



Operational Manual for Field Health Educator

IRADA

Improving Reproductive Health Through
Awareness, Decision and Action





Suraj Social Franchise
Behaviour Change Communication

Acknowledgements



Marie Stopes Society (MSS) and the IRADA project team would like to acknowledge the contributions of everyone involved in the development of this training manual. We are extremely grateful to Kausar Saeed Khan and Aziza Burfat who co-authored IRADA's original operational manual, which this manual has been adapted from. Additionally, MSS would like to thank Komal Daredia and Asim Nasar for their contributions to the original operational manual.

June, 2018

Karachi, Pakistan

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This material has been funded by UK aid from the UK Government; however the views expressed do not necessarily reflect the UK Government's official policies.

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Marie Stopes Society



Marie Stopes Society (MSS) is a social enterprise that caters to the reproductive health and family planning needs of the underserved, by providing high quality, affordable family planning (FP) services. It is one of the leading partners of Marie Stopes International (MSI), a UK-based non-governmental organization operating in over 37 countries worldwide.

MSS operates in tandem with strong partnerships with government bodies working towards common RH (reproductive health) goals. It is an integral part of the Government's FP2020 Task Force in Sindh and Punjab which is committed to increasing the Contraceptive Prevalence Rate (CPR) to 55% by the year 2020.

The MSS vision is better reproductive health for people in Pakistan, with a mission to be the leading, effective and enduring contributor towards improved reproductive health of the people in Pakistan.

Objectives

1. Increased availability of quality reproductive health (RH) services with a focus on rural areas.
2. Improved enabling environment for women, girls and men to avail healthy RH choices.
3. Strengthened accountability for results at all levels with increased transparency and innovative approaches.

How IRADA will work with Women

IRADA will be used participatory approaches to increase uptake of modern family planning methods in the target population by improving societal norms regarding FP, improving attitudes towards FP, and increasing women's ability/confidence regarding using a modern FP method. Field Health Educators (FHEs) will be at the core of this intervention and will oversee the various intervention components and activities. IRADA will be rolled out across all MSS districts.

IRADA is comprised of two key components:

Community Mobilisation

Behaviour Change Communication

Objectives

Health Objective

To contribute to a reduction in maternal mortality by averting unintended pregnancies, thereby averting maternal deaths among Married Women of Reproductive Age (MWRA) living in rural communities where IRADA is being implemented over the project life

Behavioural Objectives

To increase adoption of modern contraceptive methods by non-users and lapsed users over the project life.

To contribute to the total national Couple Years of Protection (CYPs) amongst participants over the project life.

Section I: Community Mobilisation

What is community?

Community refers to a group of people who live in a particular geographical locale and have many things in common, such as the food they eat, clothing, their values, behaviours, attitude towards gender, housing and the way they interact with people within their community and with people from outside. A Community's norms, beliefs and behaviours are grounded in the traditions and environment of the area.

Conceptual Understanding of Community Mobilisation

Community Mobilisation is the process of reaching out to different stakeholders within the community to share a vision, promote discussion and build their capacity and take action together to address problems affecting the entire community.

MSS uses community mobilisation as the first step towards behaviour change. The purpose is to create an enabling environment that empowers women to take decisions about their health. The community mobilisation strategy also aims to create a supportive environment to support the reproductive rights of women, empowering them to take decisions on birth spacing and access to FP and MCH services.

Through community mobilisation, MSS aims to achieve following aspirations:

- Increased ownership, support and responsibility for MSS initiatives
- Increase access and better results
- Improved coverage and access to information and services
- Development of sustainable behaviour change approaches
- Better response to community needs and concerns
- Developing more culturally appropriate strategies and messages
- Greater success (results and sustainability)

IRADA's community mobilisation component will focus on two aspects:

- 1) Creating Community Health Committees (CHCs)
- 2) Inducting Community Health Volunteers (CHVs)

CHCs and CHVs will aid FHEs in conducting various intervention activities within the community and in establishing rapport with the community.

Community Health Committees (CHCs)

Objectives:

- To Improve linkages in the community between providers and community members.
- To reduce socio-cultural barriers in the community to access to FP services.
- To create a community space for the women and men to seek practical and emotional support on healthy timing and spacing of pregnancies, irrespective of class, education and financial status.

Roles and Responsibilities of CHCs

- Enablers for empowerment of women and enabling them in seeking family planning services.
- Mediators for referring clients to FHEs and to providers.
- Advocates for gender equity and FP services .
- Continued presence as advocates for family planning in the community even after the project concludes.
- CHC members should know how to approach community members and how to create a favourable environment for family planning in the community.
- CHC members should be completely well versed with the poverty scoring criteria and should be able to inform the poorest members of the community about the availability of vouchers which would enable them to seek FP services;
- CHC members should be able to map the various areas in their community based on wealth quintiles and other socio-economic factors
- CHC members should inform the team in advance if there are any problems or inconsistencies with the law and order situation in the community that may disrupt the team's activity. In that case, the team will rearrange the activity on some other day based on CHC advice.
- CHC members should use posters and other communication materials to increase awareness of IRADA in their communities
- CHC members should be very much familiar with the private providers and should be able to mobilise support of a link agent to accompany the women to the providers if they need facilitation.
- CHC members will assist the project team in identifying community health volunteers to work at the grass root and micro level activities in order to reach out to individual households.

Steps in establishing CHCs

Step 1: Organise a Public meeting

FHE organise a public meeting with Community Opinion leader or village health committee members and discuss the objectives of IRADA and their support required to achieves these objectives. In this meeting FHE will describe the criteria for the selection of CHC members:

Step 2: CHC selection Criteria:

- Preferably married men and women respected/held in high regard by the community
- Have an interest in working with the community
- Well known in the community and have a large network
- Have comprehensive knowledge of the community and societal norms
- Female community health committee members could be teachers, social workers local nurse, seamstress, industrial home operator, etc.
- Male committee members could be teachers, social workers, shopkeepers, local bankers or youth group members etc.
- Should be good listeners and have empathy for community members

Step 3: Meeting with the members of CHC

- Purpose of the meeting: The purpose of the first meeting is to take on board the influential leaders in the CHC and make sure that they paly a supportive role for promoting HTSP in the community.

