♦ Develops fever



13

Fever

- Fever is a common symptom of many diseases, not a disease itself
- Identified by measuring body temperature of the child:
 - Mild fever = 37-39 degree C
 - Moderate fever = 39-40 degree C
 - High fever = Above 40 degree C



14

Counselling in Fever

Counsel mother for

- Getting temp measured
- Using cold/wet sponge on forehead and limbs during high fever and take the child to hospital/health center
- Feeding –
 - + Give enough water and fluids to drink
 - + Give light meals like Khichdi, daal-rice, curd, dalia
- Completing the treatment for specific conditions that are diagnosed



15





DAY 4: SESSION 6: TRAINING ACTIVITY

PRACTICE COUNSELLING FOR CHILD CARE

Session Objectives

By the end of the session, participants will be able to:

- Counsel mothers and family members on immunization of child
- Counsel mothers and family members on adequate age appropriate nutrition of the child and importance of growth monitoring
- Counsel mothers and family members on:
 - (i) Prevention and care for diarrhea in children
 - (ii) Prevention and care for ARI in children
 - (iii) Care for fever in children

Time

2 hours

Resources/Materials Needed

- Handbook distributed to participants

Instructions

- Ask participants to divide in 4-5 groups and each group should practice through role-plays in 1 hour time,:
 - Counselling mothers on immunization of children
 - Counselling mothers on adequate age appropriate nutrition of the child and importance of growth monitoring
 - Counsel mothers and family members on:
 - (i) Prevention and care for diarrhea in children
 - (ii) Prevention and care for ARI in children
 - (iii) Care for fever in children
- Ask each participant to practice all the above counselling in his/her small group through role-plays. The group-mates will provide feedback to each other.
- Rotate in the groups to ensure that participants are practicing and whenever required, provide feedback or answer participants' queries.
- Ask participants to volunteer to do the role plays of child care counselling (including immunization, nutrition, growth monitoring, diarrhea, ARI and fever in children) in front of the large group.





DAY 4: SESSION 7: TRAINING ACTIVITY

POST-TRAINING CHILD HEALTH KNOWLEDGE ASSESSMENT AND EVALUATION OF THE COURSE

Session Objectives

- Participants will participate in the assessment of knowledge on child health to indicate the gain through training
- Sharing of the outcome-analysis of pre and post knowledge assessment on child health
- Discussion of questions of pre and post-test with correct answers, clarification of doubts
- Participants will evaluate the 4 days training course

Time

30 minutes

Resources/Materials Needed

- Copies of post-test questionnaire for all participants

Instructions

Note for trainers: The pre/post-test questionnaire and the answer-key are given at the end of session 1 (Introductory Session) of day 4 in this Facilitators' Guide.

- Ask participants to complete the post-training questionnaire in 15 minutes.
- One facilitator should score the post-training tests and do the analysis of pre and post-tests in the following manner and share the analysis with participants:
 - Highest scores in pretest; Highest scores in post-test
 - Lowest scores in pre-test; Lowest scores in post-test
 - How many scored:

Scores	How many scored in pre-test	How many scored in post-test
100-90%		
80-89%		
70-79%		
60-69%		
Below 60%		

(Note for TRAINERS: Remember that the accepted level in post-test is 80%. Those who received below 80% should be called for one-to-one discussion of his/her paper and if needed, s/he should be given a second chance for post-test in extra-time. The objective is that all participants should have minimum 80% scores in knowledge test after the training)

- If needed, discuss all the questions and correct answers. Ask participants to share the queries or doubts that they have in mind and address those doubts and clarify the queries.





- Appreciate participants for their gain in knowledge maternal and newborn health.
- Distribute course evaluation forms to participants and ask them to complete the form in 10 minutes. Explain that their feedback for the training course will help to improve the training for the future batches.
- After the training compile the feedback given by participants and take possible corrective measures based on feedback.





COURSE EVALUATION FORM

(To be completed by **Learners**)

Instructions: Please complete the following evaluation of the training in which you just participated. Complete all sections of the evaluation form to indicate your opinion of the course components. Your response will let us know how to improve future training and provide us with information about what other topics you would like to see addressed:

Please circle the choice that best reflects your evaluation of the training.

1. Overall Evaluation: The training is useful.
4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree
2. This training has enhanced my knowledge on key messages of FP counselling and PPFP, PPIUCD counselling, maternal and newborn health, child health
4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree
3. This training has helped me develop skills in counselling on FP, PPFP/PPIUCD, maternal and newborn health, child health
4 Strongly Agree 3 Agree 2 Disagree 1 Strongly Disagree
4. Did you find the training methods helpful for your learning?
4 Very well 3 Well 2 Neutral 1 Not well
5. Do you feel confident for counselling women on FP, PPFP/PPIUCD, maternal and newborn health, child health when you go back from the training?
4 Very confident 3 Confident 2 I need more practice 1 I cannot do counselling
6. If you have any feedback on what could have improved the training, please write:

Thank you for your feedback!





DAY 4: SESSION 8 AND 9: TRAINING ACTIVITY

NEXT STEPS AND CLOSING

Session Objectives

- Participants will recapitulate their roles and responsibilities related to FP, PPFP/PPIUCD, maternal and newborn health, child health counselling
- Participants will discuss how they will prepare themselves to do effective counselling at the work-site

Time

Session 8: 30 minutes

Session 9: 30 minutes

Instructions

- Facilitate recap of expectations from RMNCH counselors.
- Lead a discussion how counsellors will apply the new learning into action at their work-sites, what preparation they need to do by themselves and provide feedback.
- Thank participants for attending the training workshop.
- Present certificate of completion.



