



Training Manual for Field Health Educator

IRADA

Improving Reproductive Health Through
Awareness, Decision and Action





Suraj Social Franchise
Behaviour Change Communication

Acknowledgements



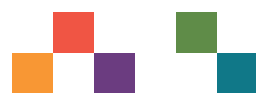
Marie Stopes Society (MSS) and the IRADA project team would like to acknowledge the contributions of everyone involved in the development of this training manual. We are extremely grateful to Kausar Saeed Khan and Aziza Burfat who co-authored IRADA's original training manual, which this manual has been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

June, 2018

Karachi, Pakistan

Author: Marie Stopes Society

Table of Contents



Introduction (Marie Stopes Society)	02
MSS Service Delivery Chanel	03
IRADA:	05
SESSION 1: Getting Started (110 minutes)	12
SESSION 2: Self-Awareness (45 minutes)	17
SESSION 3: Health System (95 minutes)	21
SESSION 4: Family Planning and Islam; (65 minutes)	
SESSION 5: Communication (130 minutes)	26
SESSION 6: Counselling (125 minutes)	33
SESSION 7: Facilitation, Documentation and Observation (60 minutes)	35
SESSION 8: Behaviour Change Communication (70 minutes)	37
SESSION 9: Participatory Reflection And Analysis And Its Impotance (80 minutes)	39
SESSION 10: IRADA (65 minutes)	41
SESSION 11: Community Mobilisation (85 minutes)	44
SESSION 12: Guidelines for Mohalla Meeting (120 minutes)	46
SESSION 13: Guidelines For Mashvara Meeting (95 minutes)	49
SESSION 14: Guidelines For Mashvara Meeting (70 minutes)	53
SESSION 15: TRIVIA Review of Day (180 minutes)	57
SESSION 16: In Class demonstration (225 minutes)	58
SESSION 17: Closing Ceremony (45 minutes)	59
ANNEXURES 1: Activity Report for CHC/CHV Training	60
ANNEX 2: Training Aganda	64

Introduction

Introduction of MSS

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:

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

MSS Service Delivery Channels

MSS's multi-tiered service delivery structure is crucial to its success, as it enables MSS to provide comprehensive coverage in selected geographical areas.

The RH centres, called Behtar Zindagi Centres, offer a full range of reproductive health services.

A Field Health Educator (FHE) works within a 15-km radius of each centre to build awareness in the target communities regarding RH/FP services. These FHEs also encourage potential clients to avail quality RH services, including follow-up visits from these MSS centres.

MSS mobile teams, comprising a physician, a nurse, and an assistant — using these RH centres as a work base — set up outreach camps in remote areas, called 'Choice Camps'. These camps, located about 100–200 km from the base, offer all forms of contraceptive services (short-term, long-term, and permanent methods).

To enhance its outreach in remote semi urban and rural areas, MSS has successfully established a social franchising network of private providers, called Suraj. The integrated Suraj network aims to create and increase demand, improve access, expand choices, and augment the quality of FP/RH services for the underserved and poor communities of Pakistan. Each service delivery outlet works in coordination with a MSS Behtar Zindagi Centre (located within a 15–100 km radius). The Suraj providers get modern FP training, third party accreditation, quality assurance checks, FP supplies, and marketing support, to ensure the delivery of high quality RH/FP services. Under the IRADA , the Suraj Centres offer a voucher program that entitles resource-poor women to avail long-term and permanent methods of contraception free of cost.

Figure 1 Timeline of MSS Service Delivery Channels

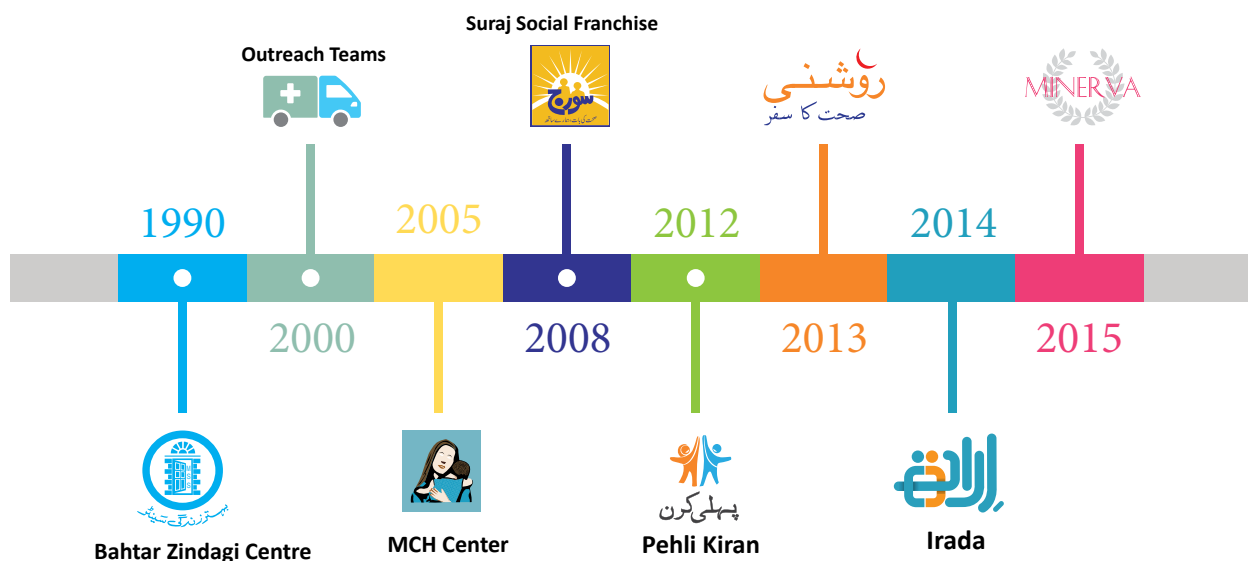
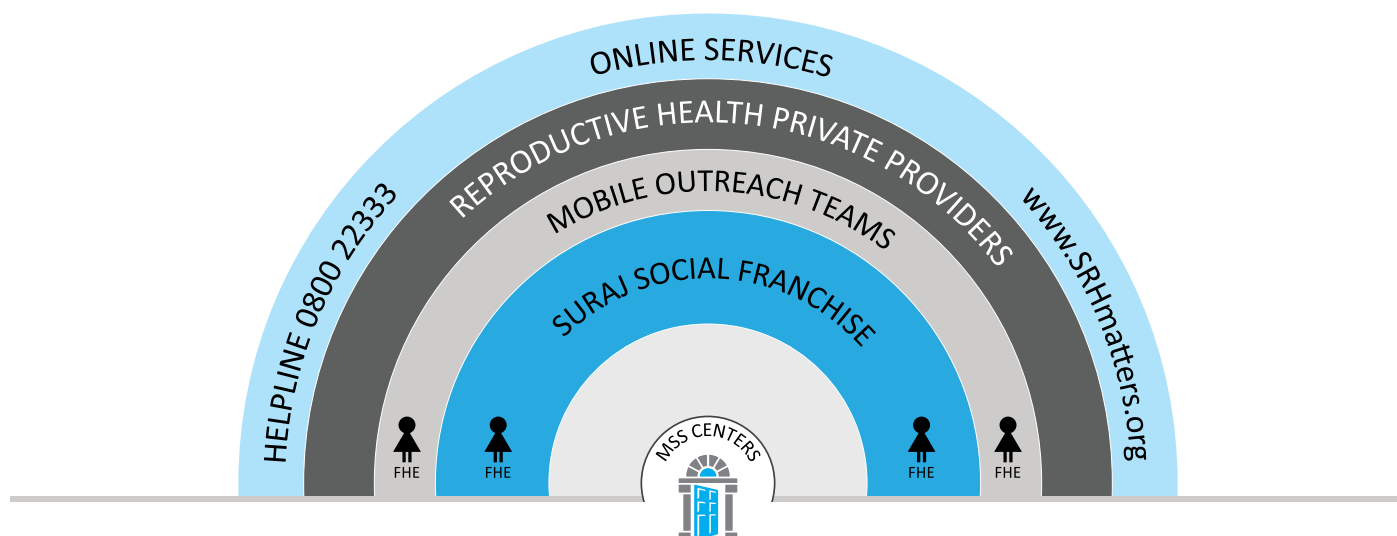


Figure 2 Multi-tiered Structure of MSS FP Service Delivery



A network of FHEs manage the implementation of the Suraj voucher system. The FHEs are crucial for demand generation, as women hired from the local community (mostly of reproductive age). Each Suraj Centre has at least one FHE assigned to visit households in its catchment area. These visits help raise awareness about modern FP methods and also promote the Suraj franchise. The FHE liaises with local community health workers to locate potential clients who are not being serviced by Government health centres. The FHE maintains all records of client visits, referrals, and follow ups in their daily registers and family cards.

This work entails close cooperation with all relevant Government ministries and public service providers, such as Lady Health Workers (LHWs). Spearheading a National Sexual Reproductive Health (SRH) policy, MSS has been training public providers to improve their skills and delivery systems, thus expanding access to care for the underserved and marginalised communities of Pakistan.

IRADA: The Intervention

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

Behaviour Change 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.

IRADA Logic Model

IRADA uses a two-pronged approach to promote adoption of the target behaviour: community mobilisation and Behaviour Change Communication. Community mobilisation targets principles such as critical consciousness, social capital, and empowerment that create societal hurdles for women to adopt a modern FP method. Behaviour Change Communication aims to increase the outreach of FHEs, directly encouraging the adoption of modern FP methods. This component is comprised of Mohalla and Mashvara meetings and client visits by the FHEs.

IRADA Theoretical Framework

The **IRADA** behaviour change intervention uses a culturally congruent, validated theoretical model that is based in the Integrated Behaviour Model (IBM). This model predicts the most efficient way to promote behaviour change in the target population. The conceptual model for IRADA is included as Figure 3 below.

The flowchart is organized into three main vertical sections: COMMUNITY MOBILIZATION, BEHAVIOR CHANGE COMMUNICATION, and OUTCOMES.