Pre requisite checklist for the arrangement of meeting			
S.#	Items	Yes	No
1.	Venue of the meeting		
2.	Attendance list		
3.	Writing pad and pen		
4.	Refreshment		
5.	Back drop/Banner		

Agenda of Meeting

- Welcome and introduction of participants
- Introduction of MSS and IRADA
- Discuss the role of CHC
- Define the CHV and their role
- Identification of CHV by the CHC
- Setting the date and time of next meeting
- Concluding remarks and vote of thanks

How to Train CHCs

In order to strengthen CHC, the field team will conduct one day capacity building programs for CHC members.

Step 1: Logistic arrangement

- Discuss the date and time of training with DCO and SFS
- Selection of venue
- Make a list of participants
- Give invitation to all CHC members
- Use following event checklist for training organization

Event checklist:

Please check mark if the below mentioned items are marked with MSS logo & item code:

S. #	Items Check List	Branded	Comments (if any)
1	Attendance Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Back drop / Banners	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Manuals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Participants Profile	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Posters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Registration Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Standees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Souvenirs (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Verbal Acknowledgements	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 2: Prepare yourself to conduct following sessions

S.#	Sessions	Facilitator
1.	Introduction to MSS and IRADA	FHE/SFS
2.	Role of CHC in extending support to FHE and CHVs in organising “muhalla meetings” for creating community awareness and demand	FHE/SFS
3.	Role of CHC in facilitating FHEs and CHVs in the implementation of their responsibilities	FHE/SFS
4.	Advantages and disadvantages of various family planning methods	FHE/SFS

5.	Their role in promoting information about the community events such as “Provider’s Day”	FHE/SFS
6.	Create opportunities for FHEs to reach out to various available platforms that are organised to deliver information about FP services	FHE/SFS
7.	Importance of inter-spousal communication in FP related matters	FHE/SFS
8.	Improving the status of women and female children	FHE/SFS
9.	Promotion of online help services: 080022333 for addressing adolescent health issues	FHE/SFS

Step 3:

- Meeting with CHC member
- Assign responsibilities to identify CHV
- Discuss the date and time of meeting with CHV

CHC reporting guidelines

CHCs will conduct a monthly meeting with the FHE as per a plan mutually agreed upon between the FHE and the CHC.

Prior to the meeting, CHC will prepare a report of key activities undertaken and support provided to the FHE during the previous month. Reporting tool is attached as Annex 1

During the monthly meeting, the following will be reviewed and discussed:

- Activity report
- FHE work plan for next month

Key outcomes anticipated from monthly meeting:

- CHCs will facilitate FHE in finalising her work plan
- CHCs and FHE will identify key challenges and develop mitigation strategies/CHC supports required for the upcoming month.

Key Messages to be portrayed by CHCs

Theoretical Construct	Target Audience	Message
Perceived Norms	Husband	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.
	Mother-in-Law	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.
	Community	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

Community Health Volunteers (CHVs)

Community Health Volunteers (CHVs) refers to those community change agents that facilitate community members in adopting HTSP. CHVs do not have to be very educated but must be literate. CHVs will be recruited from the communities in which they will work to ensure that they share ethnicity, language, socioeconomic status and life experiences with the community members they serve.

Roles and Responsibilities of CHVs

- CHVs will identify eligible MWRA in the community and refer them to FHEs .
- CHVs are expected to support FHE to motivate clients to adopt HTSP through various community platforms including the following:
- Door to door visits to identify areas, couples, and MWRAs with unmet need for family planning
- Develop social map clearly highlighting the households in the following categories:
 - Identify eligible family for FP – this may include large family size and express the unmet need for FP.
 - Large family, living in poverty and not ready to adopt FP methods.
 - Those who have small families, but would like to space out their pregnancy.
 - Those families which are very poor and hence may need support of the program through vouchers in accessing the service.
 - Those who are using the traditional FP methods and are willing to switch to a modern method
 - Those who have used the FP method in the past and are currently not using any method.
- Counsel the couples and facilitate them in accessing FP service.

- Developing linkages between the community in their assigned areas and the health care providers.
- Help CHC in establishing the community transport system to enable women to reach the care provider
- Extend support to FHE in identifying high risk and eligible families
- Extend support to SURAJ provider and field teams in ensuring that the beneficiary of the services are satisfied with the providers

Steps in establishing CHVs

Step 1:

- Identify male and female gatherings in public and private spaces in the community (e.g. Tea Shop, waiting area of Barbour shop, Otaq, Sewing centre etc.)
- Make a list of potential CHVs with the help of CHC members
- Meet them individually and discuss the unmet need for FP
- Record the name, address and contact numbers of CHVs

Step 2:

- Call a group meeting of CHVs and invite MSS field team and introduce them to each other
- Ensure CHV participation and their attendance in the meeting
- Make an action plan with the CHVs and FHEs for how to identify MWRA with an unmet need for family planning

How to Train CHVs

In order to perform their role effectively, CHVs should be provided a brief training by the FHE on the following:

- Introduction of MSS and IRADA: goals and objectives
- How to develop a social map of the community
- Family planning- myths and beliefs in the community
- Family planning methods
- Purpose and role of CHC in Mohalla meetings and various events
- Use of the IPC toolkit in the community for promoting messages about FP

Reporting Guidelines

CHCs will conduct a monthly meeting with the CHV as per as plan mutually agreed upon between the CHV and the CHC. Prior to the meeting, CHC will prepare a report of key activities undertaken and support provided to the CHV during the previous month. Reporting tool is attached as Annex 2.

During the monthly meeting, the following will be reviewed and discussed:

- Activity report
- CHV work plan for next month

Reporting Tools for CHVs: Please see Annex 2 for a report template.

CHV Monthly Reports

There are three sections in the reporting tool for CHV. Please read and carefully filled each section.

