



**Comprehensive  
Counseling for  
Reproductive Health:  
An Integrated  
Curriculum**

Trainers' Manual



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Reproductive Health:  
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**ENGENDERHEALTH**

*Improving Women's Health Worldwide*

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This publication was made possible, in part, through support provided by the Office of Population, U.S. Agency for International Development (AID), under the terms of cooperative agreement HRN-A-00-98-00042-00. The opinions expressed herein are those of the publisher and do not necessarily reflect the views of AID.

Cover design: Virginia Taddoni

Cover photo credits: United Nations; Jean Ahlborg; United Nations: John Isaac

Printed in the United States of America. Printed on recycled paper.

### **Library of Congress Cataloging-in-Publication Data**

Comprehensive counseling for reproductive health. Trainers' manual : an integrated approach.

p. ; cm.

ISBN 1-885063-39-3

1. Hygiene, Sexual--Study and teaching--Handbooks, manuals, etc. 2. Reproductive health--Study and teaching--Handbooks, manuals, etc. 3. Birth control clinics--Employees--Training of--Handbooks, manuals, etc. 4. Sex counseling--Study and teaching--Handbooks, manuals, etc. 5. Curriculum planning--Handbooks, manuals, etc. I. EngenderHealth (Firm)

[DNLM: 1. Sex Counseling. 2. Family Planning. 3. Teaching Materials. WM 18.2 C7372 2003]

RA788.C6515 2003

613.9'071'1--dc21

2003048772

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## Preface

Since the International Conference on Population and Development, held in Cairo in 1994, and the Fourth World Conference on Women, held in Beijing in 1995, the international development and public health communities have embraced a more comprehensive reproductive health agenda and have sought to provide an expanded range of services in a more integrated fashion. This shift to integrated reproductive health has included heightened attention to the rights of clients, the quality of care, informed choice, and gender sensitivity.

Equally important, the shift has brought increased recognition of clients' broad, interrelated sexual and reproductive health needs and of the changes required throughout the health care system to meet them. If service programs are to seize all opportunities to identify and meet clients' reproductive health needs more holistically, they must take a client-centered approach, link services so as to offer comprehensive care that covers clients' interrelated needs, and ensure that their providers are sensitive to medical, behavioral, and social issues that may underlie the expressed reasons for the client's visit.

Providers require training and institutional support to develop the skills, knowledge, and comfort they need to communicate effectively with their clients about health care that relates to the function of reproduction, the anatomy that supports that function, and the behaviors related to sexuality and reproduction. This includes, for example, family planning, maternal health, sexually transmitted infections, and related sexual practices. All of these services and subjects share certain characteristics that make them particularly sensitive: They are intensely personal and command a high degree of privacy; they are associated with strongly held beliefs; and they are the subject of social, religious, political, and legal strictures. All also are significantly affected by sexual partners and behaviors, which bear directly on an individual's choices, health status, and treatment outcomes.

In 2001, a literature survey conducted by EngenderHealth noted a dearth of training resources to help providers counsel clients about their reproductive health in a comprehensive manner. Existing training materials on counseling largely ignored a discussion of sexual practices and their relationship to health. Similarly, providers generally addressed the different areas of reproductive health care separately, without regard for what these areas have in common, for what linkages there are among them, or for how interrelated clients' reproductive health needs often are. Discomfort and lack of information related to sexuality as a health issue remain widespread among both clients and providers, posing a substantial barrier to effective client-oriented counseling and good client-provider interaction. Opportunities for addressing the whole client and all of his or her reproductive health needs too often are missed, producing a negative impact on the public health of communities.

This curriculum responds to the identified gap in existing training materials and fills a field-expressed need for help in developing knowledge about, skills in, attitudes toward, and comfort with effective communication and counseling in all areas of reproductive health, including

## Preface

sexuality. It thus adopts the term *sexual and reproductive health* to describe the scope of health issues sought by those who would receive integrated counseling.

This curriculum's intended audiences are health care providers, their supervisors, and the managers of the programs in which they work. The counseling skills addressed here are expected to be relevant to the provision of both preventive and curative health services through the participants' national health systems. Finally, the curriculum's participatory approach to defining terms and to generating profiles of potential clients is designed to assist trainees in addressing the realities of and exploring the reproductive health priorities of their communities in a culturally appropriate manner.

# Acknowledgments

*Comprehensive Counseling for Reproductive Health: An Integrated Curriculum* represents the work of many teams and country programs at EngenderHealth. It is the culmination of a process that began in 1998, when sexual and reproductive health (SRH) counseling training tools and skills-development exercises were introduced to EngenderHealth<sup>1</sup> staff from five global teams and 12 country programs. This curriculum's development also involved follow-up surveys and interviews on field needs, a literature search and review of training materials, planning and coordination among several global teams, writing, and field testing. Thus, many individuals and EngenderHealth teams must be recognized and thanked for their input into this training package. (All individuals recognized below were with EngenderHealth when this curriculum was developed or written, unless otherwise noted; in addition, some EngenderHealth teams acknowledged here either no longer exist or operate under a different name.)

A staff-development workshop on informed choice and counseling training, held in Bangkok in 1998, was conducted by members of EngenderHealth's Advances in Informed Choice, Clinical Services Support, Postabortion Care, Reproductive Health Linkages, and Training teams, with major support from the staff of EngenderHealth's Bangkok regional office and with participation by staff from 12 country programs.

Follow-up surveys on counseling training needs pertaining to SRH were conducted in 2000 with Dr. Mavzhuda Babamarodova (Central Asian Republics), Akua Ed-Nignpense (Ghana), Luz Helena Martinez (Guatemala), Dr. Jyoti Vajpayee (India), Dr. Nisreen Bitar (Jordan), Feddis Mumba (Malawi), Damien Wohlfahrt (Mongolia), Rahda Rai (Nepal), Dr. Annabel Sumayo (Philippines), Dr. Jean Ahlborg (Southeast Asia), Dr. Levent Cagatay (Turkey), and Karen Levin (United States).