COMMUNITY MOBILIZATION:

- Facilitators:**
 - Religious Leader
 - Community Committee
 - Health Workers
 - Spinal Services
- Activities:**
 - Individual counseling
 - Group counseling
 - Community-wide
 - IEC material
- Interventions:**
 - Increased awareness regarding reproductive health issues
 - Increased understanding of family planning
 - Increased acceptance of family planning

BEHAVIOR CHANGE COMMUNICATION:

- Facilitators:**
 - Religious Leader
 - Health Workers
 - Community Committee
 - Spinal Services
- Activities:**
 - Individual counseling
 - Group counseling
 - Community-wide
 - IEC material
- Interventions:**
 - Increased knowledge about reproductive health issues
 - Increased understanding of family planning
 - Increased acceptance of family planning

OUTCOMES:

- Increased knowledge about reproductive health issues**
- Increased understanding of family planning**
- Increased acceptance of family planning**
- Increased use of family planning**
- Improved reproductive health outcomes**

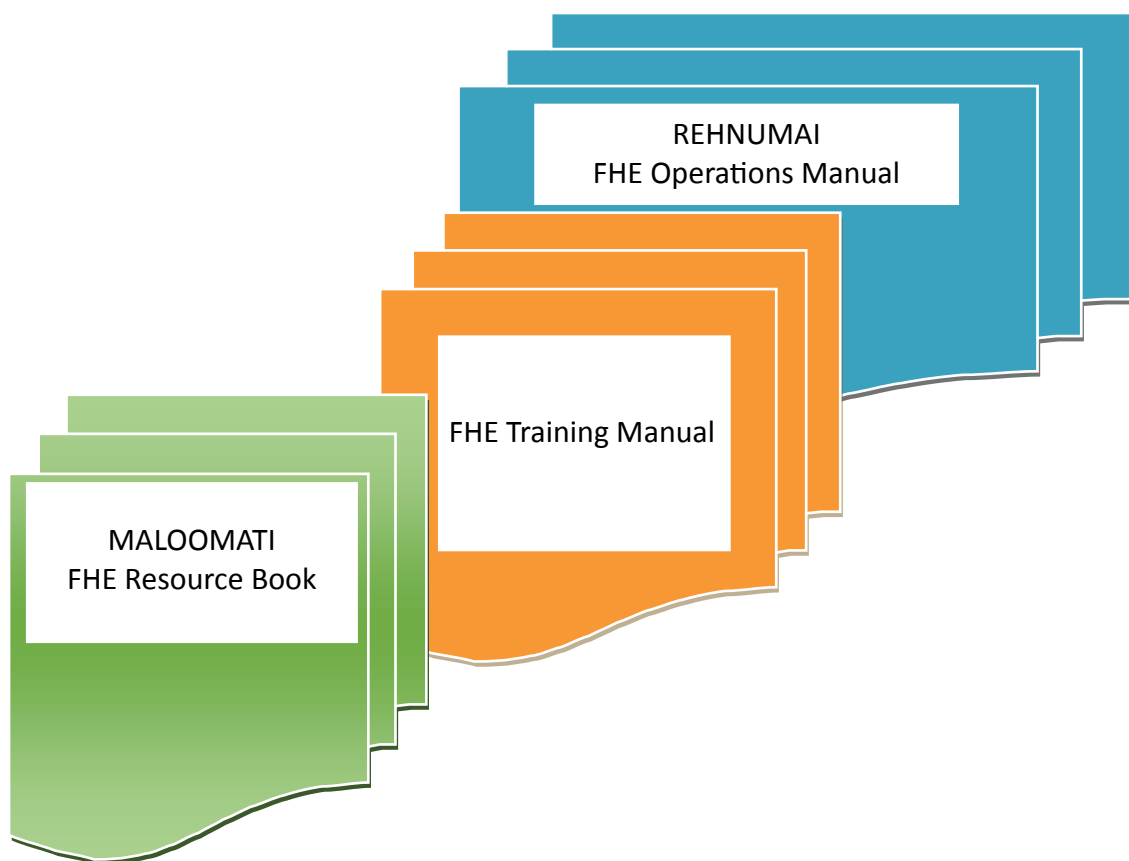
About the Manual

This training manual is part of a set of learning materials developed for IRADA. This manual is designed to be used to facilitate the learning of the FHEs. The set also includes an operational manual for FHEs and a Rehnumai (Operations) book - both designed to be used by the FHEs themselves.

This training manual has two purposes:

- Facilitate the learning of FHEs and prepare them for their roles in the project, as a companion guide to a comprehensive five-day training workshop.
- Apply individual sessions of the training manual to assist FHE learning in one or more specific areas, as identified by a supervisor.

Figure 3. Set of materials for FHE

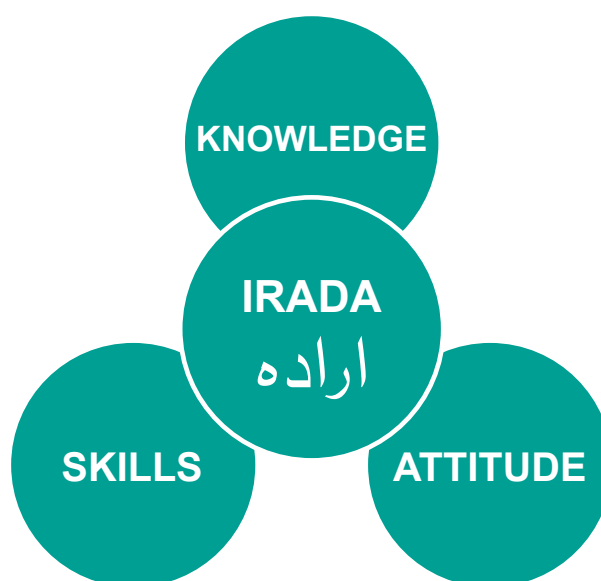


Training Manual Objectives

This manual is designed to facilitate the learning of our IRADA field workers. Its participatory approach is shaped by Paolo Freire's seminal work, as captured in his book *Pedagogy of the Oppressed*, and especially his theory of education. The manual uses some core participatory concepts and builds on the experience that learners themselves bring to the work. The core strategy is Participatory Reflection and Analysis (PRA) as a learning approach, along with the use of specific PRA tools.

The manual aims to build learning in three domains: knowledge, skills, and attitude.

Knowledge	Skills	Attitude
What is reproductive health?	Facilitation	Respect for all
How does the human body function?	Counselling	Sensitivity to the vulnerable/powerless
What are the various modern family planning methods available and their management?	Communication	Optimism (not skeptical or cynical)
Myths around family planning.	Documentation	Flexibility and patience
Islam and family planning.	Report writing	Commitment to encourage and motivate others
What is participation?		Instructions for Using This Manual
What are participatory tools, especially PRA tools?		



This manual is meant for the use of those facilitating the learning of FHEs. The FHE is a female field worker, 22 to 45 years of age. She is a local resident with some previous educational background and/or experience as a Field Worker. Their learning facilitators will be the trainers in the project.

For effective use of this manual, the facilitators must be familiar with the principles of participatory teaching and learning, have experience in using participatory tools for learning, and have the required skill set for using and processing these tools. (See the following section.)

It is essential that the facilitators be familiar with the regional culture and language, as this would enhance these learning sessions tremendously. The verbal/visual and interactive format of the curriculum will enable facilitators to conduct trainings in the regional language.

This training curriculum builds on the existing knowledge of the participants in order to develop their skills through collaboration. The facilitator should conduct informal participatory discussions rather than formal presentations, so that these sessions can be more interactive.

Procedural guidelines

The schedule should be shared with the participants at the beginning of the workshop.

Each training session should commence with sharing the learning objectives with the participants.

At the end of the schedule, participant feedback should be obtained.

The facilitators may alter the schedule as needed.

Breaks for refreshments and lunch should be provided during the course of each day.

An assistant facilitator should maintain a list of all the participants with their essential information. The assistant also maintains notes on flipcharts and ensures that all relevant materials and activity outputs remain on display throughout the training session.

Required Skills for the Facilitator

A participatory facilitator must be prepared not only to use the training manual, but also to adapt it, change it, and further develop it as the situation requires. A participatory facilitator needs to have a strong conceptual base; he or she should be aware that the long-term objective of this training is to foster self-directed learning. The facilitator must also be sensitive to the feelings and thoughts of others and be able to monitor his or her own feelings and thoughts.

Pre-requisites for a participatory facilitator:

Knowledge set required

What is participation?

RH and Women's health

Family Planning and the different methods available, including their risks and benefits

Plants are cultivated.
Animals are trained.
Human beings are educated.

—Anonymous

Skills required

Good facilitation skills (needed to use PRA tools)

Use of PRA tools

Communication skills: good listener; can probe; can deal with criticism
Counselling skills

Attitude

Respects all, especially the vulnerable and powerless

Is open to criticism

Is hopeful (not skeptical, cynical)

Is flexible and patient

Encourages people and motivates them

Shares the floor

Finally, a participatory facilitator needs to be self-aware, able to recognise his or her own strengths and weaknesses.

Training Overview

Learning Objectives

By the end of this training participants will :

- Develop their knowledge about Reproductive Health, RH Systems, Family Planning, and Participatory Reflection and Analysis (PRA).
- Improve their skills regarding communication, counselling, facilitation, and documentation.
- Demonstrate improved skills for using PRA tools.

Duration: 5 days

Workshop contents

Workshop Overview		
Day	Session	Length
1	Getting Started	125 min
	Self-awareness	45 min
	Reproductive Health System	95 min
	Family Planning	60 min
		Total: 325 min
2	Skills: Communication	130 min
	Skills: Counselling	125 min
	Skills: Facilitation	60 min
		Total: 315 mins
3	BCC	70 min
	PRA	80 min
	IRADA	75 min
	Community Mobilisation	85 min
		Total: 310 min
4	Mohalla Meeting	120 min
	Mashvara Meeting	95 min
	Client Visit	70 min
		Total: 285 min
5	Review Day 1-4	60 min
	In-field demonstration	225 min
	Closing	45 min
		Total: 330 min
	Total Training Duration	27 Hrs 10 min

DAY 1:

SESSION 1: Getting Started (110 minutes)

Overview: This session has seven activities, of different durations: introduction of participants; learning objective of workshop; overview of workshop; pedagogy of learning; norm setting; hopes, and fears; and reflection and reflexivity.

Session Objectives

- Introduction to the course/training objectives
- Introduction to learning methods
- Establishing norms for learning
- Getting to know the participants
- Hearing participants' hopes and fears regarding the workshop

Duration: 125 Minutes

Session Outline

No	Activity	Duration
1.	Welcome note	10 min
2.	Introduction of participants	15 min
3.	Learning objectives of workshop	10 min
4.	Overview of the workshop	10 min
5.	Pedagogy of learning	20 min
6.	Norm setting	10 min
7.	Hopes and fears	10 min
8.	Reflection and reflexivity	40 min

Resources Needed

Flipchart, markers, and cards

ACTIVITY 1: Welcome Note (10 minutes)

Step 1: Greet the participants and welcome them to Day One of the workshop. Allowing time for participants to settle, move to step 2.

Step 2: Ask one of the participants to inaugurate the training by reciting a few verses from the Holy Quran. After the recitation, thank the participants and move to step 3.

Step 3: Ask the participants if they are comfortable with the workshop environment and address concerns if possible. If any serious concerns arise, note for discussion with team.

ACTIVITY 2: Participant Introduction (15 minutes)

This is the first formal interaction of the workshop. It can set the environment for the sessions to follow. As workshops focus on learning, and learning is linked to the comfort level of learners, it is important that all the participants get familiar with each other. facilitators should facilitate this introduction:

Have the participants introduce themselves to the large group.

Participants then talk to the participant sitting next to them; they may then introduce their partner to the large group.

Participants go into different groups. This can be an interesting process: searching for group members holding the assigned colour, or by making the animal/bird sound assigned to each group.

Learning is best when participants are relaxed and the learning experience is fun. Other options for participant introductions are given in the outline below.

