2-DAYS CONTRACEPTIVE TECHNOLOGY UPDATE (CTU) for COUNSELLING SKILLS TRAINERS

A TRAINER'S GUIDE

This guide includes notes for the trainer and the CTU Reference Materials that have been prepared for participants as handouts to be used in some of the sessions.
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| 09:30 a.m. – 11:45 a.m. | Registration  
Inauguration  
Introduction of participants and trainers  
Objectives of CTU training  
Workshop schedule and participants expectations  
Workshop norms  
Pre-test | 09:00 a.m. – 09:30 p.m. | Recap and warm up |
| 01:45 a.m. – 01:00 p.m. | Unmet need for FP in UP | 09:30 a.m. – 11:00 a.m. | Oral Contraceptive Pills (OCPs) + Emergency Contraception |
| 01:00 p.m. – 02:00 p.m. | Lunch | 11:00 a.m. – 11:30 a.m. | Centrochroman + injectibles |
| 02:00 p.m. – 03:15 p.m. | Overview of FP methods including Natural FP Methods | 11:30 a.m. – 12:00 p.m. | LAM |
| 03:15 p.m. – 04:30 p.m. | Condom | 12:00 noon – 01:00 p.m. | Intra-Uterine Device (IUDs) |
| 04:30 p.m. – 05:00 p.m. | Wrap-up | 01:00 p.m. – 02:00 p.m. | Lunch |
|                      |     | 02:00 p.m. – 03:00 p.m. | Sterilization |
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|                      |     | 04:30 p.m. – 05:00 p.m. | Wrap up |
Acknowledgements

Preparation of the two day Contraceptive Technology Update Curriculum was the combined effort of many individuals.

The training material was developed at AVSC International and was subsequently reviewed by the Technical Advisory Group (TAG) constituted by SIFPSA. Members of TAG were, Dr. P.K. Mathur, General Manager, Public Sector, Dr Sulabha Swaroop, Senior Project Coordinator, Public Sector and Dr. R. B. Bhatt, Project Coordinator, Training from SIFPSA; Dr. Savita Bhatt from Dufferin Hospital, Lucknow; Dr. M. Shukla from Queens Mary Hospital, Lucknow; Dr. R.P. Mathur, Chief Medical Officer, Lucknow and Dr. Pandey from the DG-FW Office. They provided valuable comments on the content, which helped in fine-tuning the materials.

We thank the following individuals for their efforts in preparing the curriculum:

Dr. Bulbul Sood, Program Coordinator, AVSC International, ICO, who developed the two day manual based on the need of trainers to have updated knowledge about contraceptives before they receive Counselling Skills training and attend the TOT Workshop. Mr. John M. Pile, Senior Director, AVSC International, New York, Dr. Patricia M. Gass, Country Director, AVSC International, India Country Office (ICO) and Dr Jyoti Vajpayee, Medical Associate, AVSC International, ICO, for reviewing the material and giving valuable comments. Dr. B. P. Singh, Training Associate, AVSC International for Hindi translation and Ms. Shubhra Rehman, Program Assistant, AVSC International and seeing the curriculum through to publication.

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Aradhana Johri, IAS
Executive Director
SIFPSA
Preface

The Government of India, the Government of Uttar Pradesh (UP) and the United States Agency for International Development (USAID) have embarked upon the Innovations in Family Planning Services (IFPS) project in Uttar Pradesh for the improvement and expansion of family planning and related reproductive health services in the public and private sectors. To undertake this project, the State Innovations in Family Planning Service Project Agency (SIFPSA) has been created as an autonomous society. As part of their work in strengthening training, SIFPSA and the Department of Health and Family Welfare of Uttar Pradesh have collaborated with AVSC International and INTRAH/PRIME to strengthen the service delivery skills of family planning service providers. Counselling, a key component of family planning service delivery, is one of the core training activities for health service providers in the public health sector.

Counselling helps ensure that clients make free and informed decisions about fertility. It helps clients choose the method of family planning best suited for them and their circumstances, and gives them information they need to use the method successfully and to cope with side effects. When counselling works in this way, it supports long-term use of contraception by giving clients confidence in the family planning service.