The curriculum was conceptualized, drafted, and reviewed over the period 2000 to 2002 by Julie Becker, Dr. Fabio Castaño, Dr. Carmela Cordero, Kristina Graff, James Griffin, Connie Kamara, Jan Kumar, Andrew Levack, Manisha Mehta, Amy Shire, Jill Tabbutt-Henry (coordinator), and Peter Twyman. A literature search and review of training materials was performed in 2001 by Kathryn L. Schnippel Bistline (intern).

Field-staff interviews on the curriculum concept and development were conducted in 2001 with Dr. A. S. A. Masud and Dr. Sukanta Sarker (Bangladesh); Dr. Marcel Reyners (Cambodia); Dr. Pio Ivan Gomez (Colombia); Dr. S. S. Bodh, Nisha Lal, and Barbara Spaid (India); Andrew Levack (Men As Partners Team); Rahda Rai (Nepal); Dr. Lemuel Marasigan (Philippines); Dr. Levent Cagatay (Turkey); and Dr. Isaiah Ndong (West Africa Region).

The curriculum was field-tested during 2002 in the following countries, and the developers thank all who assisted in these tests:

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<sup>1</sup>Prior to March 2001, EngenderHealth was known as AVSC International.

## Acknowledgments

*Bangladesh:* Dr. Abu Jamil Faisal (Country Director), Dr. Nowrozy Kamar Jahan, Dr. A. S. A. Masud, Dr. Sukanta Sarker, Dr. S. M. Shahidullah, Dr. Nazneen Sultana, Jill Tabbutt-Henry (Advances in Informed Choice Team, New York), the participants, and all of the country office staff.

*Ghana:* Patience Darko, Akua Ed-Nignpense, Dr. Nicholas Kanlisi (Country Director), Fabio Saini (HIV/STI Team, New York), Jill Tabbutt-Henry (Advances in Informed Choice Team, New York), Caroline Tetteh, the participants, Ibrahim Alabi, Emmanuel Kpobi, and the rest of the country office staff.

*Jordan:* Dr. Nisreen Bitar (Country Program Manager), Dr. Levent Cagatay, Huda Murad, local trainers Dr. Suhail Abu-Atta, Dr. May Haddidi, Dr. Hecham Masa'deh, and Dr. Iman Shahadeh, the participants, and the entire country office staff.

*Kenya:* Dr. Albert Henn (AMKENI Project Director), Connie Kamara (Advances in Informed Choice Team, New York), Feddis Mumba, local trainers Jasper Mbungu, Anderson Yeri, and Patience Ziroh, the participants, and the AMKENI project staff.

Suzanne M. Plopper (consultant) and EngenderHealth's Evaluation Team assisted with conceptualizing the evaluation plan, and Suzanne Plopper also drafted the evaluation tools. Karen Landovitz oversaw publication of the curriculum for the Publishing Team; Michael Klitsch edited the curriculum; Margaret Scanlon proofread the curriculum; Virginia Taddoni designed the cover and adapted several of the illustrations; and Anna Kurica developed the interior design, typeset the pages, and managed production.

Although the Advances in Informed Choice Team coordinated the development of this curriculum, much of the curriculum and the participants' materials were adapted from materials developed by other teams at EngenderHealth, including the HIV/STI Team, the Maternity and Postabortion Care Team, the Men As Partners Team, and the Quality Improvement Team. The following EngenderHealth training materials, in particular, are used widely throughout this curriculum:

- AVSC International. 1995. *Family planning counseling: A curriculum prototype*. Trainer's Manual. New York.
- EngenderHealth. 2000. *Introduction to men's reproductive health services*. Trainer's Manual and Participant's Handbook. New York.
- EngenderHealth. 2002. *Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual*. Working draft. Volume 1—Manual; Volume 2—Handouts. New York.
- EngenderHealth. 2002. *Youth-friendly services: A manual for service providers*. New York.
- EngenderHealth. 2003. *EngenderHealth online courses: Sexuality and sexual health online minicourse, sexually transmitted infections online minicourse, and HIV and AIDS online minicourse*. [Online.] Available: <http://www.engenderhealth.org/res/onc/index.html>.
- EngenderHealth. 2003. *Counseling and communicating with men*. New York.
- EngenderHealth. 2003. *Counseling the postabortion client: A training curriculum*. New York.
- EngenderHealth. 2003. *Choices in family planning: Informed and voluntary decision making*. New York.

## Acknowledgments

The authors also thank The Johns Hopkins University Center for Communications Programs (JHU/CCP) for their permission to adapt and reprint most of the issue of *Population Reports* on GATHER (Rinehart, Rudy, & Drennan, 1998), Family Care International for their permission to adapt materials from their communications skills training guide (Tabbutt, 1995), and Family Health International for their permission to adapt materials from a guide to providing reproductive health services to adolescents (Barnett & Schueller, 2000).

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## Introduction for the Trainers

### Overview

#### Need for This Course

The international family planning community has broadened its focus in recent years to take a more comprehensive view of reproductive health in which family planning service delivery is integrated with other sexual and reproductive health (SRH) services. As a result of this change, a need has emerged for counseling and communications training that will prepare service providers to:

- Perceive the client as a whole person with a range of interrelated SRH needs, including information, decision-making assistance, and emotional support
- Address sensitive issues of sexuality with greater comfort
- Support and protect the client's sexual and reproductive rights
- More easily access resources covering a variety of SRH services

This curriculum attempts to meet that training need in several unique ways:

- By introducing the concept of “integrated SRH counseling”
- By using *client profiles* developed by participants to reinforce an orientation to the individual client, while tailoring the training to local needs
- By adapting counseling frameworks from family planning to help providers effectively assess and address clients' comprehensive SRH needs

#### Goal and Objectives

The goal of this training is to enable providers to address clients' comprehensive sexual and reproductive health needs by offering integrated SRH counseling services within their own particular service-delivery setting.

For the purposes of this curriculum, *integrated sexual and reproductive health counseling* is defined as:

A two-way interaction between a client and a provider intended to assess and address the client's overall SRH needs, knowledge, and concerns, regardless of what health service the provider is working within or what service the client has requested.