Activity 2 Options

#	Options	Salient Features
1	Participants introduce themselves to the large group, sharing their names, organization they work with, and their area of work	No interaction with fellow participants
2	Participants form pairs and talk to each other, sharing names, organization's name, and area of work;	Interaction with at least one person.
3	Participants share name, organization's name and area of work in large group, along with something they like.	Address the large group
4	Each participant is given half a picture of an animal/bird, and asked to find their partner. After finding the partner they talk to each other, sharing name, what they like/dislike, strengths/weaknesses etc	Participants have interacted with many participants. The act of searching for the partner breaks the ice among the participants.
5	After participants have introduced each other in pairs, then in large group they can introduce the other in first person.	This helps facilitators to get a sense of the comfort level participants bring to a workshop.
6	There is a difference in participants sharing information about the other person	Sharing strengths and weaknesses sets the ground for relating self-awareness with learning.

ACTIVITY 3: Learning Objectives of the Workshop (10 minutes)

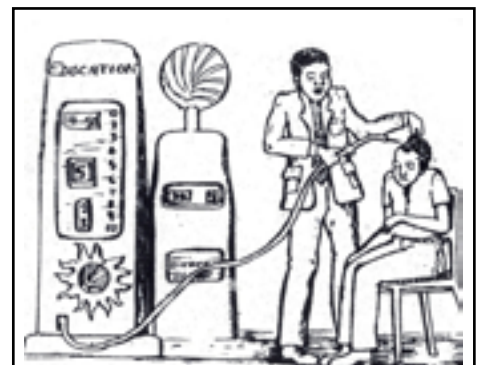
- Step 1:** Ask the participants what they think the workshop objectives should be, and list the participant inputs on a flipchart.
- Step 2:** Display the training flipchart showing the workshop learning objectives and go over each objective, explaining each in detail.
- Step 3:** Ask the participants to identify similarities and differences of the two sets of learning objectives.

ACTIVITY 4: Course Overview and Schedule (10 minutes)

- Step 1:** Hand out copies of the workshop overview and the workshop schedule.
- Step 2:** Go over the schedule with the participants, explaining how the workshop will proceed over the next five days. Describe all four modules clearly. Encourage all participants to ask questions.

ACTIVITY 5: Pedagogy of Learning (20 minutes)

- Step 1:** Show the picture with two characters (Figure 4), and ask participants to describe the picture.
- Step 2:** Have participants write down the thoughts and feelings of the two characters.
- Step 3:** Participants are then asked to share their ideas about the thoughts and feelings of the seated figure. (Facilitator notes the responses on a flipchart or multimedia.)
- Step 4:** Participants are then asked to share their ideas about the thoughts and feelings of the standing figure. (Facilitator notes the responses on a flipchart or multimedia.)
- Step 5:** Facilitator asks:
- Are the feelings and thoughts (of the learner) conducive to learning?
 - What type of relationship prevails between the two figures?
 - What type of relationship is desirable for optimising learning?



Banking Approach to Education
(based on Paulo Freire's theory
of education)
Source: Training for Transforma-
tion, Volume 1

Step 6: Paolo Freire's theory of education is briefly introduced:

Education is not about pouring knowledge into a head that is presumed to be empty.

Education is about facilitating the learner to reflect, analyse, and identify possible actions.

Education requires that the learner experiences freedom — freedom to think, feel, and express thoughts and feelings. It is built on the humanistic relationship between the teacher and learner.

ACTIVITY 6: Norm Setting (10 minutes)

Step 1: Participants are asked to complete the sentence: "I learn best when...."

Step 2: Participants can share these sentences with the facilitator and each other. Facilitator will then note down the norms on a flipchart or multimedia.

Step 3: Participants are asked, "Who is responsible for ensuring that norms are observed?"

Step 4: Facilitator summarises: All are responsible for ensuring that norms are not violated; participants can add to the norms, or change a norm as needed.



Note to Facilitator

When participants propose a norm, it is important to check whether the norm is clear to everybody. For example, it may be proposed that the environment would be 'friendly'. The word 'friendly' would need to be broken into specific behaviours that could be called 'friendly behaviour'.

ACTIVITY 7: Hopes and Fears (10 minutes)

Step 1: Each participant is asked to write her hopes and apprehensions about the workshop.

Step 2: In small groups, participants share their hopes and apprehensions. They list them on a flipchart or write them on cards (one idea per card.)

Step 3: The flipcharts or cards are displayed, and participants review them. Alternatively, the groups can present their apprehensions for discussion and then present their hopes.

Step 4: Facilitator responds by clarifying, where needed, any unrealistic apprehensions and/or hopes.

Step 5: Facilitator asks participants to share what this exercise meant to them.

Note to Facilitator

In this exercise, some participants may speak of apprehensions about using the training, and whether they would be effective. Point out that right now, the focus is on the hopes and fears pertaining to the training itself. However, acknowledge their concern for what happens after the training, and suggest the need for a mechanism to monitor the use of the learning and its effectiveness.

ACTIVITY 8: Reflection and Reflexivity (40 minutes)

- Step 1:** Ask the participants what comes to mind when they hear the word “Reflection”.
- Step 2:** Ask the participants what comes to mind when they hear the word “Reflexivity”.
- Step 3:** Show participants a video “What do I need” Purpose is to encourage participants to focus on their own reactions, feelings, and thoughts.
- Step 4:** Ask the participants to note their thoughts on the video.
- Step 5:** Discussion about what we learn from this video.

SESSION 2:

Self-Awareness (45 minutes)

This exercise was first conducted by Dr. Ambreen Ahmed for a short course, 'Community Based Social Development (CBSD)', offered by Community Health Sciences Department, Aga Khan University.

Overview

This session has two activities of different durations: "Who am I?" and Self-awareness components, barriers, and benefits.

Session Objectives

- Become aware of aspects of one's own life.
- Become aware of one's roles and the time allocated to those roles.
- Become conscious of the effect of personal sharing on oneself, and on one's relation with others.
- Identify the components, barriers, and benefits of self-awareness.

Rationale:

Knowing oneself is not usually linked with learning a specific subject. However, the value of self-awareness cannot be ignored, as one's subjectivity has a role to play in the use/abuse of what we know. Before one begins to experience actual exercises for enhancing self-awareness, a foundational step can be taken so that the latent understanding of the importance of self-awareness and its barriers may be identified. This would lay the foundation of pursuing the journey of self-awareness.

Duration: 30 Minutes

Session Outline

No	Activity	Duration
1.	Who am I?	15 min
2.	Self-Awareness; components, barriers, and benefits	15 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: Who Am I? (15 minutes)

Exercise One: Thoughts and feelings

Step 1: Facilitator presents the objectives of the exercise.

Step 2: Complete the following sentences:

My family consists of _____

My strengths as a person are _____

What I cannot tolerate about _____

What I love _____

What I never again want others to think, say or do _____

I feel nervous when _____

The most useful piece of feedback I ever received was _____

Step 3: Participants are asked to share their answers with one other person that is in a different group.

Step 4: Facilitator asks, What was the sharing like? Was there comfort or discomfort?

Exercise Two: Pie diagram

Step 1: Facilitator presents the objectives of the exercise:

How do we see ourselves as a person?

How do we spend our time?

Step 2: Participants are asked to select words or phrases that describe themselves.

Step 3: Participants are then divided into two groups; each person shares their words/phrases within their group.

Step 4: Participants are then asked to categorize the words they used to describe themselves as either Roles or Personality traits. Participants then make two pie-charts. In one pie-chart, they plot the percentage of time they spend in one week on the roles they have identified. In the second pie-chart, they show the percentage of time in a week that they experience each personality trait.

Step 5: Facilitator asks participants to discuss:

- a) Is there a link between roles and traits?
- b) Has there been any learning in this while listening to others?

Step 6: Facilitator points out the purpose of the exercise: to become conscious of what we do, and to decide for ourselves whether we are satisfied with our roles and the time we give to them. Do we wish to create any changes?

Step 7: Facilitator asks:

How was the exercise?

How much of our time do we give to ourselves? Often we overlook our own needs (e.g., pursuing a hobby; reading a book).

What was it like when you were sharing the pie-charts with others? This is often difficult, especially if we are not accustomed to listening to others.

Step 8: Participants are divided into smaller groups, to look at their pie-charts and discuss:

What aspects they would like to change.

How would they go about changing it?

Step 9: In large group, participants share whatever they wish to share: feelings, plans they have made, learning, etc.

ACTIVITY 2:

Self-Awareness – Components, Barriers, Benefits (15 minutes)

Step 1: Inform the participants that they will be brainstorming self-awareness, so they may decide why or whether it is important to know oneself.

Step 2: Ask participants to enumerate the basic ground rules of brainstorming. Facilitator will complete the ground rules, if necessary.

Rules for brainstorming

- Participation of all
- No censorship of thoughts
- Respect your own and others' thoughts
- Nothing is right or wrong
- Use one word or phrase to express thoughts

Step 3: Participants are asked to make a list of thoughts/feelings that come when they hear the word “self-awareness”.

Step 4: Participants are placed in small groups to share their lists; a note-taker from the group writes down one idea per card.

Step 5: All cards are brought together and laid out for all to see. Participants are asked to categorise the cards.

Note to Facilitator

If categories are not clearly provided by the participants, see if the outcome can be grouped into these themes: knowing strengths and weaknesses; apprehensions; difficulties.

Barriers to Self-Awareness

- Participants are asked to brainstorm the barriers to self-awareness.
- Repeat steps 3, 4, and 5 from A.

Note to Facilitator

See if the outcome can be grouped into two themes: barriers inside a person (internal); and barriers outside the person (external). See what sub-groups within these two larger categories can be identified.

Benefits and Harms of Self-Awareness

Step 1: Participants discuss three questions:

- What are the possible harms of self-awareness?
- What are the possible benefits of self-awareness?
- How could self-awareness contribute to one’s professional and personal life?

Step 2: Summary by facilitator: Self-awareness is like a journey, and everybody can decide whether they wish to undertake the journey. There can be surprises in the journey, as one could encounter elements in oneself that make one uncomfortable. To face whatever is encountered in a journey is always a brave enterprise.

SESSION 3:

Reproductive Health (95 minutes)

Overview:

This session has two activities of different durations: draw a body map of a female and male (or give the picture of a female and male without names of parts); and explain the body parts.

Note to Facilitator

Facilitator should encourage participants to share their views, without being judgmental.

Session Objectives

To enable the participant to have a clear understanding about the female and male reproductive parts and processes.

To clarify the importance of FP in relation to reproductive parts and processes.

To understand the culturally appropriate and religiously acceptable language which can be used in communication and counselling.

Duration: 95 Minutes

Session Outline

No	Activity	Duration
1.	introduction to reproductive health	10 min
2.	create a female and male body map	30 min
3.	Explaining the reproductive organs	15 min
4.	Menstruation & puberty	20 min
5.	Sexually Transmitted Infections	20 min

Resources Needed

Flipchart, whiteboard, markers

ACTIVITY 1: Reproductive Health Introduction (10 minutes)

Step 1: Facilitator divides the participants into groups, of no more than 5 participants.

Step 2: Facilitator asks each group to discuss what comes to their mind when they hear the term “reproductive health”

Step 3: Facilitator defines reproductive health for the group and discusses what this session will cover.

ACTIVITY 2: Body Map (30 minutes)

Step 1: Facilitator asks participants to find a partner and distributes flipcharts and markers to each participant.

Step 2: Facilitator asks each pair to draw the female body including all organs they are familiar with, in particular, reproductive organs.