The two days Contraceptive Technology Update manual is to be used by the Master Trainers who are required to train the lead trainers who in this case are going to be Medical Officers, District Health Education and Information Officers and Health Education Officers. The curriculum is designed to develop or improve contraceptive knowledge among these trainers before they receive Counselling Skills training.

The training package focuses on the essential "need to know" information that the Lead trainers must have to provide family planning services effectively and also supervise work of various categories of Health Care Workers like Auxiliary Nurse Midwives, Lady Health Visitors, Male Health workers and supervisors.
Session Title: Module A – Unmet need for Family Planning in U.P.

Advance Preparation:

- Read the facilitator’s notes and the handouts for this session.
- Prepare flip charts for the objectives, the content as needed and the key messages.
- Ensure that sufficient number of copies of the handouts is ready for distribution.

<table>
<thead>
<tr>
<th>Estimated time</th>
<th>Content</th>
<th>Training Techniques</th>
<th>Materials required</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Introduction</td>
<td>Presentation</td>
<td>flipchart</td>
<td>• Population of UP accounts for 16% of India’s population</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Population of UP is larger than all but 6 countries of the world</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• In UP, age at marriage is still low and significant proportion of these</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>have started child bearing</td>
</tr>
<tr>
<td>60 mins</td>
<td>Impact of population on quality of life of</td>
<td>Presentation and</td>
<td>flipchart, transparencies</td>
<td>• Family size is large and in significant percentage the birth interval is</td>
</tr>
<tr>
<td></td>
<td>individual, family, community and nation</td>
<td>Discussion</td>
<td>and overhead projector</td>
<td>less than 3 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Child bearing at young age and too many pregnancies at too close intervals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>are dangerous for mother and child</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Although knowledge of contraceptives is high in UP, the current</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>contraceptive use levels are very low</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Contraceptive use was more among women above 35 yrs and least among those</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>below 20 yrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Son preference is an important reason for high fertility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Despite significant development in the state there is slight improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>of quality of life because of high fertility</td>
</tr>
<tr>
<td>10 mins</td>
<td>Summary</td>
<td>Presentation</td>
<td>flipchart</td>
<td>Key messages</td>
</tr>
</tbody>
</table>

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Facilitator’s Notes

Objectives: Using the flipchart you have prepared present the objectives of the session to the participants.

- Describe the impact of high fertility on the quality of life of individual, family, community, state and nation.
- Explain the relationship between gender inequality, fertility, pattern and population growth.

Start the discussion by asking the participants about the fertility status in UP and reasons for high fertility. Present the data on the fertility status and encourage the participants to ask questions.

Ask the participants to list the negative impact of high fertility on the quality of life of individual, family, community, state and nation. Start the discussion with problems for family and then discuss the problems for the community. Explain how this growing population negates all the socio-economic development. Give example of states like Kerala where the population has been controlled.

Find out from the participants about the age of marriage, age of first child, interval between children and average family size in the community. Discuss the implication of early marriage, pregnancy before 18 years of age, too many pregnancies and when the interval is less then 3 years on the health of mother and child and specially child survival. Discuss the legal age of marriage for boys and girls and the importance of promoting behaviour change based on the above discussions.

Ask the participants what they think is the knowledge and use rate of various contraceptive methods among eligible couples in UP and in their district. Explain that in the NFHS conducted in 1992-93 it was observed that 95.2% currently married women knew about a modern method of contraceptive. However, contraceptive use rate was very low. Discuss the reasons for low contraceptive use, especially among men (vasectomy only 0.9%, and condoms 3.5%). Discuss the association of literacy level, status of women and gender preference on the contraceptive use rate.

Ask participants if there is any son preference in their community. Find out if gender preference is one of the reasons for high fertility. Discuss the issue of gender bias and reasons for negative attitude towards the girl child.

Summary: Ask one of the participants to summarise what they have learnt from this session. Read out the key messages as reinforcement.
PARTICIPANTS HANDOUT:

UNMET NEED FOR FAMILY PLANNING IN UP

India with population of 846.3 million (1991) is the second most populous country in the world, next only to China, and seventh in land area. With only 2.4 per cent of the world’s land area, India is supporting 16 percent of world’s population.

Although India is only two fifth the size of USA her population is more than triple of that country.

In India, approximately 15 million people are added to the population every year (the population of Australia).