Section 1: Please fill the month of reporting, name of village and name of district

Section 2 :(CHV details): Please report following details as per the instructions given below:

S.#	Items	How to fill
1.	Name	Please write down the name of CHV
2.	Community Role	Specify the designated role of CHV such as dai, school teacher, nurse, etc.
3.	Contact details	Write down the contact details such as PTCL/Cell number, Home/office address

Section 3 (Monthly activity report): Please record following details as per the instructions given below:

Monthly Activity Report		
S.#	Items	How to fill
1	Detail of facilitation provided for door to door client visit	Write down the detail of information provided for the counseling of FP method
1.1	Key observation and recommendation for FHEs	Write down the clients/MWRAs name and contact number who are willing to access FP services
2.	No of client referrals facilitated	Write down the contact details such as name, address and the FP methods that MWRA/client willing to adopt
3.	Other activities undertaken	Other activities such as coordination or communication activities
4.	Key challenges during this month	Write down the challenges faced during the mobilisation of MWRAs/Clients

Key Messages to be portrayed by CHVs

Theoretical Construct	Target Audience	Message
Perceived Norms	Husband	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.
	Mother-in-Law	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.
	Community	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

Section II: Behaviour Change Communication (BCC)

IRADA's BCC component is comprised of three different aspects that are aimed at increasing intention to adopt family planning amongst MWRAs in the targeted communities: Mohalla Meetings, Mashvara Meetings, and Client Visits.

Mohalla Meetings

FHEs will conduct a monthly Mohalla meeting in her assigned catchment area. The main purpose of these meetings is to engage and educate married women of reproductive age about reproductive health and family planning. Women attending these gatherings will be engaged by using PRA tools and techniques to critically assess women's and children's health issues and also create awareness of the RH services provided at the Suraj Centre.

Mashvara Meetings

FHEs will additionally conduct Mashvara meetings, where married women of reproductive age will be given advice regarding HTSP and family planning. The relevant SURAJ provider will be present in all Mashvara meetings. These meetings will give women the opportunity to receive vouchers or referrals for Suraj clinics.

Client Visits

FHEs will be required to visit at least 160 clients a month for one-on-one education and counselling regarding HTSP and various family planning methods. Family Planning service vouchers and referrals will be provided to those eligible. The FHE will maintain a family record for each client and ensure that clients are regularly followed up.



Protocol for Mohalla Meeting

Mohalla Meeting

Field Health Educators in all the districts will conduct a monthly Mohalla meeting. The main purpose of these meetings is to engage and educate women and men of reproductive age about reproductive health and family planning. Women attending these gatherings will be engaged by using PRA tools and techniques to critically assess women's and children's health issues and also create awareness of the RH services provided at the Suraj Centre.

Objectives

- To raise critical consciousness of participants regarding their life and health.
- To inform the participants about available health services.
- To encourage critical thinking among women on health and social issues.
- To highlight information and importance of spacing births.
- To provide information regarding Suraj Centre.

Participants

The meeting will consist of FHE and 10-20 women from the neighbourhood. Each group will have members from different households and castes.

Check list for Mohalla Meetings/ Required Materials/ Supplies

Suraj/Pehli Kiran Jacket, brochures, Mug/ Key Chain/ Pencil/ Pen, Key messages flyer, Banners, Manual, Family Card, Vouchers, Camera, Attendance Register, Diary, Paper, Marker, Chart.

Agenda for Mohalla Meetings

Serial No.	Activity	Time
1	Welcome, Introduction, Objectives of the session, Norm Setting	5 Minutes
2	PRA Exercise 1. Photo-discussion on women's general problems and delivering key messages Or 2. Discussion with women on their daily life with the help of Timeline and delivering key messages	30 Minutes
3	Delivering key messages around HTSP using modern family planning methods (10 mins)	15 Minutes
4	Voicing intention (Decision/Moving forward): Invitation to Mashvara meeting and distributing vouchers.	5 Minutes
5	Participant feedback and comments	5 Minutes
6	Refreshment	
	Total Time	1 Hour

Key Messages for Mohalla Meetings

Positive Attitude	It is important for the health of both the mother and child to wait at least three years between children.
	By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.
	Birth spacing can improve the health of a woman by giving her time to recover following her delivery.
	Modern family planning can be used to delay pregnancy after marriage.
Personal Agency	There is a Suraj centre located within your community to ensure easy access to modern family planning methods for you.
	In the case where you are unable to afford a modern FP method, reach out to a FHE or Suraj provider in your community to receive a voucher for free services.
	In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.

Activity 1: Starting the mohalla meeting

Start the meeting with the local greeting and welcome all the women who have come for the meeting. Introduce yourself “My name is....., and I have been working at the Suraj centre for the past _____ months/years.” Ask the participants to introduce themselves as well.

Tell the participants that “my organization works for the health of mothers and children. We thank you for taking your valuable time out and coming here to participate and discuss in today’s meeting.

The purpose of today’s meeting is that we talk about the problems faced by women in their area regarding their general life, health, and the health of mothers and children.

Before we start the meeting, I will need your permission for the meeting because it will require approximately one hour of your time.

I will need your permission for taking pictures during the meeting with the reassurance that they won’t be published anywhere without your approval.

Whatever we discuss during the meeting will be kept strictly confidential and anyone who wants to leave can leave at any time.

Basic Instructions for every meeting

- Begin with greeting as per local custom and thank them for gathering
- Introduction: Introduce yourself, Introduce the participants and Introduce the project
- Objectives of the meeting
- Inform about the time requirements
- Asking for permission
- Confidentiality

Activity 2: Photo Discussion (PRA Tool)

Photo A: Show participants a picture of a healthy woman with two children and ask participants to share their thoughts on the picture.

<p>Activity:</p> <p>Show the picture of a healthy woman to the participants.</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> • What comes to your mind when you see this picture? • How do you think she looks? • How do you think she spend her everyday life? • What are the factors/reasons on which she looks happy or satisfied?
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	



Photo B: Show participants a picture of an ill/stressed woman along with her five to seven children and ask participants to share their thoughts on the picture.

Activity:

Show the picture of an ill/stressed woman to the participants.

Note:

- All the participants should be given equal opportunity to express their views.
- Questions should be asked one by one
- Never ask two questions at the same time.
- Record all answers to questions
- Allow some time after each question for participants to answer.

Tell the participants:

- What comes to your mind when you see this picture?
- How do you think she looks?
- What are the factors/reasons on which she looks unhappy, stressed, or unsatisfied?
- What problems do you think she struggles with?
- What do you think are the reasons for these problems?



Activity 3: Timeline or Daily Routine (PRA Tool)

Activity A: Timeline

Activity:

Talk to the client about time periods in their life from their birth.

Note:

If there are 5-8 women present in the house then talk to them about their daily routine as a group.

- Encourage the client/participants to use symbols to represent their individual chores and assist in the selection of symbols.
- All the participants should be given equal opportunity to express their views
- Questions should be asked one by one
- Never ask two questions at the same time
- Record all answers to questions
- Allow some time after each question for participants to answer.