Step 3: Facilitator asks participants to repeat the same exercise with the male body.

Step 4: Facilitator asks each pair to share their drawings with the rest of the group and describe what they have illustrated.

ACTIVITY 3: Explaining the Reproductive Organs (15 minutes)

Step 1: Facilitator displays an image of the female body and describes the function of each of the reproductive organs

Step 2: Facilitator repeats the same exercise with an image of the male body.

ACTIVITY 4: Menstruation & Puberty (10 minutes)

Step 1: Facilitator asks the participants what they know about menstruation.

Some possible questions could include:

- When did you first learn about menstruation?
- How did you find out about menstruation?
- Who taught you how to take care of yourself during menstruation?
- Did anyone discuss menstruation with you before menarche?
- What were you told about menstruation?

Step 2: Facilitator discusses the process of menstruation (i.e. typical age at start of menstruation, basics of what happens during menstruation and why it happens)

Step 3: Facilitator asks the participants whether boys/men go through something similar during their adolescence?

Some possible questions include:

- Do boys see changes to their bodies between the ages of 12-18?
- What kind of changes do boys witness during their adolescence?
- Have you ever heard of changes that boys face during their adolescence?
- Have you ever heard of puberty?
- What does puberty mean?

Step 4: Facilitator discusses male puberty and the changes the male body faces during puberty.

ACTIVITY 5: Sexually Transmitted Infections (20 minutes)

Step 1: Facilitator asks participants if they have ever heard of STIs/STDs, or any diseases that can be spread through sexual contact.

Step 2: Facilitator asks participants to name or describe STIs/STDs that they are familiar with.

Some possible questions include:

- Can you name any STIs/STDs?
- What are some signs or symptoms of an STI/STD?

Step 3: Facilitator will discuss a few common STIs/STDs with participants including transmission, common signs/symptoms/treatment.

STIs/STDs covered will include:

- HIV/AIDS
- Syphilis
- Gonorrhoea
- Herpes
- Chlamydia
- Chancroid

SESSION 4: Family Planning and Islam;

FP Methods, Benefits and Risks (65 minutes)

Overview:

This session has three activities of different durations: brainstorming about the FP method; their benefits and risks; and Islam and FP and medical information.

Session Objectives

1. To enable the participants to describe the methods of FP.
2. To enable the participants to describe the advantages and disadvantages of FP.
3. To enable the participants to describe the concept of Islam and FP.

Duration: 65 Minutes

Session Outline

No	Activity	Duration
1.	Brainstorm about the FP methods and their benefits and risks	20 min
2.	Discuss Islam and FP	15 min
3.	Give medical information	30 min

Resources Needed

Flipchart, whiteboard, markers

ACTIVITY 1: Family Planning Knowledge (20 minutes)

Step 1: Ask participants to write in their notebooks:

- What they know about FP methods
- What they think are the benefits of FP
- Harms associated with FP
- Barriers to practice of FP

Step 2: Divide the group into four groups, for participants to share their notes.

Step 3: Have the small groups share notes with the whole group.

ACTIVITY 2: Family Planning and Islam (15 minutes)

Step 1 : Ask participants to write in their notebooks what they know about FP and Islam.

Step 2 : Divide the group into four groups, for participants to share their notes.

Step 3 : Have the small groups share notes with the whole group.

ACTIVITY 3: Family Planning (30 minutes)

Step 1: Inform the participants what is known medically and ask them to note their understanding as a chart with the following four columns, given below. For details refer to the FHE Resource Book.

#	FP Method	How it functions in the body	Risks & symptoms

Step 2: Invite questions and clarify any misconceptions about FP.

DAY 2:

RECAP: Review of Day 1 (30 minutes)

Step 1: Facilitator divides participants into groups of five and gives each group a flipchart.

Step 2: Facilitator instructs participants to summarise topics/lessons learned on the flipchart from day one

Step 3: Participants present and discuss what they remember from day one.

SESSION 5: Communication (130 minutes)

Overview:

This session has five activities of different durations: interpersonal communication, non-verbal communication, feedback; rules for effective feedback; and importance of giving and receiving critical feedback.

This session is part of the training manual, “Community Harmonization: A foundation for peace building,” developed by Dr Ambreen Ahmed and Kausar S. Khan for Shirkat Gah, a women’s resource centre.

Session Objectives

- Improve the key skills needed for effective communication: listening, probing, and giving and receiving critical feedback.
- Help participants understand the various elements involved in interpersonal communication.
- Identify blocks that can hamper effective communication.
- Raise consciousness of the importance of non-verbal cues in communication.

Duration: 130 Minutes

Session Outline

No	Activity	Duration
1.	Interpersonal communication	30 min
2.	Non – Verbal communication	30 min
3.	Tools of communication	30 min
4.	Feedback and rules for effective feedback (Johari window)	20 min
5.	Importance of giving and receiving critical feedback	20 min

Resources Needed

Flipchart, whiteboard, markers

ACTIVITY 1: Interpersonal Communication (30 minutes)

Exercise One

Step 1: Ask the participants to think of (without speaking) a time in their lives where they felt their communication with someone was very effective.

Step 2: Ask them to identify and share with the group the factors that they think made that communication effective. For example, was the speaker very clear, respectful, etc.? Did the listener listen attentively, etc.? Clarify that you are only looking for factors, and will not be discussing the situation itself.

Using flipchart for note-taking, highlight the main components of communication that emerge from the list they have generated. Factors to discuss include:

- Characteristics of the speaker (speech, tone, language, body language, etc.)
- Characteristics of the listener (attention, understanding, body language, etc.)
- The environment in which the communication is taking place (noise level, temperature, comfort, etc.)

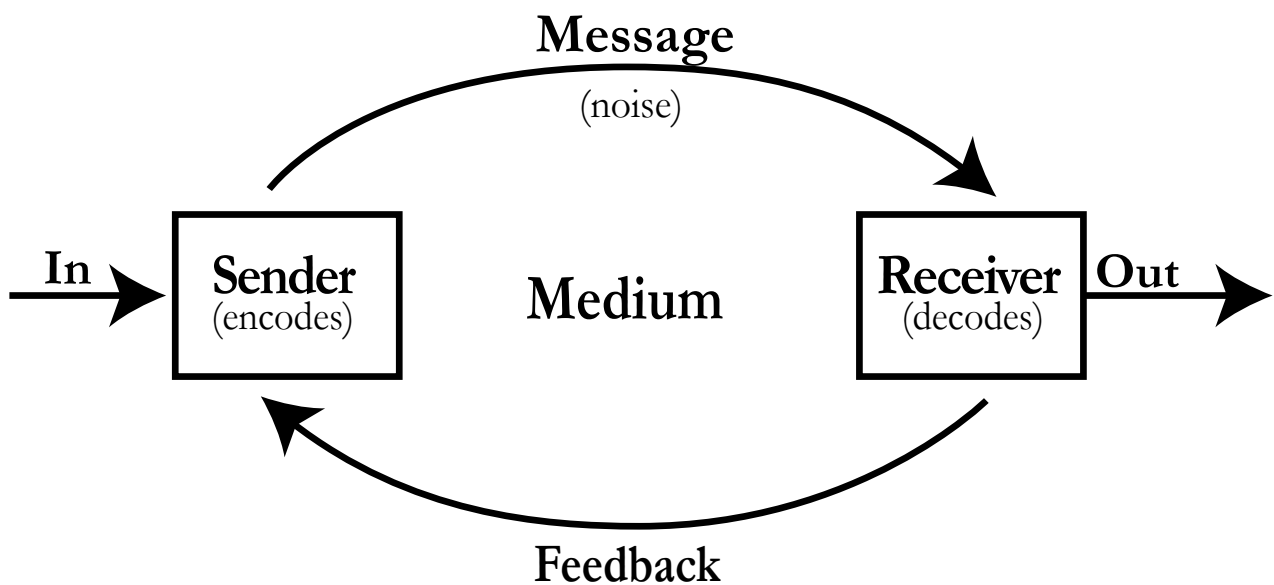
Step 3: Describe the process of communication using the communication model diagram (Figure 5), explaining the dynamics of interpersonal communication.

Step 4: Share the importance of being aware of listening blocks or barriers while communicating with others, especially with people that we may not like or agree with. Encourage participatory discussion in the large group; share more listening blocks (if they are not identified by participants).

Exercise Two

- Step 1:** Ask participants to identify what constitutes “effective communications” for a speaker and for a listener. (Responses to be noted on a flipchart or whiteboard.)
- Step 2:** Ask participants to note the key terms in each response. Facilitator points out words indicating body language, means of communication, and purpose.
- Step 3:** Participants are asked to identify possible barriers to effective communication. (responses written on flipchart or whiteboard).
- Step 4:** Facilitator draws a diagram showing elements of communication, based on Figure 5 (speaker encodes, listener decodes, and choice of medium or channel), pointing out that barriers can arise in every component.

Figure 5. Communication Model



ACTIVITY 2: Non-Verbal Communication (30 minutes)

- Step 1:** The group brainstorms on various non-verbal behaviours and cues that play a part in communication, including eye contact, tone of voice, and body language (posture, gestures, facial expressions, etc.).
- Step 2:** The facilitator explains that in face-to-face communication, one's words are always accompanied by nonverbal messages. You make your feelings and thoughts known to others by encoding messages into a code of verbal and nonverbal signals. The verbal portion is the language you use — words, phrases, and sentences. The nonverbal portion consists of a variety of elements: your gestures, facial expressions, eye movements, and touch, as well as variations in your speech (rate, volume, and pitch). In face-to-face communication, you blend verbal and nonverbal messages that convey your meanings.
- Step 3:** The facilitator writes the figures 7%, 38%, and 55% on the board and asks the participants to estimate which percentage figure would reflect the contribution of each of these factors in interpersonal communication:



The facilitator then shares the correct answers: 55% body language; 38% tone; 7% words.

- Step 4:** To reinforce this point, the facilitator can demonstrate this by saying with a smile, in a soft tone, 'I am very angry with you'; or look out of the window and say, 'I am very interested in what you are saying'.

Note to Facilitator

It is important to emphasise that, whenever there is a contradiction between the nonverbal and verbal messages being given, the nonverbal message will always have more impact.

- Step 5:** The facilitator divides the group into dyads or pairs to explore the communication effect of seating arrangement.
- Step 6:** Once the dyads are formed, the facilitator directs them to sit back-to-back without talking and just be aware of the effect of that seating arrangement. After about 40 seconds, the facilitator directs them to sit side-by-side. After another 40 seconds he/she directs them to sit face-to-face, still without talking, for another 40 seconds.

Step 7: Each dyad discusses their reactions to each seating arrangement. The facilitator then elicits observations about the experience from the entire group (5 min.)

Step 8: The dyads are then asked to sit face-to-face again, and the facilitator instructs them to take the following three body postures in turn (holding each for 30 seconds), still without talking:

- Totally relaxed (focusing on their own comfort rather than on the interaction)
- Stiffly upright and attentive
- Leaning slightly forward and attentive
- Ask the participants how they felt during the exercise. Which posture best facilitated communication, and why?

Step 9: Each dyad then discusses their reactions to the activity. The facilitator elicits observations about the experience from the entire group. (5 min.)