Demographic indicators in UP:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (1991)</td>
<td>13.9 crores</td>
</tr>
<tr>
<td>Sex ratio</td>
<td>879 females per 1000 males</td>
</tr>
<tr>
<td>Literate (%)</td>
<td>Total: 41.6</td>
</tr>
<tr>
<td></td>
<td>Males: 55.7</td>
</tr>
<tr>
<td></td>
<td>Females: 25.3</td>
</tr>
<tr>
<td>Crude Birth Rate (1992)</td>
<td>36.2 per thousand population</td>
</tr>
<tr>
<td>Crude Death Rate (1992)</td>
<td>12.8 per thousand populations</td>
</tr>
<tr>
<td>Growth Rate</td>
<td>2.5 % per year</td>
</tr>
<tr>
<td>Average number of children Per women (1991)</td>
<td>4.8 children</td>
</tr>
<tr>
<td>Infant mortality rate (IMR) (1991)</td>
<td>98 per thousand live births</td>
</tr>
<tr>
<td>Couple protection rate (1992): 33.7%</td>
<td>% Eligible couple effectively protected against pregnancy</td>
</tr>
</tbody>
</table>


- Population of UP accounts for 16% of India’s population.
- Population of UP is larger than that of all but six countries in the world.

In UP the population growth is 2.5% every year. Impact of this addition every year to population poses serious problems for the planners in UP.
Additional requirements per year:

- Additional 3.35 million mouths to feed.
- Additional 0.6 million tons of food grains.
- Additional 3.45 million metres of cloth.
- Additional 425,000 dwelling units.
- Additional 22,000 schools.
- Additional 62,000 teachers.
- Additional employment for 7,40,000 people.

Fertility:

By fertility is meant the actual bearing of children. High fertility in UP is attributed to lower age at marriage, low level of literacy, limited use of contraceptives, gender inequality and traditional ways of life.

Education: Only one out of every four women is literate in the state. There is a negative association between educational status among women and fertility. In Kerala where the female literacy is 100%, the fertility is lowest in the country.

Age at marriage: The age at which a woman marries and enters the reproductive period of life has a great impact on her fertility. In UP, approximately 40% of women are married by 19 years of age and significant proportions of these have started child bearing. Child bearing at young age (below 18 years) is dangerous for both mother and the newborn.

Spacing of children: In U.P. about 12% of births occurs at less than 18 months interval and more than 25% of all births occurs at less than 24 months interval. Too many pregnancies at too close interval are again dangerous for mother and child.

Dangerous for both mother and child:
- Too young mother (mother below 18 years)
- Too many children (more then two children)
- Too little interval (birth interval less then 3 years)
### Family planning knowledge and contraceptive use among currently married women in UP:

<table>
<thead>
<tr>
<th>Contraceptive method (modern method only)</th>
<th>Knowledge of the method</th>
<th>Knowledge of source of supply</th>
<th>Currently using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any method</td>
<td>95%</td>
<td>77%</td>
<td>18%</td>
</tr>
<tr>
<td>Condoms</td>
<td>67%</td>
<td>44%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>65%</td>
<td>45%</td>
<td>1.1%</td>
</tr>
<tr>
<td>IUCD</td>
<td>56%</td>
<td>41%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>88%</td>
<td>68%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>94%</td>
<td>73%</td>
<td>11%</td>
</tr>
</tbody>
</table>


Although knowledge levels are high, the current contraceptive use levels are very low. Since the contraceptive use is low in the state the fertility rate is still high.

There is need to promote more spacing methods specially Oral pills and IUCD. The low use rate is because of various misconceptions in the minds of clients about OCPs and IUCD.

Among the permanent methods although tubectomy is performed in 11% of clients, vasectomy has been performed only in 1% of clients. There is need to involve men in family planning and to specially promote No-Scalpel vasectomy (NSV).

Analysis of data by age of women currently using a contraceptive shows that contraceptive use is least among those below 20 years and maximum among women above the age of 35 years. Similarly less then 2% married women with no children used any contraceptive and less than 5% used any contraceptive after 1-3 children. There is a need to promote spacing methods among young couples.