The general objectives of this curriculum are to ensure that, by the end of the training, the participants will have the knowledge, attitudes, and skills necessary to carry out the following key counseling tasks:

- Help clients assess their own needs for a range of SRH services, information, and emotional support
- Provide information appropriate to clients' identified problems and needs

## Introduction for the Trainers

- Assist clients in making their own voluntary and informed decisions
- Help clients develop the skills they will need to carry out those decisions

### **Rationale: Why Integrated SRH Counseling?**

Clients typically seek SRH services for *one* particular need or problem—e.g., family planning, a sexually transmitted infection (STI), postabortion care, or some aspect of maternal health care—and service providers typically respond to that *one* particular need or problem. However, people may have other needs or concerns that contribute to their primary problem but that are never identified or addressed by a service provider. By not addressing those needs, providers may miss key opportunities to improve clients' overall health status. This problem of missed opportunities is particularly serious in SRH services, given the social stigma associated with many SRH problems, the embarrassment that many clients and providers feel about discussing these issues, and the potentially life-threatening consequences of high-risk pregnancies, STIs, and HIV and AIDS.

By helping providers take a broader perspective and *integrate* clients' immediate needs or problems into their overall SRH status, this training can help providers resolve issues contributing to clients' primary problems or prevent future SRH problems, as well as provide more comprehensive care. By focusing on the client as a whole person—rather than as a particular type of client—and by considering factors both inside and outside the clinic setting that influence a client's decision making about SRH, providers will be better able to assess and meet a client's information, decision-making, and emotional needs. This will help the client make decisions that he or she is more likely to carry out and follow through more effectively with plans to seek treatment or change behavior.

### **Course Approach**

This training's core curriculum presents counseling as a general service-delivery skill that relates to *all* areas of SRH, not as a specialized service or skill for one or two areas. This integrated approach teaches staff to use communication skills and counseling to assess and address clients' SRH needs holistically, rather than restricting the needs assessment and counseling to one service area. It emphasizes the clients' comprehensive needs, the clients' rights, and how the decision-making process is influenced by a combination of social, personal, and service-delivery factors.

In designing this curriculum, EngenderHealth faced the challenge of addressing the wide scope of counseling needs of individual clients, both in the different SRH areas and in varying cultures around the world. A unique approach that proved successful in field tests was having the participants develop *client profiles* to reflect the realities of the communities and clients that they serve. These profiles become the basis of case studies and role plays throughout the training. This approach supports client-centered services by focusing on the client as an individual, while tailoring training to local needs and realities (see “Before the Training Course: Using ‘Client Profiles’ to Tailor the Training to Participants’ Needs,” page xxi).

This integrated SRH counseling curriculum could be used either to develop basic communication and counseling skills or to enable participants already trained in counseling to integrate other areas of SRH counseling into their work. The goal and objectives of this course are

heavily oriented toward helping the participants develop attitudes and skills that are appropriate for integrated SRH counseling. Knowledge is usually covered in the participants' job preparation—i.e., in preservice training—or it can be addressed in focused prerequisite or follow-on trainings.

This core curriculum is intended to be supplemented by one-day modules that focus on specific concerns and counseling needs of clients seeking particular services. These can be conducted immediately following the core curriculum or at some later time. As this book was being finalized, the training modules were still under development; it is anticipated that they will address such areas as family planning, STIs and HIV and AIDS, and SRH counseling for men and for adolescents, with the selection of modules determined by the needs of the trainees.

Further in-depth training—whether on its own or in conjunction with this basic skills course—can be offered in these areas through the use of other curricula developed by EngenderHealth.<sup>2</sup> These include:

AVSC International. 1995. *Family planning counseling: A curriculum prototype*. Trainer's Manual. New York.

EngenderHealth. 2000. *Introduction to men's reproductive health services*. New York.

EngenderHealth. 2002. *Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual*. Working draft. Volume 1—Manual; Volume 2—Handouts. New York.

EngenderHealth. 2002. *Youth-friendly services: A manual for service providers*. New York.

EngenderHealth. 2003. *Counseling and communicating with men*. New York.

EngenderHealth. 2003. *Counseling the postabortion client: A training curriculum*. New York.

### Course Participants and Trainers

Everyone working at a health care facility where SRH services are provided has a role to play in making integrated SRH counseling successful, regardless of whether the person provides clinical, counseling, or support services. Therefore, this curriculum can be adapted to train several levels of staff.

The term *providers* is used here to refer to the staff who provide clinical or counseling services. Providers can include doctors, medical officers, nurses, medical or surgical assistants, counselors, health educators, and outreach workers. The term *frontline staff* refers to all staff other than providers who interact with clients. These include receptionists, switchboard operators, records staff, appointment clerks, accounts clerks, lab technicians, doormen, guards, janitors, interpreters, drivers, and maintenance workers. Finally, while *administrative or supervisory staff* do not actually work with clients, they usually supervise or make decisions affecting those who do.

A team of at least two trainers is necessary for this intensive workshop. As one trainer facilitates a session, the others can record information on flipcharts, monitor time, help keep the

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<sup>2</sup> AVSC International became EngenderHealth in March 2001.

## Introduction for the Trainers

discussion on track with the session objectives, monitor small-group work, and act in demonstration role plays.

It is imperative for the trainers to have extensive experience either in counseling or in counseling training. Since this training is about “integrating” different service areas into counseling, the trainers’ backgrounds should complement each other and (as much as possible) represent the range of services being covered in the training.

This manual is designed for use by skilled, experienced trainers. While the manual contains information to guide the trainers during a workshop and to assist them in making decisions that will enhance the learning experience, it is assumed that the trainers understand adult learning concepts, employ a variety of participatory training methods and techniques, and know how to adapt materials to meet the participants’ needs.

### Course Structure

This course has been designed to be flexible, to accommodate different types of participants—e.g., providers, frontline staff, and administrators or supervisors—from sites offering family planning, HIV and STI services, maternal health care, or postabortion care and from different countries and cultures. The training package includes the essential materials for facilitating this course, including three sample agendas (Appendix A). These address the different needs of various levels of participants.