Step 10: One partner assumes the role of “helpee”; the other partner assumes the role of “helper”. While seated face to face, the dyads silently experience three different eye contact situations (1 min. each):

- The helper attempts to look the helpee in the eye; the helpee looks down or away.
- The helpee attempts to look the helper in the eye; the helper looks down or away.
- The helper and the helpee have direct eye contact.

Step 11: Each dyad discusses its reactions to the activity. The facilitator elicits about the experience from the entire group. (5 min)

PROCESSING

Facilitator asks participants whether, after this exercise, there are any changes they might want to consider in the way they use nonverbal cues with others.

Facilitator may want to bring out the power dynamics being played out in step 10 (where avoidance of eye contact by one can have a disempowering effect on the other).

Ask the participants how we all, but especially those in positions of power, sometimes consciously or unconsciously communicate their attitudes nonverbally: approving or disapproving, positive or discriminatory. What cues might communicate empowering strength to the listener? Encourage the group to give examples.

Facilitator can ask participants how furniture arrangements, or size of furniture, can affect communication. What is the impact of sitting in a circle in comparison to sitting in rows? (5 min.)

ACTIVITY 3: Tools of Communication (30 minutes)

Step 1: The facilitator shares that good communication is a skill that can be learned, and certain tools can facilitate or improve our communication. The facilitator introduces four different types of communication tools, along with examples of their use: Ownership of the problem “I” statements Reflective listening Stroking

Note to Facilitator, The facilitator must be very familiar with these tools and have plenty of examples to demonstrate their use. It is useful to give personal examples where possible, but not too many.

Step 2: The facilitator demonstrates some of the tools in the large group.

Step 3: The facilitator divides the participants into groups of three. Each participant is given a piece of paper describing a particular situation. He or she identifies appropriate tools for the situation and practices using the tools they have selected with the other two group members. Participants take turns being the speaker, listener, and observer. The observer gives feedback to the speaker and listener on:

- The choice of tool and how it was used
- Body language
- Tone of voice

Group of non-readers: In the large group, the situations are read out and participants are encouraged to say which tool they would use and how they would use it.

Note:

Participants often express frustration at the difficulty of this exercise. They may say that in real life it is not possible to be constantly aware of which tools to use in each situation. It helps to give an example of another skill such as carpentry: a novice carpenter may use the wrong kind of saw instead of the saw to cut wood, however with practice and experience he becomes so familiar with the tools that he almost ‘naturally’ picks up the right one. Encourage participants to practice these tools as much as possible, until it starts coming naturally.

ACTIVITY 4: Feedback and Rules for Feedback (20 minutes)

Step 1: Introduce Johari Window.

Step 2: In large group, participants are asked for a local word for the term 'feedback'.

Step 3: After taking a few responses, facilitator explains that feedback (use local term) in interpersonal communication means giving your opinion on what someone says or does. Throughout the interpersonal communication process, we exchange feedback — messages sent back to the speaker concerning reaction to what is said or done earlier. Feedback tells people what effect they are having on others around them. On the basis of this feedback, the speaker may adjust, modify, strengthen, de-emphasise or otherwise change the content or form of the messages. Feedback is not the same as criticism, as the aim of feedback is always to improve the situation. Feedback may, however, be critical, in that it may identify a certain behaviour that is not helpful. Positive feedback refers to identifying behaviour that is helpful, and is aimed at sustaining it. Feedback shows that you care about the performance of the other person, and about the progress of the work you are involved in.

Step 4: Facilitator asks for examples from group when they have found someone's feedback helpful and when it has been hurtful and unhelpful. The facilitator asks participants whether learning about feedback has any relevance for their work in their family and community.

ACTIVITY 5:

Importance of Giving and Receiving Critical Feedback (20 minutes)

Step 1: In large group, the facilitator makes the point that feedback (whether positive or critical) is not always easy to give. The facilitator asks the participants why they think this is so. After a few responses, the facilitator explains that people may be afraid of a number of things when giving feedback, and so they tend to avoid it as much as possible.

Step 2: The facilitator asks the participants why it is also difficult to take feedback, and explains that people do not always want to face what they need to change, or they may take feedback very personally.

Step 3: The facilitator divides the participants into four groups. Two groups are asked to discuss the advantages of giving positive and critical feedback, respectively. The other two groups are asked to discuss what could happen if (positive or critical) feedback is not given.

Step 4: After 10 minutes, the groups are asked to go back into large group and a person from each group is asked to briefly present his/her group's responses.

Step 5: The facilitator ends the discussion by making the point that feedback is very important for interpersonal communication. Without effective feedback, there would be less room for improvement or further learning. The person who is seeking feedback may start to feel that she/he is not important enough, and could feel frustrated and helpless, leading to a strained or superficial relationship. Honest sharing helps build and maintain a relationship of understanding, which is imperative for professionalism.

Step 6: The facilitator reminds the participants of the Johari Window: one way of expanding the open quadrant was to further close the window of what others know, but I don't know. This refers to feedback, because it is through feedback that we find out what others think about us, that we ourselves were perhaps not aware of.

SESSION 6: Counselling (125 minutes)

Overview. This session has four activities of different durations: counselling; Baton Baton mein (video); SAHR Framework ; and client's rights.

Session Objectives

To enhance the key skills needed for counselling.

To introduce the participants with SAHR Framework.

To enhance knowledge about client rights.

Duration: 125 Minutes

Session Outline

No	Activity	Duration
1.	What is counselling?	20 min
2.	Baton Baton Mein - Video	40 min
3.	Counselling - SAHR Framework	45 min
4.	Client Rights	20 min

Resources Needed

Flipchart, whiteboard, markers

ACTIVITY 1: What Is Counselling? (20 minutes)

Step 1: Elicit what participants already know about counseling. Ask participants to write in their notebooks:

- What they know
- What they think counselling is

Rules for brainstorming

- Participation of all
- No censorship of thoughts
- Respect your own and other's thoughts
- Nothing is right or wrong
- Use one word or phrase to express thoughts

Step 2: Participants share their thoughts with the large group.

ACTIVITY 2: Baton Baton Mein - Video (40 minutes)

Step 1: Show the Baton Baton mein video to participants.

Step 2: Participants discuss their reflections on the video and share their learning.

ACTIVITY 3: Counselling – SAHR Framework (45 minutes)

Step 1: Participants are asked about their knowledge of counselling.

Step 2: Participants discuss the steps of counselling.

Step 3: Participants complete role plays using SAHR framework.

ACTIVITY 4: Client Rights Approach (20 minutes)

Step 1: Facilitator asks the participants to divide into small groups.

Step 2: Groups are asked to discuss what they think about client's rights. What do they think are the client's rights?

Step 3: Facilitator discusses client's rights through PowerPoint presentation.

SESSION 7: Facilitation, Documentation and Observation (60 minutes)

This session's methodology is adapted from "Training-Workshop on Documenting Good Practices for Effective Local Governance," by the Galing Pook Foundation.

Overview:

This session has three activities: facilitation; observation; and documentation skills.

Session Objectives

- To learn and develop facilitation skills, including probing and open-ended and closed-ended questions.
- To enhance observation and documentation skills.

Duration: 60 Minutes

Session Outline

No	Activity	Duration
1.	Facilitation skills	20 min
2.	Observation skills	20 min
3.	Documentation skills	20 min

Resources Needed

Flipchart, whiteboard, markers

ACTIVITY 1: Facilitation Skills (20 minutes)

- Step 1:** Ask the participants what comes to mind when they hear the word 'facilitation'. Ask them each to write down their definitions on a piece of paper.
- Step 2:** Divide the participants into groups, to share their definitions with their group.
- Step 3:** Ask the participants to share their definitions in the large group.
- Step 4:** Explain the main points of facilitation in a presentation.

ACTIVITY 2: Observation Skills (20 minutes)

METHOD 1

- Step 1:** Ask the participants what comes to mind when they hear the word 'observation'. Ask them each to write down their definitions on a piece of paper.
- Step 2:** Divide the participants into groups to share their definitions with their group.
- Step 3:** Ask the participants to share their definitions in the large group.
- Step 4:** Explain the main points of observation in a presentation.

METHOD 2 (Alternative)

- Step 1:** Ask the participants what comes to mind when they hear the word 'observation'.
- Step 2:** Ask them each to write down their definitions on a piece of paper.
- Step 3:** Ask the participants to go out of the hall for ten minutes with their notebooks and pen, and to observe and note down whatever they want.
- Step 4:** Ask the participants to write down their observations on the charts; place the charts around the hall.
- Step 5:** Ask the participants to walk around and note what others have observed.

ACTIVITY 3: Documentation Skills (20 minutes)

- Step 1:** Ask the participants what comes to mind when they hear the word 'documentation'.
- Step 2:** Ask them each to write down their definitions on a piece of paper.
- Step 3:** Divide the participants into groups to share their definitions with their group.
- Step 4:** Ask the participants to share their definitions with the large group.
- Step 5:** Share an activity report format with the participants.
- Step 6:** Divide the participants into two groups; each selects a team leader for facilitation, note-taking, and observing the role play.

DAY 3:

RECAP: Review of Day 2 (30 minutes)

Step 1: Facilitator divides participants into groups of five and gives each group a flipchart.

Step 2: Facilitator instructs participants to summarise topics/lessons learned on the flipchart from day two

Step 3: Participants present and discuss what they remember from day two.

SESSION 8:

Behaviour Change Communication (70 minutes)

Overview.

This session has three activities, of different durations: What is behaviour; what influences our behaviour, what is BCC?

Session Objectives

1. To increase understanding of behavioural predictors and behaviour change.

Duration: 70 Minutes

Session Outline

No	Activity	Duration
1.	What is behaviour?	10 min
2.	What influences our behaviour?	45 min
3.	What is Behaviour Change Communication?	15 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: What Is Behaviour (10 minutes)

Step 1: Facilitator distributes cards to each participant and asks them to write a sentence answering the question “What is behaviour?”

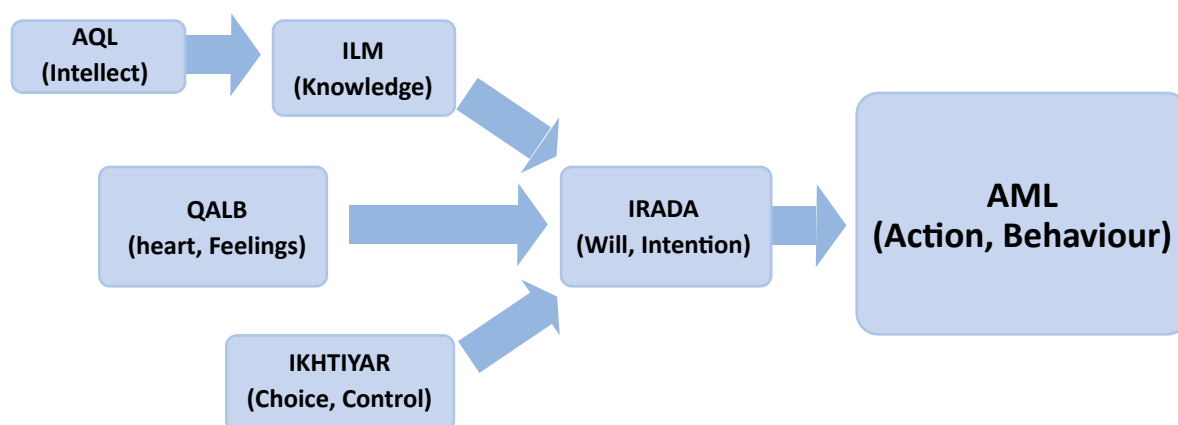
Step 2: Participants share their responses with the rest of the group.