Majority (64%) of women who have never used contraceptives mentioned that they did not intend to use any contraceptive. The main reason for non-use in the future was wanting another child, religious reasons and disapproval of use by either the woman or her husband.

Currently married women who want to delay the next pregnancy or do not want to have another child, but are not using a contraceptive are defined as having an unmet need for family planning. In UP the unmet need was 30%, of which 17% was for spacing methods and 13% for limiting the family. Poor accessibility and quality of service is reasons for this high unmet need.

Unwanted pregnancies also is an important reason for high fertility. 11% of births were unwanted and 13% were mistimed. Since 25% of all births were unwanted, this points to great need for access to family planning services.
Gender inequality in UP:

The sex ratio is favourable to males and life expectancy is higher among males. Although females are biologically more strong, the neglect of girl child contributes to their mortality. Data show that more females die after the post-neonatal period when factors related to neglect play a major role.

98% of currently married women mentioned that it is important to have a son for reasons such as continuing the family name, old age security, helping at home and religious reasons. More than half of those who were not using contraceptive wanted a son compared to which only 10% wanted a daughter. The desire for a son is higher in rural areas and among women with high parity. Gender inequality is an important reason for high fertility.
Session Title: *Module B – Overview of Family Planning Methods*

**Advance Preparation:**

- Read the facilitator’s notes and the handouts for this session.
- Prepare flip charts for the objectives and for different methods of family planning, their mechanism of action, effectiveness, advantages and limitations.
- Ensure sufficient number of copies of the handouts is ready for distribution.

<table>
<thead>
<tr>
<th>Estimated time</th>
<th>Content</th>
<th>Training Techniques</th>
<th>Materials required</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introduction</td>
<td>Presentation</td>
<td>Flip chart</td>
<td><em>Session Objectives</em></td>
</tr>
<tr>
<td>30 minutes</td>
<td>List the different methods of family planning and their key features</td>
<td>Discussion in two groups</td>
<td>Flip chart, handout</td>
<td>- Informed choice is essential component of quality family planning services</td>
</tr>
<tr>
<td>35 minutes</td>
<td></td>
<td>Presentation by the participants</td>
<td></td>
<td>- Health provider should give an overview of different FP methods including natural FP methods, in order for the clients to make an informed choice. He should briefly describe the mechanism of action, effectiveness, advantages and limitations of various contraceptives.</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Summary</td>
<td>Presentation</td>
<td>Flip chart</td>
<td>- During first 6 months of lactation COC pills are not advised.</td>
</tr>
</tbody>
</table>
Facilitator’s Notes

Objectives: Using the flipchart you have prepared present the objectives of the session to the participants.

- List the different methods of family planning with their key features.
- List various family planning methods which can be used during post partum and post abortion period

Ask the participants what they understand by informed choice. Explain that Informed Choice is the process by which an individual makes his or her own decision about family planning. It is based on the full understanding of all necessary information, including risks as well as benefits, about all options and choice is made by the client free of stress and without pressure, coercion, or incentives from others. Therefore it is important for the service providers to have up-date information about all available contraceptives.

Ask the participants to list the different methods of family planning. Ask one of the participants to write them on the flip chart. Complete what has been left out. Now ask them to identify temporary and permanent methods from the above list.

Divide all the participants into three groups. Identify one of the participants as group leader and one as the rapporteur. During the discussion, role of trainer would be to act as moderator. Give one group the temporary methods, the second group the permanent methods, and third group the natural FP methods. Ask participants to discuss how each method prevents pregnancy and how they are used. Also ask them to discuss the effectiveness, advantages and limitations of various methods. Give 30 minutes of discussion time and then call them back as large group.

Ask one of the participants from each group to make the presentation. After the presentation, general discussion should occur eliciting input and comments from the entire group. Let the group react before the trainers present the missing information or give further clarification or explanation.

Ask the group, which are the contraceptives, which could be safely used by women during first six months of lactation and after abortion. Discuss why women can become pregnant while breast-feeding.

Summary: Ask one of the participants to read out the key messages from your flip chart.
Session Title: *Module C – Discussion on various contraceptives*

Advance Preparation:
- Read the facilitator’s notes and the handouts for this session.
- Prepare flip charts for the objectives, the content as needed and the key messages.
- Ensure sufficient number of copies of the handouts is ready for distribution.

