Part I

Principles and Approaches for Client-Centered Communication in Sexual and Reproductive Health

In this section, the workshop participants consider the context of sexual and reproductive health (SRH), identify typical SRH problems faced by people in their communities, and develop "client profiles" that will be used for case studies and role plays throughout the rest of the training. Since counseling focuses on facilitating decision making, the training sessions here explore the client's decision-making process from the perspective of sexual and reproductive rights, informed and voluntary decision making, and clients' rights in the service setting. Principles of client-provider interaction and counseling provide the foundation for developing key counseling skills, attitudes, and knowledge in the rest of the training.
Session 1
Welcome and Introduction

Objectives
- To officially welcome all participants and guests and to introduce the participants, guests, and trainers
- To describe the purpose, goal, objectives, and agenda for this training
- To administer the pretest

Materials
- Paper and pens
- Workshop agenda (Appendix A, page 177)
- Pretest (Appendix D, page 233)

Advance Preparation
1. Review Session 1 in the Participant’s Handbook (page 3). Consider if or how you want to use the Participant Worksheet for this session (see Note to Trainers, page 5).
2. Identify a representative of the “host” organization to formally open the workshop (Activity A). Brief him or her on the purpose, goal, and objectives of the training.
3. Identify and brief any guest speakers thoroughly in advance, to explain the purpose of the training and to be clear about how long their opening remarks should be and what subjects they should cover (Activity B).
4. Arrange for refreshments, if appropriate. (Refreshments could be served prior to the start of this session.)
5. Prepare copies of the workshop agenda for all guests and participants.
6. Prepare one copy of the pretest for each participant.
7. Arrange for all other materials necessary for the training to be in place before the start of this session.

Time
1 hour, 15 minutes

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>A. Welcome/introduction</td>
<td>5 min.</td>
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<tr>
<td>B. Opening remarks</td>
<td>10 min.</td>
</tr>
<tr>
<td>C. Introduction of trainers and participants</td>
<td>15 min.</td>
</tr>
<tr>
<td>D. Presentation/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td>E. Pretest</td>
<td>30 min.</td>
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</tbody>
</table>
Session 1

Session 1 Detailed Steps

Activity A: Welcome/introduction (5 minutes)
Have a representative of the local “host” organization (the “moderator”) formally open the workshop, by welcoming the participants, explaining the purpose of the training, and introducing the guest speaker.

Activity B: Opening remarks (10 minutes)
The guest speaker makes his or her opening remarks.

Activity C: Introduction of trainers and participants (15 minutes)
Have the moderator introduce the trainers and ask the participants to introduce themselves.

Training Tip
Depending on the number of participants, they may introduce themselves very briefly (by name, where they are from, where they work, and what their job is) or they may make a somewhat longer statement (e.g., all of the above, plus why they believe they were selected for the training or what strengths they bring to this work). Even with a large group, a brief icebreaker exercise would be to ask them to add one thing interesting about the town or village where they work.

Activity D: Presentation/discussion (15 minutes)
1. Refer the participants to Session 1 in their handbooks (page 3) and briefly discuss the section stating the goal and overall objectives for the workshop. (See the Introduction for the Trainers [page xi] for background on why this integrated SRH counseling curriculum was developed. Your comments here can be drawn from that, depending on the background and interests of the participants.)
2. Hand out the agenda for this workshop and review it with the participants.
3. Have a representative from the host organization or the training team address logistical questions from participants.

Activity E: Pretest (30 minutes)
1. Explain to the participants that, to get a sense of the effectiveness of the workshop, you would like to have them complete a self-assessment of their knowledge and attitudes, both at the beginning of the workshop and at the end. Explain that this is not a test, and that the trainers will use the results to judge how well they and the workshop were able to meet their objectives, not how well the participants learned. Assure them that all answers and scores will be confidential.
Training Tip

Confidentiality is important for these self-assessments—the scores for individual participants are specifically not to be shared with program managers or administrators. The test forms currently have a place for participants’ names. This is to make it easier to compare pretest and posttest scores, and to return the pretests to participants at the end of the training. However, if you think that having the participants’ names on the forms would make it too difficult to maintain confidentiality, you can write a number on the line for the name. In this case, participants must be responsible for remembering their numbers until the end of the workshop, and for being sure to write the same number on the posttest as they wrote on their pretest.

2. Distribute the pretest (which appears in Appendix D, page 233), briefly point out the different sections, and ask if the participants have any questions. Give the participants 30 minutes to complete the test, with time checks at 20 minutes and 25 minutes. (In field tests of this curriculum, some participants were not able to complete the pretest in 30 minutes, but all were able to finish the posttest in that time.)