ACTIVITY 2: What influences our behaviour? (45 minutes)

Step 1: Facilitator divides participants into groups of five.

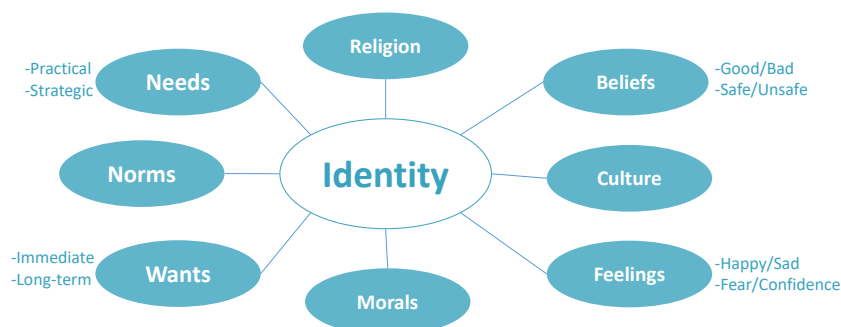
Step 2: Participants brainstorm what influences their behaviours and share it with the other groups.

Step 3: Facilitator introduces and explains the Ghazali framework.



Step 4: Facilitator introduces and explains the framework below on what drives human behaviour.

What drives human behavior?



ACTIVITY 3: What Is Behaviour Change Communication (15 minutes)

Step 1: Facilitator asks participants if they have ever heard the term behaviour change communication or BCC and what comes to mind when they hear it.

Step 2: Facilitator conducts short “lead a horse to water” activity based on the slide below.

You have led a horse to water... but It won't drink!!!

What can we do to get it to drink water?

WE CAN

- Tell it that water is good for it
- Show it enticing pictures of drinking water
- Show another horse doing it
- Put up signs pointing the way to the pond
- Offer it money!!
- Set up a water-drinking skills training programme
- Devise water-drinking regulations
- Warn it that if it doesn't it will be punished.
- Give it a straw!!!



How do we know what will work?

SESSION 9: Participatory Reflection and Analysis and Its Importance (80 minutes)

Overview:

This session has three activities, of different durations: participation; Participatory Reflection and Analysis (PRA); and the importance of PRA.

Session Objectives

- To increase understanding of the concept of participation.
- To introduce the Participatory Reflection and Analysis (PRA) tools and explain their importance.

Duration: 80 Minutes

Session Outline

No	Activity	Duration
1.	What is participation?	10 min
2.	Participatory Reflection and Analysis (PRA) tools	80 min
3.	Importance of PRA	10 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: What Is Participation? (10 minutes)

Rules for brainstorming

- Participation of all
- No censorship of thoughts
- Respect your own and other's thoughts
- Nothing is right or wrong
- Use one word or phrase to express thoughts

Step 1: Participants brainstorm on the word 'participation' by first writing their own understanding on cards.

Step 2: Each participant shares his/her definitions with the group.

Step 3: The facilitator discusses one definition of participation with the participants, using projector or slide.

ACTIVITY 2:

Participatory Reflection and Analysis (PRA) Tools (60 minutes)

Step 1: Facilitator discusses PRA tools through an interactive presentation.

Step 2: Facilitator demonstrates the Timeline/Daily Routine PRA tool. Facilitator explains to participants that this tool will be used to increase positive attitude towards modern family planning amongst MWRAs and the associated key messages. (20 min)

Step 3: Facilitator demonstrates the Body Mapping PRA tool. Facilitator explains to participants that this tool will decrease myths and misconceptions surrounding modern family planning amongst MWRAs and the associated key messages. (20 min)

Step 4: Facilitator demonstrates the Social Mapping PRA tool. Facilitator explains to participants that this tool will increase personal agency to use modern family planning amongst MWRAs and the associated key messages. (20 min)

ACTIVITY 3: Importance of PRA (10 minutes)

Step 1: Facilitator discusses principles and importance of PRA.

SESSION 10: IRADA (65 minutes)

Overview:

This session has four activities: Filling in the client form, filling in the IRADA questionnaire, filling in the perceived quality questionnaire, and data collection process.

Session Objective:

To understand the IRADA questionnaire, how to assess different constructs, and how to address each construct.

Duration: 65 Minutes

Session Outline

No	Activity	Duration
1.	IRADA Model	20 min
2.	IRADA Flipbook	45 min

Resources Needed

Flipchart, whiteboard, markers, beads

ACTIVITY 1: IRADA (20 minutes)

- Step 1:** Explain to participants the purpose of IRADA, including the objectives and where it comes from (discuss Islamic principles).
- Step 2:** Discuss the different components that comprise the IRADA model
- Step 3:** Show participants the IRADA model and explain the different relationships depicted in the model.
- Step 4:** Have participants brainstorm ways to assess the various components of the IRADA model.

ACTIVITY 2: IRADA Flipbook (45 minutes)

- Step 1:** Walk participants through each page of the flip book. How to assess each construct, which communication tool can be used to improve each construct, and which key messages to deliver to improve each construct.

Intention to Adopt Modern Family Planning

How to Assess Intention

Do you expect to adopt a modern FP method to space births?

Do you want to adopt a modern FP method to space births?

Do you intend to adopt a modern FP method to space births?

Yes

No

Positive Attitudes towards Usefulness of Modern Family Planning

How to Assess Positive Attitudes

Do you think that using a modern FP method for child spacing is a useful thing?

Do you think that using a modern FP method for child spacing is a wise thing to do?

Do you think that using a modern FP method for child spacing is a beneficial thing to do?

If there is no gap between children naturally, a modern FP method is in effective in for spacing births?

Yes

No

Communication Tools to Increase Positive Attitudes



Photo Discussion



Daily Routine



Timeline

Key Messages to Deliver to Increase Positive Attitudes

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.

Myths and Misconceptions Regarding Modern Family Planning

How to Assess Myths and Misconceptions

Do you think using modern FP method for child spacing will make you a little ill?

Do you think that you can become severely ill by using a modern FP method for child spacing?

Do you think that using a modern FP method for child spacing is harmful for health?

If you get some illness from using a modern FP method for child spacing, do you think that you will have to spend a lot of money on its treatment?

Yes

No

Communication Tools to Decrease Myths and Misconceptions



Body Map

Key Messages to Deliver to Decrease 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.

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 to Adopt Modern Family Planning

How to Assess Personal Agency

Is the decision to adopt a modern family planning method to space births in your control?

Do you think that you can become severely ill by using a modern FP method for child spacing?

Do you think that using a modern FP method for child spacing is harmful for health?

Yes

No

Communication Tools to Increase Personal Agency



Social Map

Key Messages to Deliver to Increase Personal Agency

There is a Suraj center 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.

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.

Perceived Norms Surrounding Modern Family Planning

How to Assess Perceived Norms

Do the people who are close to you think that using modern FP method to space births is a good thing?

Do people your area support modern FP methods for birth spacing?

Do the people who are close to you think that a woman who uses a modern FP method to space births is wise?

Do the people who are close to you/known to you think that you should use modern FP method to space the birth of children?

Yes

No

Communication Tools to Improve Perceived Norms



Key Messages to Deliver to Improve Perceived Norms

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.

SESSION 11:

Community Mobilisation (85 minutes)

Overview:

This session has five activities: What is community, what is community mobilisation, community health committees, community health volunteers, and social mapping (PRA tool).

Session Objective:

To understand the importance of community (cultural, religious, and societal norms) on the decision making process, and how to integrate community members into behaviour change interventions.

Duration: 85 Minutes

Session Outline

No.	Activity	Duration
1.	What is community?	10 min
2.	What is community mobilisation? (Guiding Principles)	10 min
3.	Key Messages for community mobilisation	15 min
4.	Community Health Mobilisers	20 min
5.	Social mapping (PRA Tool)	30 min

Resources Needed

Flipchart, whiteboard, markers, beads

ACTIVITY 1: What is community? (10 minutes)

Step 1: Ask participants what they think the definition of a community is. What comprises a community?

Step 2: Display the definition of community for participants and discuss it with them in relation to their responses from step 1.

ACTIVITY 2: What is Community Mobilisation? (10 minutes)

Step 1: Ask participants what they think community mobilisation is, and what it entails. Ask them how community mobilisers could contribute to IRADA.

Step 2: Discuss the four principles of community mobilisation highlighted in the FHE resource book.

ACTIVITY 3: Key Messages for Community Mobilisation (15 minutes)

Step 1: Explain the importance of disseminating key messages through community mobilisers.

Step 2: Share community mobilisation key messages with participants. Have them discuss/brainstorm the best way for community mobilisers to disseminate these messages during their intervention activities.

Key Messages:

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.

ACTIVITY 4: Community Health Mobilisers (20 minutes)

Step 1: Explain the objective of CHCs and the roles and responsibilities of a CHC.

Step 2: Explain the objective of CHVs and the roles and responsibilities of a CHV.

ACTIVITY 5: Social Mapping (30 minutes)

Community Health Volunteers will be asked to create social maps of their communities/neighbourhoods to assist FHEs identify and recruit participants and gain an understanding of the socioeconomic composition of the community.

Step 1: Ask the participants to work together to draw a physical map of their community. If they have never seen a map, explain that you are asking them to imagine how their community would look to someone flying over it, and draw that image on the ground.

Step 2: Discuss the map with the participants. Assess whether the details of other steps in guidelines of social mapping have been followed, as mentioned in the Rehnumai (Operations) Book for FHEs.

DAY 4:

RECAP: Review of Day 3 (30 minutes)

Step 1: Facilitator divides participants into groups of five and gives each group a flipchart.

Step 2: Facilitator instructs participants to summarise topics/lessons learned on the flipchart from day three.

Step 3: Participants present and discuss what they remember from day three.

SESSION 12: Guidelines for Mohalla Meeting (120 minutes)

This session is based on “Rehnumai (Operations) Book for FHEs.”

Overview:

This session has six activities of different durations: meeting initiation; PRA tools (Picture Tool, Timeline Tool, and Daily Routine tool); discussion of FP; agenda setting and feedback.

Session Objective:

To learn how to conduct the mohalla meetings through participatory approaches

To introduce the PRA tools to the participants

Duration: 120 Minutes

Session Outline

No.	Activity	Duration
1.	How to start the mohalla meeting	10 min
2.	Understanding women’s health – PRA Picture Tool	30 min
3.	Analyse the stages of women’s life – PRA Timeline Tool	30 min
4.	Analyse a woman’s daily routine – PRA Daily routine tool	30 min
5.	Discussion of Key messages for Mohalla Meeting	10 min
6.	Discussion of results; agenda setting for mashvara meeting	10 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: How to Start Mohalla Meeting (10 minutes)

- Step 1:** Divide participants into two groups and distribute the section on mohalla meeting from the Rehnumai (Operations) Book for FHEs. Ask participants to review the material and prepare a role play on introducing the IRADA to a community.
- Step 2:** Each group presents its role-playing exercise. The large group discusses whether the guidelines for mohalla meeting have been followed.