For *providers*, the curriculum is structured as a six-day workshop on core counseling skills and attitudes necessary for providing integrated SRH counseling. The follow-on modules (when developed) will allow for a concentration on specific SRH areas, to broaden the scope of in-depth counseling. Providers usually have already received basic training (whether pre-service or in-service) in their assigned service-delivery area and have acquired the technical knowledge necessary to provide services, whether in family planning, STIs, HIV and AIDS, postabortion care, or maternal health care. If the participants have not had *basic training* in their assigned area of service delivery, program planners may want to combine the core curriculum with one or more EngenderHealth curricula described earlier (see page xiii).

*Frontline staff* have a vital role in welcoming clients, making them feel comfortable, and gathering information from and providing it to clients. However, they are not generally involved in communication concerning the client’s decision making. Therefore, a two-day workshop should be sufficient to address their role in setting the stage for and reinforcing integrated SRH counseling (see Appendix A).

The support of *administrators and supervisors* is absolutely essential to the establishment of any kind of counseling services, particularly integrated SRH services. Administrators and supervisors have three options for participation in this training program.

- The best option is for administrators and supervisors to attend the entire six-day training, along with providers from their facility. This would allow them to hear the providers’ perspectives on both clients’ and providers’ needs. Since supervisors could be expected to provide feedback and technical assistance to providers following the training, they would benefit greatly from attending the six-day course in its entirety.

- A three-day workshop has been developed to specifically address the needs of administrators and supervisors (see Appendix A). The three-day agenda allows them to identify SRH needs in the community and to explore their own role in meeting those needs by supporting integrated SRH counseling services.
- Since the three-day agenda consists of a selection of sessions from the core curriculum, administrators and supervisors could attend those sessions *with the providers*, within the sequence of the six-day training, rather than attend a separate workshop only for them. Again, this would allow them to hear the providers' perspectives on both clients' and providers' needs and to participate with their staff in action planning.

## The Training Package

### Trainers' Manual

#### *Format*

This Trainers' Manual consists of this Introduction for the Trainers, a detailed curriculum with session guides, and a series of appendixes containing additional materials.

The session guides in the curriculum have nine basic components:

- Objectives
- Materials
- Advance Preparation
- Time
- Training Activities (overview)
- Detailed Steps
- Training Tips
- Trainers' Tools
- Trainers' Options

The Objectives are the concrete, measurable behaviors that the participants should have adopted by the end of the session. These provide the basis for pretests and posttests and for outcome assessment in follow-up evaluations of the training. They also give the participant and trainer a sense of why each session is necessary.

The Materials section notes all of the educational and training materials that will be needed for that session. Some of these materials need to be adapted, developed, or gathered in advance. Advance Preparation lists the steps that the trainers need to complete ahead of time and provides suggestions for developing flipcharts and other training aids.

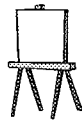
A time is suggested for the entire session. The Training Activities section gives an overview of the training methodology and time estimates for each activity. The Detailed Steps provide detailed instructions for conducting each activity.

Training Tips provide additional background information for the trainers on content or training approach. Trainers' Tools are background materials that the trainers will need for the session but that are *not* meant to be distributed to the participants (for example, sample statements for

## Introduction for the Trainers

the “Providers’ Beliefs and Attitudes” exercise, a sample script for the guided visualization in “Learning about Sexuality,” and sample lists of behaviors for the “Variations in Sexual Behavior” and “Risk Continuum” exercises). Trainers’ Options outline alternative approaches to covering material presented in a session.

In addition, several symbols appear in this Trainers’ Manual to indicate to the trainers when particular training methodologies are used or to highlight significant issues. For example, each time a flipchart is used to impart important information or to begin an activity, the following symbol appears in the left margin:



Likewise, when the client profiles are used as the basis of role plays, the following symbol appears:



Finally, key questions are denoted by the symbol **\***, which appears instead of a bullet to emphasize the question’s importance.

### **Appendixes**

The appendixes contain explanatory materials and tools that will help the trainers conduct the training activities as effectively as possible. Curriculum appendixes are as follows:

- *Appendix A: Sample Training Agendas.* This section contains course agendas for the full six-day training (geared toward providers), for the two-day training (for frontline staff), and for the three-day training (for administrators and supervisors).
- *Appendix B: Daily Warm-Ups and Daily Wrap-Ups.* Guidelines are provided in this section for activities to begin and to end each workshop day. (See “During the Training Course: Participant Feedback,” page xxiv, for a more detailed description.)
- *Appendix C: Promoting Informed and Voluntary Decision Making to Support Clients’ Rights and Address Clients’ Needs.* This is a presentation that can be photocopied onto transparencies if an overhead projector and transparencies are available (see Session 5, page 19). Depending on the training methodologies chosen for this session by the trainers, only some of the transparencies may be needed.
- *Appendix D: Participants’ Self-Assessment of Knowledge and Attitudes: Pretest/Posttest.* This self-assessment is designed to be administered at both the beginning and the end of the workshop. When it is given at the beginning of the workshop, the trainers can use the results to customize the training to best suit the participants’ level of knowledge and experience. When it is given at both the beginning and the end of the workshop, the trainers can use the survey to gauge how participants’ knowledge and attitudes changed over the course of the workshop. The trainers must make and distribute copies of the survey to the participants. (See “Evaluation,” page xxvi, for more details about using this tool.)