3. After collecting the pretests, explain that group scores will be announced the next day. You will not be reviewing the test questions themselves, but all of the necessary information to answer these questions should be covered during this training workshop. The pretests themselves will be returned at the end of the training, after the participants have taken the posttest, so they can compare their own scores before and after the workshop.

Note to Trainers

Participant Worksheets

For this and a few other sessions, a Participant Worksheet is provided in the Participant’s Handbook (page 4) as an optional training tool. This may be useful in any of the following ways:

- As a “homework” assignment, to reinforce important concepts from the session (Participants can work on it during the evening and share their thoughts the next day.)
- As an alternative group exercise, to add to the session or to replace an activity currently planned
- As a way of orienting participants who have missed the session (This is particularly important for the first day, when the key concepts of the training are being established, but when participants traveling from some distance may arrive late.)
- As a more engaging way of refreshing participants’ memories of the sessions at some later time (e.g., as part of the training follow-up)
Session 2
Defining Sexual and Reproductive Health and Integrated SRH Counseling

Objectives
• To define the terms sex, sexuality, reproductive health, sexual health, and sexual and reproductive health
• To explain the difference between integrated SRH counseling and integrated SRH services
• To name at least four health and social services that are necessary to meet people’s SRH needs and to know where these services are provided in the participants’ communities

Materials
• Flipchart paper, markers, and tape
• Pens or pencils
• Extra writing paper

Advance Preparation
2. Prepare a flipchart divided into four sections, with each of the terms “Sex,” “Sexuality,” “Reproductive health,” and “Sexual health” heading one section (see below) (Activity A).
Session 2

3. Prepare a flipchart with the definition of integrated SRH counseling (Activity D).

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>Small-group work</td>
<td>10 min.</td>
</tr>
<tr>
<td></td>
<td>Discussion/brainstorm</td>
<td>15 min.</td>
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<tr>
<td></td>
<td>Presentation/discussion</td>
<td>20 min.</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

*Note:* This session is adapted from: EngenderHealth, 2002.
Session 2 Detailed Steps

Activity A: Small-group work (10 minutes)
1. Introduce the session by noting that some participants may be thinking, “I know about reproductive health, but why are they always saying ‘sexual and reproductive health’? And what is integrated SRH counseling? How is that different from what I am already doing?” Explain that if they are confused, many other people probably share their confusion.
2. Divide the participants into four groups.
3. Give each group several pieces of writing paper and a marker.
4. Post the prepared flipchart and assign one of the headings (“sex,” “sexuality,” “sexual health,” or “reproductive health”) to each group.
5. Ask the participants to spend 5 minutes defining their term and to write their definition on their paper with the marker. They should write large enough so people can read it on the flipchart. They can use as many sheets of paper as they need. Encourage the participants to avoid using the words sex, sexual, or reproduction in their definitions.

Activity B: Discussion/brainstorm (15 minutes)
1. One group at a time, post each group’s definition papers on the flipchart. Ask a member of each group to read their definition, and ask the rest of the participants if they have different ideas about this term.
2. Ask the participants about the similarities and differences between “sex” and “sexuality” and between “sexual health” and “reproductive health.”
3. Note that SRH is a relatively new term that is finding common usage in international health care organizations. Ask the group to describe what they think SRH might be, based on the other definitions.
4. On a separate flipchart, write “Sexual and Reproductive Health Care Services.” Brainstorm what health care services would be included in SRH; list the participants’ responses on the flipchart.

Activity C: Presentation/discussion (20 minutes)
1. Give a short presentation on the definitions of sex, sexuality, reproductive health, sexual health, and SRH, based on the information in the Participant’s Handbook (pages 6 to 9). Compare these “official” definitions with those of the small groups. Note any parts of the definitions that were missed and clarify any remaining questions. (15 minutes)
2. Ask participants to turn to Session 2 in their handbooks, to “Components of SRH Care” (page 8). Review this list, then return to their own list of SRH services on the flipchart and see if any should be added.
3. Review the final list, asking the participants which services are available in their communities. Place a check mark next to each one that is available. Ask the participants to say where the service is provided, but do not write down the location.
Session 2

Activity D: Discussion (*15 minutes*)

1. Ask the participants to close their handbooks. Post the flipchart, and review the definition of integrated SRH counseling.

2. Ask the following key questions:
   * What are integrated SRH services?
   * How does integrated SRH *counseling* differ from integrated SRH *services*?
   * Where can integrated SRH counseling be provided?