The training methodology is same for session on Condom, OCPs, IUDs, Sterilization, Emergency Contraception, Centrochroman, Injectable and LAM.

<table>
<thead>
<tr>
<th>Estimated time</th>
<th>Content</th>
<th>Training Techniques</th>
<th>Materials required</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introduction</td>
<td>Presentation</td>
<td>flip chart</td>
<td>• Before prescribing any contraceptive check the eligibility of the client</td>
</tr>
<tr>
<td>Would depend on the particular session</td>
<td>Various contraceptives</td>
<td>Discussion role play Demonstration and return demonstration</td>
<td>Flip chart, OHP and transparencies, contraceptives, model of penis and handouts</td>
<td>• Review the mechanism of action, effectiveness, its advantages, limitations and side effects with the client.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Discuss the rumours about the contraceptive</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Discuss the non-contraceptive benefits of condoms, OCPs etc.</td>
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<td></td>
<td>• Use of check-list for selection of acceptor</td>
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<td></td>
<td>• Instruct a client to use a temporary method and have them demonstrate back correct use of the method.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Instructions to the clients after tubectomy or vasectomy</td>
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<td></td>
<td></td>
<td>• Instruct a client to visit for follow up and to be aware about danger signals</td>
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<td></td>
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<td></td>
<td>• Discuss availability of various contraceptive and from where they could be procured</td>
</tr>
</tbody>
</table>
Facilitator's Notes

Objectives: Using the flipchart you have prepared present the objectives of the session to the participants (objectives are almost similar for various contraceptives).
- Explain mechanism of action and effectiveness of a particular contraceptive
- List advantages, disadvantages and possible side effects of the contraceptive
- List non contraceptive benefits of the contraceptive
- List eligibility for the use of the particular contraceptive
- Discuss rumours about a particular contraceptive and the facts to counter them
- Screen client for the use of a method
- Demonstrate correct use of the contraceptive
- Counsel client on use of a method, its continuation and during follow up
- List available brands of a particular contraceptive, or different ways of conducting a procedure (tubectomy or vasectomy)
- Explain Dos and Don’ts after a procedure
- Manage side effects, if any
- Procure, store, supply and availability of a method

Start the discussion by finding out what the participants know about a particular contraceptive. Review the mechanism of action, advantages and limitations of the contraceptive including the side effects. Complete the list by adding what has been missed out.

Find out if there are any rumours about a particular contraceptive in their area or that they have heard about. Explain facts to counter the rumours.

Ask participants who they think is eligible/ not eligible for using a method. Complete the list for eligibility.

Ask about the checklist for screening the clients for COCs. Explain the rationale behind the checklist. Demonstrate the use of checklist and have trainees practice through a role-play.

Ask participants who have prescribed a method to explain instructions for its use. Add what is missing. Demonstrate the use of a method (especially condoms and OCPs) through a role-play. Ask participants do the repeat demonstration. Give special emphasis on planning for the return visit.

Ask participants to demonstrate how to counsel clients during follow-up. Explain rationale behind the follow up and its importance in providing quality care.

Discuss special care after vasectomy or tubectomy. Explain the rationale behind use of condoms for certain period after vasectomy.

Discuss the management of side effects and what needs to be done. Discuss the importance of timely referral at the appropriate place.

Find out if participants know about different brands of locally available contraceptives. Complete the list. Also discuss procurement and storage of contraceptives.

Summary: Sum up the session by reinforcing the key messages.
Session Title: *Module D – Infection Prevention (IP)*

**Advance Preparation:**

- Read the facilitator's notes and the handouts for this session.
- Prepare flip charts for the objectives, the content as needed and the key messages.
- Ensure that sufficient number of copies of the handouts is ready for distribution.