Tell the client/participants:

- I want to understand your life that's why we want to know about the time-periods in a woman's life.
- How many time-periods do you see in a woman's life?
- Draw a line on a chart or floor and represent each end with birth and death. Ask the participants to assign a symbol to both ends.
- Ask the women to describe these time-periods in their own language. Represent each time-period with a symbol.
- What kind of tasks does the woman perform in these time-periods?
- In which time-period does the girls get married and at what age?
- What kind of health problems do women face in these time-periods?
- At what time-period do the women face most of their health problems?



Activity B: Daily Routine

<p>Activity: Daily Routine of MWRAs</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> • We are interested in understanding your daily routine.
<p>Note:</p> <p>If there are 5-8 women present in the house then talk to them about their daily routine as a group.</p> <ul style="list-style-type: none"> • Encourage the client/participants to use symbols to represent their individual chores and assist in the selection of symbols. • Keep an eye on the details of how they cook their food. For instance what do they do when they are cooking the food, how they do it, what is the first thing they do, what they do after they have cooked the food? • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	<ul style="list-style-type: none"> • Tell them to draw a line in the chart or floor, one end of the line defines the time they get up and the other end defines the time they go to bed. • Ask the woman to identify her daily chores from the time she gets up in the morning till the time she goes to bed at night • Ask the women to describe her daily routine. What are her chores? How does she spend the day? • (While they are describing their routine, keep an eye on their decision-making as when and make a mental note of the kinds of decisions they make.) • Ask the client about the effects their daily tasks have their health, especially on a pregnant woman. • Ask the participants what work do they find the most difficult among all? • In what work from their daily routine they want to see a change.

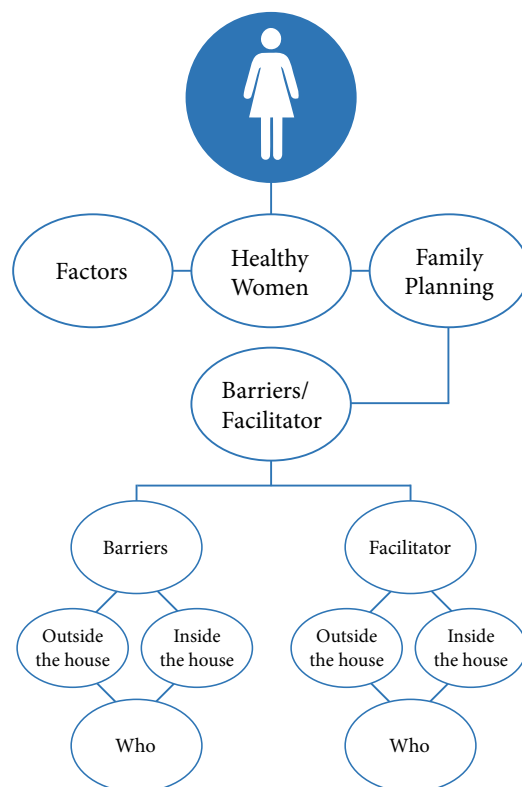
Activity 4: Delivering Key Messages through Discussion on HSTP and FP

Activity:

Discuss birth spacing with the participants.

Ask the participants:

- Represent a healthy woman with a symbol.
- Ask the participants what they think family planning/ birth spacing is.
- Ask the participants, what hurdles, they think people face with regards to family planning.
- Hurdles inside home
- Hurdles outside home
- What do you know about family planning methods?
- What do you think are the effects of family planning on a woman's health?
- How do you think adopting family planning effects the family (financially)?



Activity 5: Voicing Intention

Invitation for Mashvara meeting and distribution of vouchers

Activity:

Voicing intention, Invitation for Mashvara meeting and distribution of vouchers

Note:

Take the discussion towards a few important questions like do all the women agree on today's discussion that child spacing is necessary for the good health of women?

If all the women in the meeting agree to this then take the discussion towards its logical conclusion

Tell the participants:

- What do you all think about intention (Irada) to space births?
- How many of you present here intend (have done Irada) to space births?
- Invite the women present in the Mohallah meeting to participate in the Mashvara meeting so they are introduced to the health service provider at the Suraj centre who can talk to them about their health problems and clear doubts and misunderstandings about family planning.

Ask the participants

How many women intend today to use child spacing?

How many women intend today that they will spread the message to others? Because Intention precedes action and it is written in the Quran that:

“Intention is the foundation of every action.” (AlQuran)



Activity 6: Participant Feedback and Comments, Thanking the participants

<p>Activity:</p> <p>Recording participant feedback, comments and thank you note</p>	<p>Ask the participants:</p> <ul style="list-style-type: none"> • How do you feel about the session? Do you want to say anything about it? • What have you learned from today's discussion? • Was there something new? What is the new in it? • What did you not like? • What did you find difficult? • Anything important from today's session that you will remember? • The facilitator should also express their thoughts. <p>Thank all the participants for sharing their thoughts and taking their valuable time out to attend the session, making it possible for everyone to learn from each other.</p>
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	

Activity 7: Refreshment

Thank all the participants again and offer them refreshment.

Protocol for Mashvara Meeting

1. Mashvara Meetings

FHEs will hold Mashvara meetings where married women of reproductive age will be given advice regarding women's and children's health issues. The relevant SURAJ provider will be present in every meeting. These meetings will give women the opportunity to receive vouchers or referrals for the Suraj clinics along with advice on child spacing methods.

Objectives

1. To give correct information on general health problems
2. To give correct information on child spacing
3. To give the participants correct information about health services

Participants

The meeting will consist of 10-20 women from the neighbourhood from different households and castes.

The FHE and the service provider from the Suraj Centre will conduct the meeting.

4. Check list for Mashvara Meetings/ Required Materials/ Supplies

Suraj/Pehli Kiran Jacket, brochures, Mug/ Key Chain/ Pencil/ Pen, Key messages flyer, Banners, Manual, Family Card, Vouchers, Camera, Attendance Register, Diary, Paper, Marker, Chart.