3. After a brief discussion, ask the participants to open their handbooks to page 9 and ask for volunteers to read aloud the bulleted points under “How Does Integrated SRH Counseling Relate to Integrated SRH Services?”

4. Summarize the session by asking participants:
   * Why is it important to understand the differences between these terms?
   * How can integrated SRH counseling help them avoid missing opportunities to help clients in their service-delivery setting?

➤ Training Tip

- “Integrated” SRH counseling reflects the fact that one’s sexual and reproductive life is *not* separated into unrelated units of contraception, disease prevention and treatment, reproduction, and experience with intimacy and pleasure. For individuals and couples, all of these elements are woven together into sexual and social relationships, interactions, and consequences—personal, medical, and social. Since these issues are integrated in the client’s life, it makes sense to provide information about them in an integrated manner when clients seek SRH services.

- In an *integrated* approach, we attempt to identify these issues in a comprehensive assessment of the individual’s SRH status and concerns, regardless of the reason for the visit. In many cases, subsequent visits will have to be scheduled or referrals will have to be made to other service sites. The most important thing, though, is that the client’s needs have been identified and addressed in some concrete and comprehensive way.
Session 3
Why Address Sexuality?

Objectives
• To explain how the quality of integrated SRH counseling and services can be improved by including a focus on sexuality issues and concerns
• To describe barriers or challenges for providers in addressing sexuality in integrated SRH counseling
• To identify strategies for helping providers feel more comfortable about and be better equipped to address issues related to sexuality and sexual health

Materials
• Flipchart paper, markers, and tape

Advance Preparation
1. Read Session 3 in the Participant’s Handbook (page 11) to review the key discussion points to be covered.
2. Review Trainers’ Options (page 13) to consider alternative ways to conduct this session’s activity.
3. Prepare three flipcharts with a heading for each of the discussion topics—“Why is it important to address sexuality as a part of integrated SRH counseling?” (Activity A); “What barriers or challenges might providers experience in discussing sexuality issues with clients?” (Activity B); and “What can providers do to feel more comfortable and better equipped to address issues related to sexuality?” (Activity C).

Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>45 min</td>
<td>A. Brainstorm/discussion</td>
<td>15 min</td>
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<td></td>
<td>B. Brainstorm/discussion</td>
<td>15 min</td>
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<tr>
<td></td>
<td>C. Brainstorm/discussion</td>
<td>10 min</td>
</tr>
<tr>
<td></td>
<td>D. Summary</td>
<td>5 min</td>
</tr>
</tbody>
</table>

Note: This session is adapted from: EngenderHealth, 2002.
Session 3

Session 3 Detailed Steps

Activity A: Brainstorm/discussion (15 minutes)
1. Lead a large-group brainstorm on the following question: “Why is it important to address sexuality as a part of integrated SRH counseling?”
2. List the participants’ ideas on the prepared flipchart. Ask leading questions, as necessary, to make sure that the main ideas from the Participant’s Handbook are identified and discussed by the group.

Activity B: Brainstorm/discussion (15 minutes)
1. Despite all of the benefits of addressing sexuality within integrated SRH counseling, it can often be difficult for providers to introduce the subject with clients. Brainstorm and discuss the following question: “What barriers or challenges might providers experience in discussing sexuality issues with clients?”
2. List the participants’ ideas on the prepared flipchart. Ask leading questions, as necessary, to make sure that the main ideas from the handbook are identified and discussed by the group.

Activity C: Brainstorm/discussion (10 minutes)
1. Lead a large-group brainstorm on the following question: “What can providers do to feel more comfortable and better equipped to address issues related to sexuality?”
2. List the participants’ ideas on the prepared flipchart. Ask leading questions, as necessary, to make sure that the main ideas from the handbook are identified and discussed by the group.

Activity D: Summary (5 minutes)
1. Ask the participants to summarize what they have learned about each of the three discussion areas.
2. Add your own comments to be sure that the Essential Ideas given in the Participant’s Handbook (page 11) have been covered.
Trainers’ Options

There are several additional ways to conduct this activity.

Option 1
Set up a “message” or “graffiti” wall, in which the participants write their responses on large pieces of paper that are posted throughout the room. The steps are as follows:

Preparation
1. Create three large banners by taping together three or four flipcharts horizontally.
2. At the top of each banner, write one of the following questions:
   - Why is it important to address sexuality as a part of integrated SRH counseling?
   - What barriers or challenges might providers experience in discussing sexuality issues with clients?
   - How can providers feel more comfortable and better equipped to address issues related to sexuality?
3. Post each banner on the wall.