- *Appendix E: Participant Evaluation Form.* This and the following appendix offer tools for evaluating the strengths and weaknesses of the curriculum. The Participant Evaluation Form is to be used to gauge the feelings of the training participants about the curriculum immediately after they have completed it.
- *Appendix F: Trainer Evaluation Form.* The Trainer Evaluation Form offers a means for the trainers to provide their perspective to the developers of the curriculum on, among other things, the participants' ability to master the information and the usefulness and relevance of the different materials used. (See "Evaluation," page xxvi.)
- *Appendix G: Outcome Evaluation Using Observation of Client-Provider Interactions.* This and the following two appendixes offer tools for evaluating the outcome of this training (i.e., for obtaining feedback on the curriculum's success at improving providers' skills and on-the-job application of these skills). The Observation Guides included in this appendix are guidelines for observing the counseling interaction between providers who have been through this training and actual clients, and are meant to answer the questions "Is the provider applying integrated SRH counseling skills in service delivery?" and "If so, how well?" (See "Evaluation," page xxvi.)
- *Appendix H: Outcome Evaluation Using Provider Interviews.* The form provided here serves as a template for interviewing providers on how well they have been able to apply what they learned in the training and what challenges they may have encountered. This is meant to complement the information provided in the Observation Guides, and to answer the question "Why not?" if it is found that the provider is not implementing integrated SRH counseling with clients. (See "Evaluation," page xxvi.)
- *Appendix I: Outcome Evaluation Using Client Interviews.* The tool included here is to be used in the months following the training to gather feedback from clients about their perception of the quality of the counseling services they have received. Again, it is best used in conjunction with the Observation Guides and Provider Interview Form. (See "Evaluation," page xxvi.)
- *Appendix J: Using Visual Aids to Explain Reproductive Anatomy and Physiology—Transparency Guides.* This appendix provides the trainers with a set of simple drawings showing different aspects of the male and female reproductive systems. These drawings should be made into transparencies. By using the transparencies in sequence (laying one on top of the others below), the trainer can demonstrate in a simple, step-by-step manner the complexity of the internal organs and how they interconnect. (For a more complete explanation of how these are used, see Session 17, page 94.)

### Participant's Handbook

Each provider participating in the training will receive a copy of the Participant's Handbook, which includes essential ideas to remember from the course, summary materials, discussion points, and review exercises to accompany the training sessions. (Frontline staff and administrators and supervisors should receive photocopied handouts based on this material.) Having the handbook minimizes the participants' need to take notes during sessions and enables them to give their full attention to activities and discussions. In addition, the handbook provides basic background information on family planning, HIV and STI prevention, maternal health care, postabortion care, SRH counseling for men, SRH counseling for youth, and sexuality. Ideally, the participants should receive their copy of the handbook in advance of the course so

## Introduction for the Trainers

they can become familiar with the information before the course begins. The participants can also use it as a reference after the training course is over.

Trainers should be completely familiar with the Participant's Handbook, since it details the essential ideas, discussion points, and other content meant to be covered in each session. In particular, for each session, the handbook contains a detailed overview of the "Essential Ideas" conveyed in that session. Trainers should study these essential ideas before the start of the training, should keep both the objectives and the essential ideas in mind from the beginning of the session, and should guide the participants toward these points throughout the activities and discussions. (It is possible to use the essential ideas to summarize a session, but do *not* read to the participants or reprint in their entirety the full sets of Essential Ideas from the Participant's Handbook. By the end of the session, the participants should be able to explain these points in their own words.)

Not all of the information in the Participant's Handbook will necessarily be addressed in every training. For example, discussion points give a list of possible responses that the participants may give during discussions, but not all of these points will be relevant to every group of participants. The trainers need to read these points ahead of time and determine which ones to highlight during the discussion.

The participants will find the interactive and highly participatory nature of this training to be intensive; after the training, the materials in the handbook will help them remember the scope and depth of the subjects covered. In addition, the participants should feel free to read ahead in their free time during the workshop. Although the trainers may worry that the participants will get "ideas" and that this will spoil the spontaneity of some activities, the concepts and attitude change involved in this curriculum will take time for the participants to grasp. Helping them to start thinking about the concepts ahead of time will only enhance the discussions.

However, to help keep their focus, the participants should *not* read from their handbooks *during* the sessions. They will need to refer to their handbooks at specific times for particular exercises, and the trainers should give them instructions to do so. (This manual specifically instructs trainers when during the sessions to use the Participant's Handbook.)

### Training Materials, Supplies, and Equipment

Along with the materials provided as part of this training package (the Trainers' Manual and the Participant's Handbook), the trainer should obtain for use during the course such training aids as flipchart paper, masking tape or blue tack, and colored markers. In addition, many training activities will require index cards or large and small pieces of paper; some sessions specifically ask for different colors of paper, if available.

This training relies heavily on the use of flipcharts to guide or summarize discussions. Most of the flipcharts can be prepared in advance. However, there are dangers in overusing flipcharts: Paper is expensive and sometimes scarce; participants can become bored with "training by flipchart," even though it is meant to be more interactive; and some information needs to be saved by the participants and is already provided in their handbooks. Flipcharts are most often

overused in brainstorming, so it is important to be aware that not everything participants say in such sessions needs to be written down. Specific instructions are given in this trainer's guide for when to write on flipcharts and when not to; try not to do more than is suggested.

If an overhead projector, transparencies, and electricity are available, then transparencies can be used instead of flipcharts in some instances. If the resources to develop and use transparencies are not available, the trainer should create flipcharts for posting key information during training sessions.

Handouts are not used very much in this training because much of the key information is already provided to participants in the Participant's Handbook. However, handouts can be developed to address local issues, as needed.

Here are a few guidelines for when to use flipcharts, transparencies, or handouts:

- Use flipcharts if you are recording suggestions or ideas from the participants (e.g., during brainstorming) and you want to post the information on the wall or refer to it later in the training or if you want the participants to think through a question or concept together.
- Use an overhead projector and transparencies if you want to present a piece of text for everyone to read and then discuss, but not save (e.g., quotations from a key document).
- Use handouts if you want the participants to save the information to refer back to after the training.

### Before the Training Course

#### Confirming Institutional Commitment

The trainers should read the Trainers' Manual and the Participant's Handbook one time quickly to get an overall sense of the purpose, content, and approach of the training. They should then meet with the program administrators at the institution requesting or sponsoring the training. Administrators at the service sites that requested this training should be aware of the goals, objectives, and intended audience for this training. Nevertheless, the trainers should meet with them to clarify the purpose of the training and to confirm the time committed for the workshop.

During this visit, the trainers should:

- Confirm that appropriate participants have been selected
- Identify the specific areas of SRH and the community groups or client populations to be emphasized in the training (see "Before the Training Course: Using 'Client Profiles' to Tailor the Training to Participants' Needs," page xxi)
- Decide whether to use REDI or GATHER as the counseling framework (see "Before the Training Course: Choosing REDI or GATHER," page xx)
- Identify and schedule follow-on modules or more in-depth content trainings that would best meet the training and service-delivery needs of the participants (*Note:* Consider whether any knowledge-oriented trainings are needed as "prerequisites." See "Overview: Course Approach," page xii, and "Overview: Course Structure," page xiv.)