Agenda for Mashvara Meeting

Serial No.	Activity	Time
1	Welcome, Introduction, Objectives of the session, Norm Setting	5 Minutes
2	Summary of discussion in Mohallah meeting	5 Minutes
3	PRA Exercise: Body Mapping	30 Minutes
4	Lecture on female reproductive system (and with participant consent discussion on male reproductive system)	30 Minutes
5	Discussion on reproductive health and family planning	30 Minutes
6	Delivering key messages	10 Minutes
8	Voicing Intention: Distributing vouchers	5 Minutes
9	Feedback, Thank you note	5 Minutes
10	Refreshment	
	Total Time	2 hours

Key Messages for Mashvara Meetings

Positive Attitude	It is important for the health of both the mother and child to wait at least three years between children.
	By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.
	Birth spacing can improve the health of a woman by giving her time to recover following her delivery.
	Modern family planning can be used to delay pregnancy after marriage.
Correction of Myths and Misconceptions	If used correctly, modern family planning methods are a safe and reliable way to practice birth spacing.
	Women who choose to use family planning injections to prevent pregnancy can get pregnant within a few months after she stops receiving the injections.
	Inserting an implant is a simple procedure that takes approximately 2-5 minutes and does not require surgery or stitches, and does not leave a scar.
	An IUD is inserted into the uterus and is confined there and unable to travel to other parts of the body. Women using IUDs can continue to have sexual intercourse.
	If a woman is using family planning pills to prevent pregnancy, she will be able to conceive as soon as she discontinues use of the pills.
Personal Agency	There is a Suraj centre located within your community to ensure easy access to modern family planning methods for you.
	In the case where you are unable to afford a modern FP method, reach out to a FHE or Suraj provider in your community to receive a voucher for free services.
	In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.

Activity 1: Start the mashvara meeting

Start the meeting with the local greeting and welcome all the women who have come for the meeting. Introduce yourself “My name is....., and I have been working at the Suraj centre for the past _____ months/years.” Ask the participants to introduce themselves as well.

Tell the participants that “my organization works for the health of mothers and children. We thank you for taking your valuable time out and coming here to participate and discuss in today’s meeting.

The purpose of today’s meeting is that we talk about the problems faced by women in their area regarding their general life, health, and the health of mothers and children.

Before we start the meeting, I will need your permission for the meeting because it will require two to three hours of your time.

I will need your permission for taking pictures during the meeting with the reassurance that they won’t be published anywhere without your approval.

Whatever we discuss during the meeting will be kept strictly confidential and anyone who wants to leave can leave at any time.

Basic Instructions for every meeting

- Begin with greeting as per local custom and thank them for gathering
- Introduction: Introduce yourself, Introduce the participants and Introduce the project
- Objectives of the meeting
- Inform about the time requirements
- Asking for permission
- Confidentiality

Activity 2: Summary discussion of Mashvara meeting

<p>Activity: Summary of the discussion in the meeting</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> We had a discussion with you in the Mohallah meeting in which we talked about your health along with mother and child health and family planning. <p>Ask the participants :</p> <ul style="list-style-type: none"> Can anyone share the important topics we discuss in the meeting. Or what important points did we discuss in the Mohallah meeting?
<p>Note:</p> <ul style="list-style-type: none"> All the participants should be given equal opportunity to express their views Questions should be asked one by one Never ask two questions at the same time Record all answers to questions Allow some time after each question for participants to answer. 	

Activity 3: Body Mapping (PRA Tool)

<p>Activity: Body mapping of a woman of reproductive age.</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> We want to understand what you know about your body? <p>Tell them to draw the female body along with their reproductive organs (i.e. womb, menstrual tract and breasts) and to discuss what they know about these body parts as well as about women's reproductive health.</p> <p>(Observe: how many women can talk about their bodies with ease, how many women join the discussion and how many of them do not participate: who are they? Why are they quiet?)</p>
<p>Note:</p> <ul style="list-style-type: none"> All the participants should be given equal opportunity to express their views Questions should be asked one by one Never ask two questions at the same time Record all answers to questions Allow some time after each question for participants to answer. 	

Questions to get more information:

- What factors can affect a woman's pregnancy?
- What kind of illnesses can occur during pregnancy and how they affect childbirth?
- What kind of environment is good for pregnancy?
- What kind of environment is not good for pregnancy?
- How can a woman get hurt during pregnancy?
- What effect can the wound have on the pregnancy?

Activity 4: Reproductive System

<p>Activity: Give the participants a lecture on reproductive health.</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> • The provider should focus the attention of participants on the female reproductive organs drawn by them in body mapping exercise and tell them the names of the body organs and discuss function. • After participant consent the provider will describe the male reproductive systems, name the organs and describe their function.
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	

Activity 5: Discussion on Reproductive Health and Family Planning

<p>Activity:</p> <p>Discuss general health problems and side effects related to family planning.</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> You can discuss your everyday health problems with the health service provide. Lead the discussion towards family planning and ask the health service provider to discuss actual side effects of family planning by focusing their attention towards it.
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Activity 6: Discussion of Key Messages

<p>Note:</p> <ul style="list-style-type: none"> Divide the participants into five groups. Assign each group 2-3 key messages. Instruct one member of the group to read the messages out loud one at a time, and to lead a discussion with the rest of the group about the message. What do they think it means? Why do they think it is important? Do they agree with the message? If a woman is unable to read then the facilitator should help her out in reading the message.

Activity 7: Voicing Intention: Distributing vouchers

<p>Ask the participants</p> <p>How many women intend today to use child spacing?</p> <p>How many women intend today that they will spread the message to others? Because Intention precedes action and it is written in the Quran that:</p> <p>“Intention is the foundation of every action.” (AlQuran)</p>

Activity 8: Participant Feedback and Comments, Thanking the participants

<p>Activity:</p> <p>Recording participant feedback, comments and thank you note</p>	<p>Ask the participants:</p> <ul style="list-style-type: none"> • How do you feel about the session? Do they want to say anything about it? • What have you learned from today's discussion? • Was there something new? What is the new in it? • What did you not like? • What did you find difficult? • Anything important from today's session that you will remember? • The facilitator should also express their thoughts. <p>Thank all the participants for sharing their thoughts and taking their valuable time out to attend the session, making it possible for everyone to learn from each other.</p>
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	

Activity 9: Refreshment

Thank all the participants again and offer them refreshment.

Protocol for Client Visit

1. Client Visit

FWM will visit at least 160 clients a month for one-on-one education and counselling. Family Planning service vouchers and referrals will be provided at the household level and subsequently followed up. The FWM will maintain a family record for each client and ensure that clients are regularly followed up.