ACTIVITY 2:

Understanding Women's Health (PRA Picture Tool) (30 minutes)

- Step 1:** Divide participants into two groups.
- Step 2:** Show the participants a picture of a healthy woman; discuss the picture in accordance with the guidelines of mohalla meeting.
- Step 3:** Discuss the key messages regarding positive attitude towards modern family planning with the participants. Explain that this tool will be used to help foster positive attitude regarding family planning amongst MWRAs
- Step 4:** Show a picture of a worried woman; discuss the picture according to guidelines of mohalla meetings.
- Step 5:** Again, discuss the key messages regarding positive attitude towards modern family planning.
- Step 6:** Compare the two pictures (worried woman and healthy woman); ask for participants' feedback and connect it with key messages included in the manual.

ACTIVITY 3: Analyse Stages of Women's Life (PRA Timeline Tool) (30 minutes)

- Step 1:** Divide participants into groups.
- Step 2:** Make a timeline by drawing a line on floor and marking the ends of the line as birth and death.
- Step 3:** Ask participants to give symbols to represent the two ends.
- Step 4:** Ask participants to divide the line to show different phases in a woman's life.
- Step 5:** Discuss the life cycle of a woman according to the guidelines of mohalla meeting.
- Step 6:** Conclude the activity of 'timeline' and discuss the key messages regarding positive attitude towards modern family planning with the participants. Explain that this tool will be used to help foster positive attitude regarding family planning amongst MWRAs

ACTIVITY 4: Analyse Women's Daily Routine (PRA Tool) (30 minutes)

- Step 1:** Ask the participants to draw a line on floor or chart: one end represents the time they wake up, and the other end represents when they go to bed.
- Step 2:** Ask the participants to list the details of what they do, from the time they wake up to the time they go to bed.
- Step 3:** For each activity, ask the participant to discuss a woman's participation in decision-making and access to resources.
- Step 4:** Discuss the key messages regarding positive attitude towards modern family planning with the participants. Explain that this tool will be used to help foster positive attitude regarding modern family planning amongst MWRA's

ACTIVITY 5: Discussion of Mohalla Meeting Key Messages (10 minutes)

- Step 1:** Explain that through the Mohalla meeting, it is important to disseminate certain key messages.
- Step 2:** Share key messages with participants.

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 an 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 6: Setting the Agenda for Mashvara Meeting (10 minutes)

Step 1: Explain how to discuss the following key points in a mohalla meeting:

- Making the IRADA for family planning
- Invitation for mashvara meeting
- Voucher distribution
- Getting feedback from participants

SESSION 13: Guidelines For Mashvara Meeting (95 minutes)

This session is based on Rehnumai (Operations) Book for FHE of IRADA, MSS

Overview:

This session has seven activities of different durations: how to start a Mashvara meeting; summary of Mohalla meeting; body mapping; reproductive system; Family Planning; key messages; Post-test; and closing of meeting.

Session Objective:

To enable the participants to conduct Mashvara meeting in a community, using the participatory approach.

Duration: 95 Minutes

Session Outline

No.	Activity	Duration
1.	How to start the mashvara meeting	10 min
2.	Summary of mohalla meeting	10 min
3.	Understanding body parts of female through body mapping (PRA tool)	30 min
4.	Lecture on reproductive system and family planning	30 min
5.	Discussion of key messages for Mashvara meeting	10 min
6.	Ending the mashvara meeting	05 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: How to Open a Mashvara Meeting (10 minutes)

Step 1: Divide participants into two groups and distribute the section on mashvara meetings, from the Rehnumai (Operations) Book for FHE. Ask participants to review the material and prepare a role play about introducing the project to the community.

Step 2: The two groups present their role playing exercises; the large group discusses whether the guidelines for mashvara meetings have been followed.

ACTIVITY 2: Summary of Mohalla Meeting (10 minutes)

Step 1: Ask participants to give a summary of the mohalla meeting, as discussed in Session 9:

- What was discussed in the last meeting?
- Which topics were covered in the last mohalla meeting?
- What was decided in the last mohalla meeting?

ACTIVITY 3: Understanding the Female Body Using Body-Mapping (PRA Tool) (30 minutes)

Step 1: Explain that you would like to understand how the participants perceive their bodies.

Step 2: Ask participants to draw how they perceive an adult female's body.

Step 3: Ask the participants to discuss the body parts, with special attention to a female's vagina, cervix, uterus, and breasts.

Step 4: Briefly explain how various family planning methods are taken/used with the help of the body map. (i.e. pills are taken orally, injection is given in the arm, implant is inserted in the arm, IUD is inserted in the uterus). Let participants know that modern family planning methods and the reproductive system will be discussed in more detailing in the following activity.

Step 5: Discuss the key messages regarding myths and misconceptions surrounding modern family planning with the participants. Explain that this tool will be used to help decrease myths and misconceptions regarding modern family planning amongst MWRAs.

ACTIVITY 4: Session on Reproductive System and Family Planning (30 minutes)

Step 1: Do a short review of the female reproductive system.

Step 2: Inform the participants what is known medically about the reproductive system and FP and ask them to note their understanding as a chart with four columns, given below. For details refer to the FHE Resource Book.

No	FP Methods	How it functions in the body	Risks & symptoms

ACTIVITY 5: Discussion of Key Messages Regarding Family Planning (15 minutes)

Step 1: Share the key messages for Mashvara meetings with participants.

Step 2: Divide the participants into groups. Ask the groups to discuss the key FP messages through role play.

Key Messages:

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 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 6: Ending the mashvara meeting (05 minutes)

Step 1: Explain how to discuss the following points in a mashvara meeting:

- Making the IRADA for family planning
- Voucher distribution
- Taking feedback from participants

SESSION 14:

Guidelines For Client Visit (70 minutes)

This session is based on Rehnumai (Operations) Book for FHE of IRADA, MSS.

Overview:

This session has four activities of different durations: how to start; methods of FP; key messages; and meeting closure.

Session Objective:

- To be able to discuss FP methods with clients during one on one visits
- To gain an understanding/grasp of key messages related to HTSP

Duration 70 Minutes

Session Outline

No.	Activity	Duration
1.	How to start (introduction)	10 min
2.	Methods of family planning	20 min
3.	Tailoring the visit for the client	20 min
4.	Key messages	10 min
5.	Meeting closure	10 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: How to Start (10 minutes)

Step 1: Divide participants into two groups and distribute section on client visit, from the Rehnumai (Operations) Book for FHE. Ask participants to review the material and prepare a role play on “Introducing IRADA to a community.”

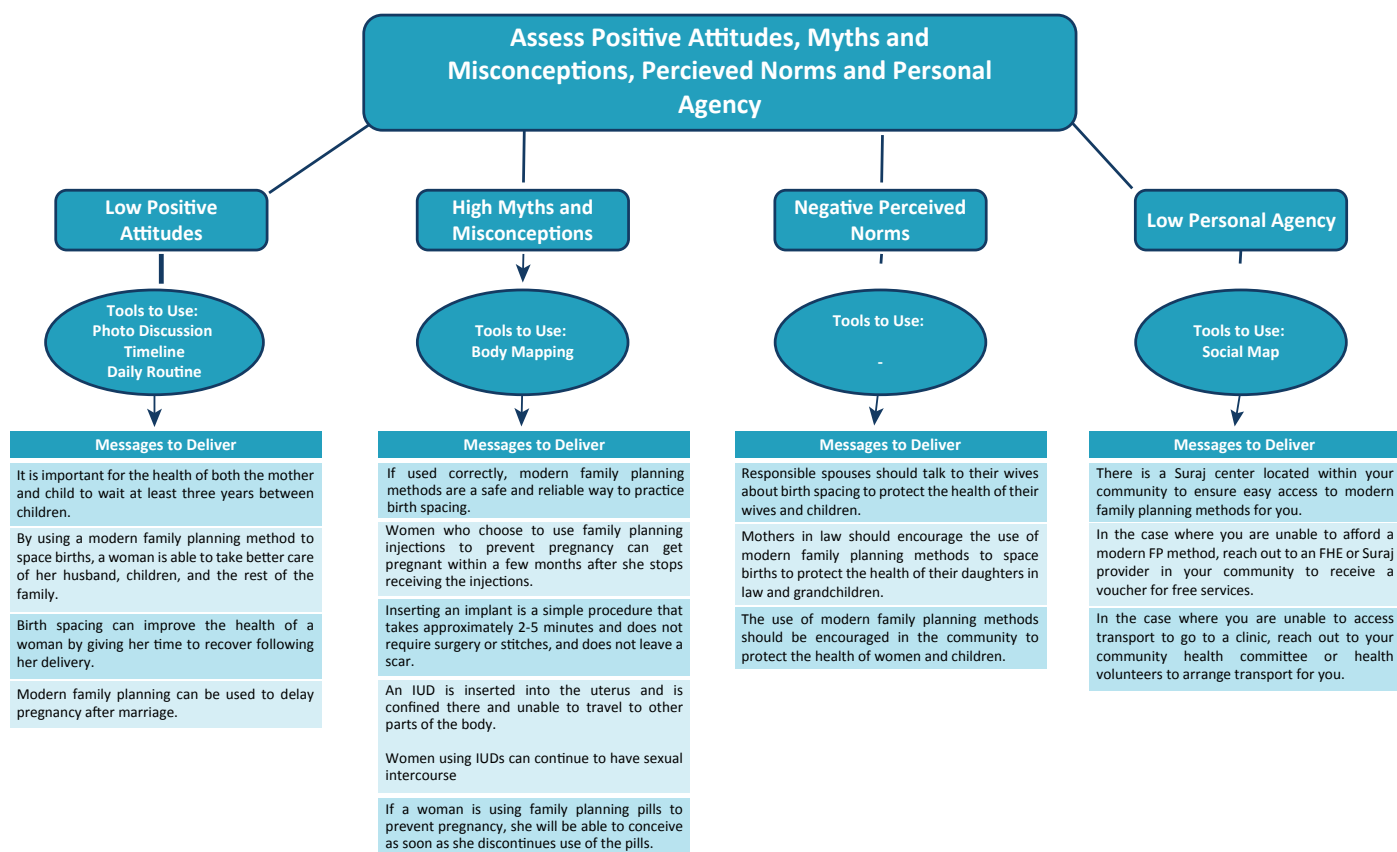
Step 2: Groups present their role-playing exercises are enacted. Facilitator asks whether guidelines for client visit have been followed.

ACTIVITY 2: Methods of Family Planning (20 minutes)

- Step 1:** Divide participants into groups.
- Step 2:** Ask groups to enact a role play on how they communicate about family planning methods in the community. The groups then present role-playing exercises in the large group.
- Step 3:** After each role play, ask participants for their reactions and ask for their advice to improve the methods of communication for family planning in the community.