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- Agree on steps for training follow-up, with timing and responsibility assigned (i.e., to the trainers or to program supervisors) (see “After the Training Course,” page xxv).
- Identify which supervisors or administrators will attend the trainings, or plan for a three-day workshop to specifically address their needs
- Identify which frontline staff will attend the two-day training and schedule this
- Discuss the possibility of conducting baseline observations and client interviews before the training, in preparation for outcome evaluations (see “Evaluation: Evaluation After the Training,” page xxvii.)

### Obtaining Background Information

Try to visit the service site before the workshop is to take place. Before the training, you should have a thorough understanding of the participants’ background (including previous receipt of counseling training, if any), work assignments, and training needs. EngenderHealth recommends that trainers observe the participants at work and note the current status of SRH counseling in their facilities. In addition, trainers should talk with the participants to find out their experience with SRH counseling, asking specific questions related to their level of knowledge and attitudes.

### Choosing REDI or GATHER

This course introduces a new framework for integrated SRH counseling, REDI, which stands for Rapport-Building, Exploration, Decision Making, and Implementing the Decision.<sup>3</sup> REDI was developed specifically for integrated SRH counseling in the following ways:

- It emphasizes clients’ responsibility for making a decision and for carrying it out.
- It provides guidelines for considering clients’ sexual relationships and social context.
- It addresses the challenges that clients may face in carrying out their decisions and offers skills-development to help clients meet these challenges.

GATHER is a counseling framework that has been in use for family planning for many years and that can be adapted for integrated SRH counseling. Both frameworks can be effective as a guide for carrying out the four counseling tasks that are the general objectives for this training.

Since the REDI framework was developed for integrated SRH counseling, this is the preferred framework for this training. It is intended for participants who are learning counseling for the first time, as well as those who already use the GATHER model for family planning counseling but are willing to consider a different approach. However, if participants have already been trained in GATHER, their administrators or the trainers themselves may decide that they would prefer to keep using GATHER. Therefore, this curriculum gives trainers the option to use either REDI or GATHER. Session 8 actually has two different session plans, depending on which framework is chosen. From Session 8 onward, the training sessions are generally oriented to REDI, but include training tips and other notes to help trainers adapt the activities

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<sup>3</sup> REDI is adapted from: EngenderHealth, 2002; Pyakuryal, Bhatta, & Frey, no date; and Gordon & Gordon, 1992.

for GATHER. The decision on whether to use REDI or GATHER should be made during the planning phases of the workshop, based on participants' previous training and the trainers' and administrators' preferences.

### **Finalizing the Agenda**

After meeting with administrators of the host organization and the service sites, and resolving all the issues identified under “Before the Training Course: Confirming Institutional Commitment” (page xix), the trainers should read the curriculum again, this time slowly, and think about each session in terms of the needs of clients and providers at the local service sites. They also should carefully review each session in the Participant's Handbook.

After field-testing and extensive deliberation, EngenderHealth has determined that six days is the ideal length of time for the core curriculum on counseling skills, with one-day follow-on modules added as needed. This allows time for the participants to develop basic counseling skills, plus learn to integrate different SRH services into one counseling session. If the participants are already well-trained in counseling skills but need to explore how to integrate new content areas into their work, the time needed for the core curriculum itself can be adapted, but with the client profile approach maintained.

Although specific times are given for each session, the actual length of time needed will depend on several factors, including the participants' level of knowledge and experience and even the logistics of the workshop space. Therefore, the trainers should review the lesson plan after the first training day to see if the time allowed for each session still seems sufficient, and should modify it if necessary.

Regardless of any changes in the timing of sessions, the trainers should be sure to follow the recommended sequence of sessions, since later sessions build on knowledge, attitudes, and skills addressed in earlier ones. Also, the exercises in this course have been carefully designed to achieve specific objectives, many focused on changing attitudes. While it will be necessary to adapt certain portions of the curriculum based on the participants, their culture, and the service setting, the trainers should follow the instructions as closely as possible.

### **Using “Client Profiles” to Tailor the Training to Participants' Needs**

#### ***Planning Phase***

One of the complexities of designing training for integrated SRH counseling is the wide variety of providers and service settings that may be involved. However, it is assumed that most participants in any training will come from one particular type of service setting. If so, that training can be customized to meet the needs for integrating SRH counseling into that particular setting. For example, in some trainings, the participants will work only in family planning settings and will make referrals for other services. In other trainings, participants (e.g., those providing postabortion care) may work in medical settings, with no connection to other services and no previous orientation to counseling. Even HIV and AIDS services may be segregated from other STI services. By addressing “generic” counseling and communication skills and being structured for flexibility in terms of content area, this curriculum can meet the varying needs of different providers in different settings.

## Introduction for the Trainers

To adapt this course to fit the needs of differing audiences, the key is in how the trainers conduct Session 4 (on problem trees), which then leads to Session 6 (on developing client profiles). The client profiles, which function like case studies, are referred to repeatedly throughout the training and are used for practicing counseling skills in role plays. These profiles, which are based on needs identified by program planners and participants, give the training a local focus and offer the participants a sense of “ownership”—that these are the challenges faced by *their* clients, in *their* service sites, and in *their* communities. The profiles also give each problem a face, a name, and often a family scenario within which the problem must be addressed.

Although the participants are the ones who develop the profiles, at the beginning of the training they may not be aware of the range of SRH needs and concerns of people in the communities they serve. Thus, during the planning phase, the trainers should involve local program planners and administrators, to identify the needs and concerns to be addressed within the course. Although the “problem trees” session begins with brainstorming to generate a list of real SRH problems that people face, the trainers should be prepared to guide the brainstorming to ensure that the participants cover the needs that were discussed during planning. After the brainstorming, the trainers select which problems will be developed into problem trees, reflecting the needs identified during the planning phase. By guiding the brainstorming, the trainers are assured that the appropriate problems needed for the training will be selected.