Objectives

1. To inform the participants about health services
2. To give information on spacing births.
3. To give information on Suraj Centre.

Participants

FHEs will visit homes in her area and talk to married women of reproductive age, mothers and mothers-in-law about women's and children's health and birth spacing.

Check list for Client Visit/ Required Materials/ Supplies

Suraj/Pehli Kiran Jacket, brochures, Mug/ Key Chain/ Pencil/ Pen, Key messages flyer, Banners, Manual, Family Card, Vouchers, Camera, Attendance Register, Diary, Paper, Marker, Chart.

Agenda for Client Visit

Serial No.	Activity	Time
1	Entering the Home/Mohalla, Introducing yourself and the project, sharing visit objectives and getting permission	5 Minutes
2	Using a PRA Tool (Photo discussion, Timeline/Daily Routine, Body Map, Social Map)	20 minutes
3	Methods of child spacing <ul style="list-style-type: none"> • Discussion on benefits and side effects of FP • Listening to the client's concerns and clearing misconceptions 	10 minutes
4	Filling the client card	5 minutes
5	Eliciting Intention (helping MWRA voice intention)	5 minutes
6	Giving a service voucher	5 minutes
7	Follow-up	5 minutes
8	Feedback and Thank you	5 minutes
	Total Time	60 minutes

Key Messages for Client Visits

Positive Attitude	It is important for the health of both the mother and child to wait at least three years between children.
	By using a modern family planning method to space births, a woman is able to take better care of her husband, children, and the rest of the family.
	Birth spacing can improve the health of a woman by giving her time to recover following her delivery.
	Modern family planning can be used to delay pregnancy after marriage.
Correction of Myths and Misconceptions	If used correctly, modern family planning methods are a safe and reliable way to practice birth spacing.
	Women who choose to use family planning injections to prevent pregnancy can get pregnant within a few months after she stops receiving the injections.
	Inserting an implant is a simple procedure that takes approximately 2-5 minutes and does not require surgery or stitches, and does not leave a scar.
	An IUD is inserted into the uterus and is confined there and unable to travel to other parts of the body.
	Women using IUDs can continue to have sexual intercourse.
Personal Agency	If a woman is using family planning pills to prevent pregnancy, she will be able to conceive as soon as she discontinues use of the pills.
	There is a Suraj centre located within your community to ensure easy access to modern family planning methods for you.
	In the case where you are unable to afford a modern FP method, reach out to an FHE or Suraj provider in your community to receive a voucher for free services.
Perceived Norms	In the case where you are unable to access transport to go to a clinic, reach out to your community health committee or health volunteers to arrange transport for you.
	Responsible spouses should talk to their wives about birth spacing to protect the health of their wives and children.
	Mothers in law should encourage the use of modern family planning methods to space births to protect the health of their daughters in law and grandchildren.
	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

Activity 1: Introducing yourself during client visit

Note:

Mohalla can be of two types; some have open space where generally women are sitting. In such an environment whoever you see first, greet them first and start conversation.

If you see the family members only and there is no woman in the open space then knock on the door.

Greet the woman warmly and after getting their permission to enter the house introduce yourself and ask the client/women present in the house to give their introduction.

“My name is ... and I have been working at the Suraj Centre for the past ... months/years. We are working on the health of mothers and children.

Today I have come here to talk to you about your health problems. I will be needing some time for it and whatever we discuss will be kept confidential. It is your right if you don't want to share any specific information with me or you don't want to participate but I do hope you will participate in today's discussion.

If now is not a good time, please let me know when I can come visit.”

Basic Instructions for every meeting

- Begin with greeting as per local custom and thank them for gathering
- Introduction : Introduce yourself, Introduce the participants and Introduce the project
- Objectives of the meeting
- Inform about the time requirements
- Asking for permission
- Confidentiality

Activity 2: Using a PRA tool

Step 1: Through discussion with the client, gauge whether they need to increase positive attitude towards modern FP, decrease myths and misconceptions regarding FP, or improve personal agency regarding adoption of modern FP.

Step 2: Based off of a client's need, choose to use whichever combination of PRA tools will be most beneficial to increasing the MWRA's intention to adopt a modern family planning method (i.e. photo discussion targets positive attitude, timeline/daily routine target positive attitude, body mapping targets myths and misconceptions, socail mapping targets personal agency).

Step 3: Use PRA tools according to guidelines above.

Activity 3: Discussing methods of child spacing; benefits and side-effects

<p>Activity:</p> <p>Informing about the methods of child spacing, there benefits and side-effects.</p>	<p>To the participants:</p> <ul style="list-style-type: none"> • What is child spacing? • What are the effects of long term and short term spacing? • How can the spacing be increased? • What is the woman's intention for spacing? • Describe methods of child spacing in detail to the client using a chart. • Have an honest and open discussion about the benefits and side-effects of each FP method with the client.
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Question should be asked one by one • Never ask 2 questions at the same time • Write down the answers of the questions • After every question give some time to the participant so they can answer. 	

Activity 4: Filling the Client Card

<p>Activity:</p> <p>Filling the Client Card</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> • Fill the client card by asking relevant question as per the client card. • Detach the client ID Card and caution them while giving the card to keep it safe.
<p>Note:</p> <ul style="list-style-type: none"> • Make a separate client card for each MWRA if there are more MWRA in the same house. 	

Activity 5: Voicing Intention: Distributing Vouchers

<p>Activity: Give vouchers to those clients who want to utilise it and give them information about Suraj Centre and how to use the voucher for FP services at a Suraj Centre</p>	<p>Ask the participants How many women intend today to use child spacing? How many women intend today that they will spread the message to others? Because Intention precedes action and it is written in the Quran that: “Intention is the foundation of every action.” (AlQuran)</p>
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Activity 6: Follow-up

<p>Note: Tell the client about your follow-up visit that you will come again. Give them your mobile number asking them to contact you in order to get any information.</p>

Activity 7: Feedback and Thank you

<p>Activity: Feedback and Thank you note.</p>	<p>Ask the client/participants:</p> <ul style="list-style-type: none"> • How do you feel about the visit? Do you want to say anything about it? • What have you learned from today's discussion? • Was there something new? What is the new in it? • What you did not like? • What did you find difficult? • Anything important from today's session that you will remember? • The facilitator should also express their thoughts. <p>Thanking client/participants for sharing their thoughts and taking their valuable time out to attend the session, and learning from each other.</p>
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views. • Question should be asked one by one. • Never ask 2 questions at the same time. • Write down the answers of the questions • After every question give some time to the participant so they can answer. 	