<table>
<thead>
<tr>
<th>Estimated time</th>
<th>Content</th>
<th>Training Techniques</th>
<th>Materials required</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 minutes</td>
<td>Introduction</td>
<td>Presentation</td>
<td>Flip chart</td>
<td>Session objectives</td>
</tr>
</tbody>
</table>
| 50 minutes     | Infection Prevention practices and responsibility of service providers | Presentation, Demonstration and Discussion | Flip chart, OHP, transparencies and Handouts | • Every one in the health care setting is responsible for Infection Prevention (IP).  
• Purpose of IP is to prevent and minimise post operative/post procedure infections.  
• IP procedures are important in providing quality services  
• Clients, providers and community members are at risk if IP is not practised.  
• Adequate IP practices do not require fancy, expensive equipment and supplies.  
• Handwashing is the single most important IP procedure.  
• Health care workers can protect themselves and prevent transmission if they practice Universal Precautions. |
| 5 minutes      | Summary | Presentation | Flip chart          | Key messages |

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Facilitator’s Notes

Objectives: Using the flipchart you have prepared present the objectives of the session to the participants.

- Understand the importance of Infection Prevention in health care setting
- Understand how to prevent and minimise post-operative/post procedure infections.
- List out procedures by which both clients and health workers can be protected from being infected with serious infections like Hepatitis B (HBV) and HIV during clinical procedures or during cleaning of instruments or during disposal of health centre waste.

Start the discussion by asking participants why they think it’s important to take Infection Prevention measures in health care setting. Also, find out who are at risk of getting the infection if these measures are not taken. Explain that not only the clients but also the health care providers and members of the community are at risk of being infected if necessary precautions are not taken.

Ask the participants about precautions that are taken in their PHC to assure asepsis during IUCD insertion or other procedures. Find out the Infection Prevention measures that are taken in their health centre. Discuss how used (soiled) instruments, gloves and other items are disinfected. Explain the purpose and principles of infection prevention. Emphasise that adequate IP practices do not require fancy, expensive instruments and that “Handwashing” is the single most important IP procedure.

Discuss that decontamination can be done easily by preparing 0.5% chlorine solution and also demonstrate how to make this solution. Explain with the help of prepared flip charts effective methods for processing soiled instruments, gloves and other items. Also discuss how these practices should be part of routine activity in any health care facility.

Find out what they know about sterilization and High Level Disinfection (HLD). Explain the difference between the two and discuss how HLD can be achieved by boiling or by use of chemicals. Explain that sterilization is preferred over HLD for instruments and other items that come in contact with blood or urine, stool, other body fluids and items which come in contact with them such as dressing/bandages is disposed of and who are the workers responsible for handling the waste in their place of work. Explain that the purpose of proper disposal of clinic waste is to prevent the spread of infection and accidental injury to any one who handles the waste and to also protect the environment.

Explain that all health workers would consider all clients infectious and should practice universal precautions at all times.

Summary: Ask one of the participants to summarise what they had learnt from this session. Read out the key message as reinforcement.
**CTU PRE/POST-COURSE QUESTIONNAIRE**

**Instructions:** Write the letter of the single best answer to each question in the blank next to the corresponding number on the answer sheet.

1. **For a woman in good health, a contraceptive method is best selected by:**
   a. the woman herself
   b. the medical officer or ANM providing services to the woman
   c. the village health worker who recommends that the woman visit the centre
   d. the woman’s husband

2. **The Copper T 200B IUCD is approved for use for:**
   a. 3 years
   b. 4 years
   c. 7 years
   d. 10 years

3. **Use of any hormonal contraceptives, including combined oral contraceptives, implants and injectables, is contraindicated in otherwise healthy women with a personal history of:**
   a. gestational diabetes
   b. pregnancy-induced hypertension
   c. breast cancer
   d. superficial varicosities

4. **The technique used for inserting the Copper T 200B IUCD is the:**
   a. withdrawal technique
   b. push and remove technique
   c. Lippes technique
   d. push-in technique

5. **Surgical (metal) instruments used for IUCD insertion (i.e., the vaginal speculum, uterine sound and tenaculum) can be safely used if, after decontamination and through cleaning, they are:**
   a. dried and stored in a sterile container
   b. High-Level Disinfected (HLD)
   c. Soaked in Savlon® or Dettol® for 30 minutes
   d. Used immediately

6. **To minimize the risk of staff contracting hepatitis B or AIDS during the cleaning process, all soiled instruments and surgical gloves first should be:**
   a. rinsed in water and scrubbed with a brush before disinfecting by boiling
   b. soaked in a fresh solution of 0.5% chlorine for 10 minutes before cleaning
   c. rinsed in water and scrubbed with a brush before sterilizing
   d. soaked overnight in 8% formaldehyde
7. The single most important infection prevention procedure is:
   a. wearing gloves when performing a procedure
   b. autoclaving
   c. handwashing
   d. Savlon rinses