### ***During the Training***

Although SRH needs identified in the brainstorming (Session 4) will vary depending on the community and on the participants, in general the problem trees (and, thus, the client profiles) should cover the following categories:

- Men
- Women
- Unmarried youth
- Family planning needs
- HIV and STI needs
- Maternal health care needs
- Postabortion care needs

During the brainstorming in Session 4, the trainer should probe to make sure that all key SRH areas are included. For example, if a program focuses on family planning and the participants brainstorm only about the family planning problems of the typical married female clients, trainers should ask: “What about family planning problems faced by men? By unmarried women? By adolescents? By postabortion clients? By people who are HIV-positive? By postpartum women? What about other problems faced by married women who come to your clinics?”

In Session 6, the participants will develop client profiles based on each of the problem trees. These profiles will include the demographic and social characteristics of each client, plus descriptions of the client’s SRH needs, the decisions that the client is making, the information he or she needs to make those decisions, his or her access (or not) to services, and the client’s feelings about his or her situation. The problem trees and client profiles determine the focus of the discussion throughout the rest of the training.

However, not all issues have to be covered in these initial profiles. In later sessions, the trainers can add “new developments” to each client profile, introducing some change in the client’s physical, social, or emotional condition. The new developments can be used to help the participants focus on issues that they may have been reluctant to bring out in the initial profiles, as well as to raise the problem of missed opportunities by making sure that the client has more than one SRH problem that needs to be addressed. For example, one profile might be of a male STI client who is reluctant to tell his wife about his infection, and the new development might be that he learns his wife is pregnant. Now, over and above the standard STI issues, the profile must cover antenatal care, plus the client’s need to communicate with his wife about STI treatment issues for her and the fetus. Trainers can use this technique to introduce such issues as power imbalances within relationships, women’s lack of control over when to have sex, denial of services or information to unmarried and adolescent women, men’s lack of access to services, the risk during unprotected sex of HIV and STIs (as well as unintended pregnancy), stigmatization of people who are HIV-positive, involuntary HIV testing, and pressure for sterilization in postabortion services.

Participants are instructed to develop five client profiles, based on five problem trees. This number was chosen because it allows for some variation in clients and needs; more than five profiles would create time problems, particularly during the plenary discussions after small-group work, when time is needed for each group to share their findings.

However, the trainers should develop a *sixth* client profile. Several counseling practice sessions during later sessions require demonstration role plays by the trainers. For these role plays, the trainers will introduce their own profile—the “sixth client.” The trainers can also use this profile to address SRH needs that are not covered in the other five.

## During the Training Course

### Creating a Positive Learning Environment

Many factors contribute to the success of a training course. One key factor is the learning environment. Trainers can create a positive learning environment by:

- *Respecting each participant.* Trainers should recognize the knowledge and skills that the participants bring to the course, and can show respect for them by remembering and using the participants’ names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- *Giving frequent positive feedback.* Positive feedback increases people’s motivation and learning ability. Whenever possible, trainers should recognize the participants’ correct responses and actions by acknowledging them publicly and making such comments as “Excellent answer!” “Great question!” or “Good work!” Trainers can also validate the participants’ responses by making such comments as “I can understand why you would feel that way....”
- *Making sure that the participants are comfortable.* The training room(s) should be well-lit, well-ventilated, and quiet, and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.

## Introduction for the Trainers

### Presenting Sensitive Content

This training course addresses many topics that participants may find difficult to discuss. While this manual provides suggestions for ways to discuss many topics in a group setting, trainers may face situations in which individual participants (or groups of them) hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, trainers may use the following techniques:

- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- Begin with less-sensitive content and build up to content that is more sensitive.
- Use icebreaker activities at the beginning of the training workshop and after breaks to encourage team-building and comfort.
- Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, split the groups by sex, if appropriate.
- Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.
- Share your own experiences, including situations in which you were and were not successful.
- Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

### Participant Feedback

Trainers should set aside a segment of time at the beginning of each training day to permit the participants to raise issues that might interfere with learning, such as those related to personal situations, accommodations, or content. Depending on the size of the group, a period of 10 to 15 minutes should be sufficient (see the Daily Warm-Up, Appendix B).

Similarly, the trainers should set aside a segment of time at the end of each training day to allow the participants to share their learning insights and their assessment of what did or did not go well for them that day (see the guidelines for Daily Wrap-Up sessions, Appendix B). This assessment will enable the trainers to adjust the agenda as needed and will give the participants a chance to comment on how the training course is progressing.

At the end of the day before the last training day (e.g., day 5 of the six-day training or day 2 of the three-day training), the trainers might ask the participants if they would like anything discussed in the training to be clarified or if they would like anything else to be included on the last day.

### Clients' Rights

The participants may or may not have direct contact with clients during the integrated SRH counseling training. However, they may observe some client-care activities during the training, either at their own facility (if the training is conducted on-site) or during a facility visit (if the training is conducted off-site). As is the case with any medical service, the rights of the client are paramount and should be considered at all times throughout the training course.

Each client's permission must be obtained before those who are participating in the training observe or assist with any aspect of client care. A client who refuses to grant permission to have the participants present when services are provided should not be denied services, nor should any procedure be postponed.

### Certification

Because this training focuses on applying knowledge, attitudes, and skills in interactions with clients, it is impractical to certify the competence of the participants at the conclusion of the training. EngenderHealth believes that the participants' competence should be evaluated after they return to their facilities and apply what they have learned. It is only in the real work setting that the participants' abilities can be determined and the impact of the training assessed. Therefore, EngenderHealth does not recommend that the participants receive certificates of competence immediately following the training.

The institution providing the training should determine whether it wants to give the participants some other type of certification. For example, institutions can choose to provide those who complete the course with a certificate of attendance.

### After the Training Course

Learning about integrated SRH counseling does not end when this course is completed. Participants' sensitivity to clients' needs and appreciation of potential barriers to counseling will increase as they implement this approach in their work settings.