ANNEX 1: CHC Report

Monthly Report for Community Health Committee

Month	
Village	
District	

CHV Details

S/No	Name	Community Role	Contact details

Monthly Activity Report

1. No. of Mohalla facilitated	
<p>Detail of facilitation provided for Mohalla Meetings:</p> <p>Key observations and recommendations for FHE:</p> 	
2. No of client referrals facilitated	
3. Other activities undertaken	
4. Key Challenges during this month	

ANNEX 2: CHV Report

Monthly Report for Community Health Volunteers

Month	
Village	
District	

CHV Details

Name	
Community Role	
Contact details	

Monthly Activity Report

1. No. of Door-to-Door Client Visits facilitated	
Detail of facilitation provided for Door-to-Door Client Visits:	
Key observations and recommendations for FHE:	
2. No of client referrals facilitated	
3. Other activities undertaken	
4. Key Challenges during this month	

ANNEX 3: Social Map

Introduction

Social map sketches out the physical and social universe of the participants. It shows resources within their immediate geographic boundary (village/mohalla) and the resources outside these boundaries. The participant's access to resources can also be gauged by asking them when and how they access the resources shown and whether they face any hurdles to accessing them and what constitutes those hurdles (for example, in accessing health resources, women may face financial and non-financial barriers, access thus can be seen as a proxy indicator of empowerment).



Purpose of Social Map

- To understand people (men and women) consider resources
- Indication of resources in the area (School, Health Services, Training Centre)
- Indication of people (various castes/groups) living in a specific area (Mohalla/village) for analysis
- Indication of the homes of mid-wife, Lady Health Worker or Field Worker Marketing present in the area

Activity 1: PRA Exercise – Constructing a Social Map

Activity: Start constructing a social map

Step 1 – Invite participants for social mapping based on the resources available at hand

Step 2– Select an appropriate location (since the maps can spread out as they are constructed try doing the exercise in a veranda or a courtyard or a suitable space acceptable to all participants).

Step 3– Help the participants with descriptions and explanation of social mapping.

Note:

- Encourage the client/participants to use symbols to represent their individual chores and assist in the selection of symbols.
- All the participants should be given equal opportunity to express their views
- Questions should be asked one by one
- Never ask two questions at the same time
- Record all answers to questions
- Allow some time after each question for participants to answer.

Tell the participants:

You can start by saying that we want to know about your Mohalla/village.

Can you tell us where your house is and what resources do you have by drawing on the ground?

(Or you can start by drawing a circle on the ground as well and ask:)

If this is your Mohalla/village can you show me where your home is and where are the important resources or areas you think we should know about?

Activity 2: Use the following elaborations for social mapping of the area.

Elaborations:

- Can you tell us where we are now?
- Which places and roads are important for you in your community?
- (buildings, under construction building, markets, schools, government and non-government organisations, health centres, homes of Lady Health Workers, sanitation, garbage, water, telephone, electricity, open spaces and places for formal and informal gatherings)
- How are the houses distributed in your area?
- Are different areas distributed among different people such as on the basis of rich and poor or on the basis of language or caste?
- Who is able to go to places like school, market, water filling station, roads, bus stops, basic health unit, clinic/hospital/traditional healers and government organizations?
- Do you know about the Suraj Centre? If yes then where is the Suraj Centre located?
- Who goes there?
- Who does not go there? And why?

Activity 3: Feedback and Thank you.

<p>Activity:</p> <p>Obtain feedback and say thank you.</p>	<p>Tell the participants:</p> <ul style="list-style-type: none"> • How do they feel about the session? Do they want to say anything about it? • What have you learned from today's discussion? • Was there something new? What is the new in it? • What you did not like? • What did you not like? • Anything important from today's session that you will remember? • The facilitator should also express their thoughts. <p>Thank all participants for sharing their thoughts and taking their valuable time out to attend the session, allowing everyone to learn from each other.</p>
<p>Note:</p> <ul style="list-style-type: none"> • All the participants should be given equal opportunity to express their views • Questions should be asked one by one • Never ask two questions at the same time • Record all answers to questions • Allow some time after each question for participants to answer. 	

ANNEX 4: Photo Discussion

Photo discussion will be used to compare two different pictures: one of a healthy woman with two children and another of a woman who is worried/worn down with five children. The purpose of this tool is to increase positive attitude towards modern family planning amongst MWRAs.

Step 1: Show the participants a picture of a healthy woman; ask them their thoughts on the photo. How does the woman appear to them?



Step 2: Show a picture of a worried woman; and again ask them to discuss their thoughts on the photo.



Step 3: Ask participants to compare both of the photos and discuss what is positive/negative about each picture.

Step 4: Discuss the key messages regarding positive attitude towards modern family planning.

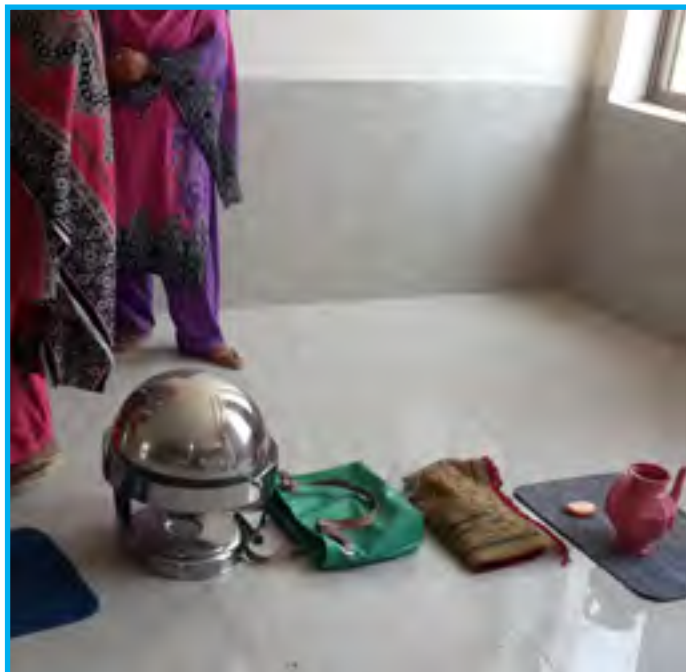
ANNEX 5: Timeline

This PRA tool is used to visualise the different periods in a person's life and to analyse what s/he does in these periods how s/he spend their lives during these periods.