ACTIVITY 3: Tailoring the visit for the client (20 minutes)

- Step 1:** Explain to participants that client visits will be tailored to meet the needs of each particular client.
- Step 2:** Review the four PRA tools and their purpose with participants. (i.e. photo discussion targets positive attitude, timeline/daily routine target positive attitude, body mapping targets myths and misconceptions, social mapping targets personal agency).
- Step 3:** Discuss with participants how to gauge whether a client needs to increase positive attitude towards modern FP, decrease myths and misconceptions regarding FP, or improve personal agency regarding adoption of modern FP.
- Step 4:** Explain to participants that based off of a client's need, they can choose to use whichever combination of PRA tools they think will be most beneficial to increasing the MWRA's intention to adopt a modern family planning method



ACTIVITY 4: Key Messages (10 minutes)

Step 1: Divide participants into groups.

Step 2: Give the participants 15 key messages for review, to discuss within the group about how best to deliver each message in the community.

Key Messages:

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.
Positive Attitude	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 a 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.
Perceived Norms	The use of modern family planning methods should be encouraged in the community to protect the health of women and children.

ACTIVITY 5: Ending the client visit (05 minutes)

Step 1: Discuss the following points:

- Making the IRADA for family planning
- Filling in the family card
- Invitation for mashvara meeting
- Voucher distribution
- Follow-up date
- Getting feedback from participants
- Thanking the client

DAY 5:

SESSION 15:

TRIVIA: Review of Days 1-4 (60 minutes)

Overview:

This session has one activity lasting the entire 60 minutes

Session Objective:

- To reiterate the lessons from the previous 4 days.
- To understand how much information participants have retained from the various sessions.

Duration: 60 Minutes

Session Outline

No.	Activity	Duration
1.	Trivia Game	60 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: Trivia Game (60 minutes)

Step 1: Facilitator divides participants into five separate teams

Step 2: Facilitator conducts a trivia review game with participants

Step 3: Facilitator reviews all questions following completion of the game

SESSION 16:

In Class Demonstration (225 minutes)

Overview:

This session has three activities; each with different durations.

Session Objective:

- To demonstrate how to conduct different meetings and visits in the field.
- To demonstrate how to utilise various PRA tools in the field

Duration: 225 Minutes

Session Outline

No.	Activity	Duration
1.	Mohalla Meeting	75 min
2.	Mashvara Meeting	75 min
3.	Client Visit	75 min

Resources Needed

Flipchart, whiteboard, markers, cards

ACTIVITY 1: Mohalla Meeting (75 minutes)

Step 1: As per Mohalla meeting protocol, facilitator will demonstrate a Mohalla meeting in the field for participants to observe, focusing on PRA tools.

Step 2: Review and discuss Mohalla meeting

ACTIVITY 2: Mashvara Meeting (75 minutes)

Step 1: As per Mashvara meeting protocol, facilitator will demonstrate a truncated Mash vara meeting in the field for participants to observe, focusing on PRA tools.

Step 2: Review and discuss Mashvara meeting

ACTIVITY 3: Client Visit (75 minutes)

Step 1: As per client visit protocol, facilitator will demonstrate a client visit in the field for participants to observe, focusing on tailoring the visit to the specific client.

Step 2: Review and discuss client visit.

SESSION 17: Closing Ceremony (45 minutes)

Overview:

This session has three activities of different duration: feedback on training, certificates distribution, and thank you note.

Session Objective:

- To appreciate the participants.
- To conclude the training.

Duration: 45 Minutes

Session Outline

No.	Activity	Duration
1.	Feedback on training	15 min
2.	Certificate distribution	25 min
3.	Thank you note	05 min

Resources Needed

Participants' certificates

ACTIVITY 1: Feedback on Training (15 minutes)

Step 1: Ask the participants individually about the training.

- What did they learn that was new?
- What did they like the most, and why?
- Which part did they find uncomfortable?
- Which part did they find most difficult?

ACTIVITY 2: Certificate Distribution (25 minutes)

Step 1: Ask the participants to distribute the certificates to each other,

OR

Ask the participants one by one to come forward to receive their certificates from the head of department or other department representative, if present.

ACTIVITY 3: Thank You Note (5 minutes)

Step 1: At the end of the training, thank all participants for participating in the training with interest, patience, and as a good learner. Say, "We hope that you have learned from this platform and have enhanced your knowledge and skills. When you go to the actual field, we hope that you will utilise all the skills you have learned here."

ANNEXURES

Activity Report for CHC/CHV Training

Activity Report

Where:

Province : _____

District : _____

Taluka : _____

Union council : _____

Partner organization(d) Sub-site : _____

Village /urban area name : _____

When:

Date : _____

Time (duration of entire activity) : _____

Who:

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	

Facilitators/Field Team Members

1	
2	
3	
4	
5	

Activities/Tools (List the activities/tools used)

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]

Feedback:

Observations: (report the compiled observations of whole team)

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

ANNEXURE 2: Training Agenda

Day 1				
Training Session Topic	Session Number	Activity	Duration	Time
Getting Started	1	Welcome Note	10 min	9:00 - 9:10
		Introduction of Participants	15 min	9:10 - 9:25
		Learning Objectives of Workshop	10 min	9:25 - 9:35
		Overview of the Workshop	10 min	9:35 - 9:45
		Pedagogy of Learning	20 min	9:45 - 10:05
		Norm Setting	10 min	10:05-10:15
		Hopes and Fears	10 min	10:15-10:25
Tea Break				10:25-11:00
Getting Started	1	Relflection and Reflexivity	40 min	11:00 - 11:40
Self-Awareness	2	Self-awareness: Components, Barriers, and Benefits	45 min	11:40 - 12:25
Lunch Break				12:25 - 1:25
Reproductive Sys-tem	3	Reproductive Health (Intro)	10 min	1:25-1:35
		Menstruation & Puberty	20 min	1:35-1:55
		Sexually Transmitted Infections	30 min	1:55-2:25
		Body Mapping of Female and Male	20 min	2:25 - 2:45
		Explaining the Body Parts	15 min	2:45- 3:00
Tea Break				3:00 - 3:30
Family Planning	4	Brainstorming: FP Methods, Ben-efits, and Risks	20 min	3:30 - 3:50
		Islam and Family Planning	10 min	3:50 - 4:00
		Medical Information about FP	30 min	4:00 - 4:30
Wrap-Up Day 1			30 min	4:30 - 5:00

Day 2				
Training Session Topic	Session Number	Activity	Duration	Time
Communication	5	Interpersonal Communication	30 min	9:00 - 9:30
		Non-verbal Communication	30 min	9:30 - 10:00
		Tools of Communication	30 min	10:00 - 10:30
Tea Break				10:30 - 11:00
Communication	5	Feedbaack and Rules for Effective Feedback (Johari Window)	30 min	11:00 - 11:30
		Importance of Giving and Receving Critial Feedback	30 min	11:30 - 12:00
Counselling	6	What is counselling?	20 min	12:00 - 12:20
		Baton Baton Mein - Video	40 min	12:20 - 1:00
Lunch				1:00 - 2:00
Counselling	6	Counselling - SEHER Framework	45 min	2:00 - 2:45
		Client Rights	20 min	2:45 - 3:05
Tea Break				3:05 - 3:30
Facilitation	7	Facilitation Skills	20 min	3:30 - 3:50
		Observation Skills	20 min	3:50 - 4:10
		Documentation skills	20 min	4:10 - 4:30
Wrap-Up Day 2			30 min	4:30 - 5:00

Day 3				
Training Session Topic	Session Number	Activity	Duration	Time
Behaviour Change Communication	8	What is behaviour?	10 min	9:00 - 9:10
		What influences our behaviour? (Flow diagram activity)	60 min	9:10 - 10:10
		What is BCC?	15 min	10:10 - 10:25
Tea Break				10:25 - 10:55
PRA	9	What is participation	10 min	10:55 - 11:05
		PRA Tools	60 min	11:05 - 12:05
		Importance of PRA	10 min	12:05 - 12:15
IRADA	10	IRADA Model	30 min	12:15 - 12:45
Lunch Break				1:00 - 2:00
IRADA	10	IRADA Flipbook	45 min	2:00 - 2:45
Community Mobilisation	11	What is Community?	10 min	2:45 - 2:55
		What is Community Mobilisation?	10 min	2:55: 3:05
Tea Break				3:05 - 3:30
Community Mobilisation	11	Key Messages for Community Mobilisation	15 min	3:30 - 3:45
		Community Health Mobilisers	20 min	3:45 - 4:05
		Social Mapping (PRA Tool)	30 min	4:05 - 4:35
Wrap-Up Day 3			25 min	4:35 - 5:00

Day 4				
Training Session Topic	Session Number	Activity	Duration	Time
Mohalla Meeting	11	How to Start a Mohalla Meeting	10 min	9:00 - 9:10
		Understanding Women's Health (Picture Tool)	30 min	9:10 - 9:40
		Analyse the Stages of Women's Lives (Timeline Tool)	30 min	9:40 - 10:20
		Analyse a Woman's Daily Routine (Daily Routine Tool)	30 min	10:20 - 10:50
		Key Messages for Mohalla Meeting	10 min	10:50 - 11:00
		Discussion of Reults; Agenda Set-ting for Mashvara Meeting	10 min	11:00 - 11:10
Tea Break				11:10 - 11:40
Mohalla Meeting	12	How to Start a Mashvara Meeting	10 min	11:40 - 11:50
		Summary Mohalla Meeting	10 min	11:50 - 12:00
		Body Mapping	30 min	12:00 - 12:30
		Impact Diagram	30 min	12:30 - 1:00
Lunch Break				1:00 - 2:00
Mashvara Meeting	12	Reproductive Health and Family Planning	30 min	2:00 - 2:30
		Key Messages for Mashvara Meet-ing	10 min	2:30 - 2:40
		Ending the Mashvara Meeting	5 min	2:40 - 2:45
Tea Break				2:45 - 3:15
Mashvara Meeting	13	How to Start a Client Visit	10 min	3:15 - 3:25
		Methods of Family Planning	20 min	3:25 - 3:45
		Tailoring the Client Visit	20 min	3:45 - 4:05
		Key Messages for Client Visit	10 min	4:05 - 4:15
		Ending the Client Visit	10 min	4:15 - 4:25
Wrap-Up Day 4			35 min	4:25 - 5:00

Day 5				
Training Session Topic	Session Number	Activity	Duration	Time
Review Days 1-4	14	Trivia	60 min	9:00 - 10:00
Tea Break				10:00 - 10:30
Field Demonstration-In	15	Mohalla Meeting	60 min	10:30 - 11:30
		Review & Discuss Mohalla Meeting	15 min	11:30 - 11:45
		Mashvara Meeting	60 min	11:45 - 12:45
		Review & Discuss Mashvara Meeting	15 min	12:45 - 1:00
Lunch Break				1:00 - 2:30
Field Demonstration-In	15	Client Visit	60 min	2:30 - 3:30
		Review & Discuss Client Visit	15 min	3:30 - 3:45
Tea Break				3:45 - 4:15
Closing Ceremony	16	Feedback on Training	15 min	4:15 - 4:30
		Certificate Distribution	25 min	4:30 - 4:55
		Thank you Note	5 min	4:55 - 5:00