Large-group exercise
1. Distribute markers to the participants and encourage them to walk around and stop at each banner to contribute either a written phrase, a slogan, or a picture in response to each of the questions posed on the “message wall.”
2. Encourage the participants to write on any part of the banner, in any direction or angle; it is not necessary to line up the responses as a list.

Viewing
1. Once all of the participants have contributed something to each banner, reconvene the group in front of the banners. Ask them to take a few moments to view each banner, to see what the others have written or drawn.
2. Facilitate a discussion based on the key discussion points given in the Participant’s Handbook.

Option 2
Split the participants into three groups and assign one of the questions to each group. (If the number of participants is large—i.e., more than 15—split them into six groups and assign each question to two groups.) Allot 15 minutes for members to brainstorm their answers and list them on a flipchart, then spend 20 minutes in plenary discussions, with each group reporting. Save 5 minutes for a summary.
Objectives
• To identify the causes and consequences of at least three SRH problems
• To describe the provider’s role in addressing the causes and consequences of SRH problems

Materials
• Flipchart paper, markers, and tape

Advance Preparation
2. Review pages xxi to xxiii in the Introduction for the Trainers about using the problem trees and client profiles to adapt this course to the specific needs of the participants.
3. Identify the kinds of SRH problems and client population groups to be addressed in this training, based on earlier discussions with local program planners and with the administrators who requested or approved the training. The client profiles (Session 6) should reflect these predetermined needs. Since the client profiles are based on the problem trees developed in this session, be prepared to guide the brainstorming of problems in Activity A, to ensure that the list includes the SRH needs and client groups that have been identified for this training.
4. Prepare a sample “problem tree” flipchart. Taping two flipchart sheets together may be helpful, to create enough space for the drawing and to ensure that the writing can be seen by all participants. Draw a large tree trunk in the middle, with numerous roots filling the bottom of the page and with branches filling the top. Use a different colored marker for each section. Refer to the sample “tree” provided on page 17 to fill in the problem, root causes, and consequences.
5. Post the flipchart sheet with the list of SRH services (from Session 2, Activity C) where all participants can see it.

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>A. Brainstorm</td>
<td>10 min.</td>
</tr>
<tr>
<td>B. Presentation</td>
<td>5 min.</td>
</tr>
<tr>
<td>C. Small-group work</td>
<td>20 min.</td>
</tr>
<tr>
<td>D. Plenary</td>
<td>15 min.</td>
</tr>
<tr>
<td>E. Discussion</td>
<td>10 min.</td>
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</tbody>
</table>

Note: The content of this session is adapted from: IIED, 2000.
Session 4

Session 4 Detailed Steps

Activity A: Brainstorm (10 minutes)
1. Refer to the list of SRH services that was developed in Session 2. Brainstorm specific SRH problems that clients may experience (not problems for the health care system) in each of these areas. Also ask the participants to consider problems that might not be covered within these services, but that are experienced by people in their communities.
2. List all of these on a flipchart.

Activity B: Presentation (5 minutes)
1. Explain to the participants that the “Problem Tree” is a useful method for identifying the causes and wide-ranging effects of problems and for describing them in a visual format.
2. Post your sample tree and explain: the trunk of the tree represents the problem, the roots represent the factors contributing to the problem (or causes), and the branches symbolize the results (or consequences) of the problem.

Activity C: Small-group work (20 minutes)
1. Select five of the problems from the brainstorm list, representing the range of SRH services and client groups that need to be addressed later in the client profiles.
2. Split the participants into five groups and assign one problem to each group. Explain that they will develop a problem tree for their assigned problem.
3. Give each group a flipchart and markers.
4. Instruct the participants to draw a tree, similar to the sample shown earlier. Ask them to write the assigned problem across the trunk, to think of factors that might contribute to this problem, and to label the roots with these factors (causes). Then ask them to think of the results or consequences of this problem and to label the branches with these.

Activity D: Plenary (15 minutes)
1. Post each problem tree on the wall or someplace where it can be seen. Ask the participants to “take a walk through the forest” by moving around the room so they can see each poster.
2. After a few minutes of random viewing, ask the participants to gather in front of one problem tree. Have one member of the group briefly explain the roots and consequences and answer questions (if any). Continue with the rest of the problem trees.