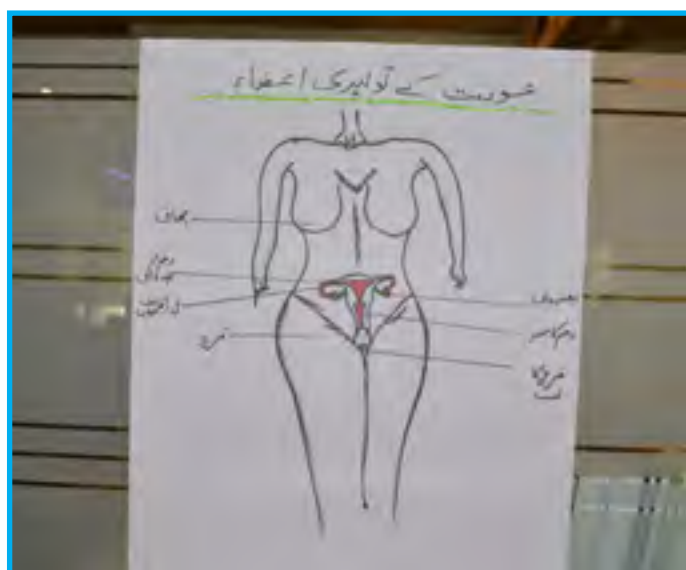
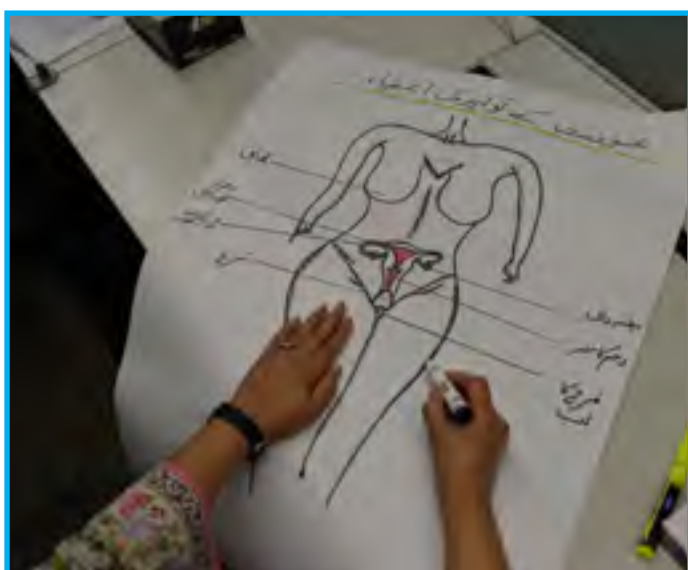
ANNEX 6: Daily Routine

This PRA tool is used to visualise and analyse people's activities in their everyday lives in terms of what they do from the time they wake up to when they go to sleep.



ANNEX 7: Body Map

The purpose of this PRA tool is to get men and women in the community to draw body organs on paper or on the ground in order to assess their knowledge and understanding of their bodies and reproductive health. It is used to assess the level of knowledge that participants have regarding their body organs and with what level of comfort they can draw these organs on paper or on the ground.



ANNEX 8: CHC/CHV Training Activity Report

Activity Report

Where:

- (a) Province _____
- (b) District _____
- (c) Taluka _____
- (d) Union council _____
- (e) Partner organization _____
- (d) Sub-site _____
- Village /urban area name _____

When:

- (a) Date _____
- (b) Time (duration of entire activity): _____

Who:

(a) Key Analysts

1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

(b) Facilitators/Field Team Members

1.	
2.	
3.	
4.	
5.	

Activities/Tools (List the activities/tools used)

1. _____
2. _____

Process (List steps and actions for all activities)

Step 1
Step 2
Step 3
Step 4
Step 5
Step 6

General Discussion: (document important points or significant debate)

[illegible]

[illegible]

Feedback:

Observations: (report the compiled observations of whole team)

Facilitator's Notes: (note reflections and issues for follow-up)

ANNEX 9: Mohalla Meeting Agenda

Serial No.	Activity	Time
1	Welcome, Introduction, Objectives of the session, Norm Setting	5 Minutes
2	PRA Exercise 1. Photo-discussion on women's general problems and delivering key messages Or 2. Discussion with women on their daily life with the help of timeline and delivering key messages	30 Minutes
3	Delivering key messages around HTSP using modern family planning methods (10 mins)	15 Minutes
4	Voicing intention (Decision/Moving forward): Invitation to Mashvara meeting and distributing vouchers.	5 Minutes
5	Participant feedback and comments	5 Minutes
6	Refreshment	
	Total Time	1 Hour

ANNEX 10: Mashvara Meeting Agenda

Serial No.	Activity	Time
1	Welcome, Introduction, Objectives of the session, Norm Setting	5 Minutes
2	Summary of discussion in Mohallah meeting	5 Minutes
3	PRA Exercise: Body Mapping	30 Minutes
4	Lecture on female reproductive system (and with participant consent discussion on male reproductive system)	30 Minutes
5	Discussion on reproductive health and family planning	30 Minutes
6	Delivering key messages	10 Minutes
8	Voicing Intention: Distributing vouchers	5 Minutes
9	Feedback, Thank you note	5 Minutes
10	Refreshment	5 Minutes
	Total Time	2 hours

ANNEX 11: Client Visit Agenda

Serial No.	Activity	Time
1	Entering the Home/Mohalla, Introducing yourself and the project, sharing visit objectives and getting permission	5 Minutes
2	Using a PRA Tool (Photo discussion, Timeline/Daily Routine, Body Map, Social Map)	20 Minutes
3	Methods of child spacing - Discussion on benefits and side effects of FP - Listening to the client's concerns and clearing misconceptions	10 Minutes
4	Filling the client card	5 Minutes
5	Eliciting Intention (helping MWRA voice intention)	5 Minutes
6	Giving a service voucher	5 Minutes
7	Follow-up	5 Minutes
8	Feedback and Thank you	5 Minutes
	Total Time	60 minutes