8. After insertion, the IUCD is effective:
   a. after 5 days
   b. immediately
   c. after one complete menstrual cycle
   d. after 2 weeks

9. If a woman with an IUCD cannot feel the strings for her IUCD when she checks them after her period, she should:
   a. not worry because sometimes the strings dissolves
   b. wait until her next period and check them again before doing anything else
   c. check them every day until they reappear
   d. go immediately to the service provider because her IUCD may have fallen out and she can get pregnant

10. A new combined oral contraceptive user should:
    a. begin taking her first pack of pills whenever it is convenient
    b. begin taking her first pack of pills 5 days after the end of her menstrual cycle
    c. begin taking her first pack of pills within the first 7 days of her menstrual cycle
    d. must always begin taking her first pack of pills on the first day of her menstrual cycle

11. If a woman forgets to take two or more of her pills, she should:
    a. stop taking the pills and begin again when she has her menstrual period
    b. throw away the pills she missed and continue taking the rest of the pack
    c. take 2 pills daily until she catches up, then return to taking one pill a day
    d. none of the above

12. A woman can take combined oral contraceptives:
    a. for a 1 year period, followed by a rest period of two cycles during which she should use condoms
    b. indefinitely, as long as she is happy with the method and there are no major side effects
    c. for 2 years, followed by up to 6 months rest during which she should switch to a barrier method or IUCD
    d. for a maximum of 10 years, after which she should switch to another method
13. Prior to starting a client on combined oral contraceptives, a pelvic exam:
   a. must always be performed
   b. must be performed if the woman is under 20 years of age
   c. is not necessary
   d. must be performed if the women has never had any children

14. Vasectomy is effective in preventing pregnancy after the man has ejaculated at least:
   a. 1 time
   b. 50 times
   c. 20 times
   d. vasectomy is immediately effective

15. Studies have shown that vasectomy increases the risk of:
   a. prostate cancer
   b. testicular atrophy
   c. cardiovascular disease
   d. none of the above

16. A woman practising the Lactational Amenorrhoea Method (LAM):
   a. should exclusively breastfeed her baby on demand
   b. should not breastfeed her baby during the night
   c. should allow 7 hours between feedings for the baby
   d. can continue practising the method, even when her menstrual period returns

17. A client who has had a tubal ligation should be counselled to return to the clinic or hospital for a check-up if she experiences:
   a. fever (greater than 38°C or 100.4°F)
   b. shoulder pain
   c. nausea
   d. cough and nasal congestion

18. Which ONE of the following statements is false regarding Condoms?
   a. Condoms can be reused
   b. Condoms should be used at ever act of intercourse
   c. Condoms are the only method of contraception that protect against HIV/STD
   d. Petroleum based lubricants like Vaseline should not be used with Condoms
PRE/POST-COURSE QUESTIONNAIRE ANSWER SHEET

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PRE/POST-COURSE QUESTIONNAIRE ANSWER KEY

1. A
2. A
3. C
4. A
5. B
6. B
7. C
8. B
9. D
10. C
11. C
12. B
13. C
14. C
15. D
16. A
17. A
18. A
CTU PRE/POST-COURSE QUESTIONNAIRE ANSWERS

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CONTRACEPTIVE TECHNOLOGY UPDATE WORKSHOP EVALUATION

Participant: ______________________
Date of Workshop: ________________ Workshop Venue: ________________

1. Considering how useful the sessions were, please rank each session listed below in the following scale:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Session</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Unmet need for FP in UP</td>
<td></td>
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<tr>
<td>Overview of FP methods</td>
<td></td>
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<tr>
<td>Condom</td>
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<tr>
<td>Oral Contraceptive Pills (OCPs)</td>
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<tr>
<td>Centrochroman + Injectibles</td>
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<tr>
<td>LAM</td>
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<tr>
<td>Intra-Uterine Device (IUCs)</td>
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<tr>
<td>Sterilization</td>
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<tr>
<td>Infection Prevention</td>
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2. Any suggestions for improvement