At the end of the course, most participants will have gained new knowledge, greater comfort, and enhanced skills for discussing SRH issues with clients. They will also have created an "action plan" listing at least three specific ways in which they would like to implement what they have learned in their work setting. After the course, the trainers or program staff should follow up with participants and administrators at the participants' facilities to determine whether those plans have been put into action.

The trainers should determine the strategy for follow-up with supervisors before the workshop (see "Before the Training Course," page xix). During the workshop, the participants should be informed who will be conducting follow-up and when and how it will be conducted (Session 32, page 171).

Follow-up can be provided in several different ways, depending on the participants' needs, the trainers' availability, and financial considerations. Follow-up mechanisms include:

- *Visiting the participants at their facilities.* Follow-up visits can be conducted by the trainers initially (but preferably with the supervisor), with the intention that the supervisor would address counseling as part of his or her routine monitoring. The overall purpose of these visits is to provide feedback and support for the participants in implementing integrated SRH counseling at their service sites. Tasks include interviewing the participants to assess their progress in carrying out the action plans, observing counseling, talking with clients, providing feedback to the participants on counseling content and skills, and meeting with the participant and supervisor to discuss problems they have identified.

## Introduction for the Trainers

- *Arranging site visits for the participants.* Being able to visit facilities that already provide integrated SRH counseling will enable the participants to observe and obtain helpful advice from health care workers who have successfully implemented these services.
- *Publishing a newsletter.* The trainers can request a quarterly update from the participants (by letter, e-mail, or telephone) in which they describe the steps they have taken to initiate or expand integrated SRH counseling. Based on the responses, the trainers can develop a simple quarterly newsletter to send to the participants, summarizing their successes and difficulties in implementing such services and responding to frequently asked questions.
- *Establishing a peer-support network.* Peer support has been found to be an important element in sustaining skills and commitment after a counseling training (Kim et al., 2000). The trainers can prepare for the participants a list of contact information (if the participants are from more than one facility) and distribute it to each (and, if possible, prepare a list of others in the participants' geographic area who have received the integrated SRH counseling training). The trainers also can encourage the participants to stay in contact with one another after the workshop, to help each other with questions and with concerns about providing integrated SRH counseling services. Supervisors can support this strategy by assigning small groups and authorizing them to meet or otherwise contact each other on a regular basis.

## Evaluation

An important part of the training, evaluation allows the participants, trainers, and program planners to determine whether the training has met its objectives. Tools are included with this curriculum to cover evaluation during the training and on-the-job evaluation after the training.

### Evaluation during the Training

This curriculum contains a number of tools that give the trainers and the participants an indication of what the participants have learned and that help the trainers determine whether the training strategies used were effective.

- *Participants' preworkshop and postworkshop self-assessment of knowledge and attitudes.* This written tool is meant to be completed in 30 minutes by participants in the provider and administrator trainings. In field tests, many participants could not complete the tool when it was given at the beginning of the course, but all were able to do so at the end. This self-assessment addresses many key objectives of the course, focusing on basic knowledge about counseling and on common misperceptions and attitudes that can significantly affect a participant's ability to provide integrated SRH counseling. The trainers can use the pre-workshop results to identify key areas that will need special attention during the training. After correcting the postworkshop assessment together with the participants at the end of the course and returning the corrected pretests, trainers have an opportunity to summarize course content and to give the participants a sense of how much they learned.
- *Daily wrap-up sessions.* As noted earlier, these 15-minute closing sessions for each day are key indicators of what the participants learned and what they intend to apply from the day's sessions, what worked well for them and what did not, and whether the objectives for the day's sessions were met (see the Daily Wrap-Ups, Appendix B). If the participants indicate that objectives were *not* met for some of the sessions covered that day, a trainer might ask the participants to review some of the material in their handbooks that evening, might schedule time to return to that issue the next day, or might note the topics for follow-up visits (see "After the Training Course," page xxv).

- *Workshop evaluation by participants.* This written tool, which is meant to be completed in 15 to 20 minutes, allows participants to give feedback on the overall process and immediate results of the training course. It provides feedback to the trainers on the participants' sense of whether objectives were achieved, the relevance of the course, the effectiveness of the training activities and the trainers themselves, and the participants' suggestions for improvement.

### Evaluation after the Training

The true test of the success of integrated SRH counseling training is whether the participants are conducting such counseling at their service sites after the training. This emphasizes the importance of good follow-up of all training workshops. As noted in “Before the Training Course” (page xix), trainers should determine the plan for follow-up, including evaluation, with program planners and site administrators prior to conducting the course.

- *Follow-up visits.* These were discussed as part of training follow-up to reinforce learning and provide technical assistance to providers and supervisors in solving problems. However, they also provide important feedback to the trainers on the effectiveness of the training itself and ways to improve it.
- *Outcome evaluation guidelines.* This training is expected to improve the participants' skills in providing integrated SRH counseling *and* in effectively applying these skills to service delivery. The indicators reflect the objectives of the training and the knowledge, attitudes, and skills necessary for achieving these objectives. Gauging this training's effectiveness in terms of outcomes will require evaluation of participants' on-the-job performance, using the Observation Guides (see Appendix G), on at least two occasions: prior to training (for a “baseline” to compare to the posttraining results) and at some interval following training (for example, at three and/or six months following training).

Competence in counseling is evaluated through observation of counseling and through interviews with participants and clients, and so is necessarily somewhat subjective. To make the observation process as reliable as possible from one evaluation to another, the same individuals should conduct the evaluations each time, and these evaluators should be competent in the skills being evaluated. The trainers should *not* do the evaluations, although they can help orient local evaluators to the desired outcomes of the training.

The results of outcome evaluation can be used in many ways. Program planners and administrators will want to know if the training had the desired effect on service delivery (i.e., establishing integrated SRH counseling services). If it did not, these tools provide clues for what the barriers are and whether they are training-related or can be traced to other aspects of service delivery. The participants will want to know how clients respond to this approach to counseling and how they can improve their skills. Trainers will want to know if their training approaches were effective in imparting appropriate knowledge, attitudes, and skills for integrated SRH counseling and how these approaches can be strengthened. Finally, EngenderHealth would like to know the outcomes of these trainings in different countries, so lessons learned can be shared both across the agency and throughout the health and development community.