Activity E: Discussion (10 minutes)
After each group has presented their problem tree, ask the whole group:
* What similarities do you see among the root causes of these problems? What differences?
* What similarities do you see among the consequences of these problems? What differences?
* Who is affected by the consequences?
* Which of the root causes are medical in nature? What kinds of interventions are needed to address the roots of these problems (both medical and nonmedical)?
* What does this exercise tell you about your role as providers in addressing these problems?
Sample SRH Problem Tree: HIV/STI communications

Consequences:
- Potential congenital defect in infant, if female partner becomes pregnant
- Increased medical expenditures due to delayed treatment
- Pelvic inflammatory disease, death
- Infertility
- Social isolation
- Spontaneous abortion
- Broken families
- People with HIV or an STI are reluctant to let their partners know.

Root causes:
- Social norms that discourage talking about sexual issues
- Shame, feelings of guilt
- Fear of social isolation
- Fear of broken relationship
- Cost of medicine, high medical expenditures
- Ignorance, lack of awareness
- Social norms that discourage talking about sexual issues

Note: The Participant's Handbook has another example, for maternal health.
Session 5
Supporting Clients’ Informed and Voluntary Decision Making

Objectives
• To explain the relationship between human rights and informed and voluntary decision making.
• To name three sexual and reproductive rights recognized by international conventions
• To describe how sexual and reproductive rights apply to specific health needs and services in the participants’ country
• To define informed and voluntary decision making, and distinguish it from informed consent
• To identify at least one example of an informed and voluntary decision that a client can make in each SRH service area
• To describe three levels of factors that influence informed and voluntary decision making for SRH clients

Materials
• Overhead projector
• Transparencies and notes pages (see Appendix C)

Advance Preparation
1. Review Session 5 in the Participant’s Handbook (page 17). Consider if or how you want to use the Participant Worksheet for this session (see Note to Trainers, page 5).
2. Review the transparencies and notes pages on “Promoting Informed and Voluntary Decision Making to Support Clients’ Rights and Address Clients’ Needs” (Appendix C, page 193), and prepare a presentation. (See Activity A, or the Trainers’ Options, page 22.)
3. Identify any official statements from the country in which the training is being conducted about rights that apply to SRH, and incorporate these into the presentation.
4. Identify local program and service-delivery guidelines relating to sexual and reproductive rights and to informed and voluntary decision making, and incorporate these into the presentation.
5. Make transparencies based on the master copies appearing in Appendix C, or prepare flipcharts as visual guides to Activity A (or the Trainers’ Options, page 22).
6. Set up the overhead projector for the transparencies.
7. Prepare a flipchart with the small-group questions for Activity B.
## Session 5

<table>
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<tr>
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<th>Training Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td>1 hour</td>
<td></td>
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</tr>
<tr>
<td>A.</td>
<td>Presentation</td>
<td>20 min.</td>
</tr>
<tr>
<td>B.</td>
<td>Small-group work</td>
<td>15 min.</td>
</tr>
<tr>
<td>C.</td>
<td>Plenary presentation</td>
<td>15 min.</td>
</tr>
<tr>
<td>D.</td>
<td>Discussion</td>
<td>10 min.</td>
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</tbody>
</table>

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EngenderHealth
Session 5 Detailed Steps

Activity A: Presentation *(20 minutes)*
Show overhead transparencies to give an overview of sexual and reproductive rights and of informed and voluntary decision making. (Use slides 1, 4, 5, 6, 7, 8, 12, 14, 15, 16, and 21 from Appendix C, page 191.)

Activity B: Small-group work *(15 minutes)*
1. Divide the participants into five groups; assign each group one area of SRH (e.g., choose from among family planning; maternal health; STIs, HIV, and AIDS; postabortion care; men’s SRH services; and adolescents’ SRH services).

**Training Tip**
These can be the same five groups from Session 4 (The Problem Tree), and you can assign them the SRH area that they worked on for their problem trees.

In the next session, the groups will develop client profiles based on the problem trees and on consideration of the decisions that an individual would need to make regarding this problem. Keeping the same small groups for all three sessions (Sessions 4 to 6) would allow participants to build on their discussions from one session to the next in terms of specific SRH problems and specific clients’ concerns.

2. Post the flipchart and ask each group to answer these questions about their area of SRH:
   * What are the decisions that individuals make regarding this area of SRH?
   * What are the key sexual and reproductive rights needed to support people in making these decisions?
   * Which of these rights are supported in your program or community? Which are not?

Activity C: Plenary presentation *(15 minutes)*
Have each small group present its findings, with brief discussion for clarification or comments (3 minutes per group).

Activity D: Discussion *(10 minutes)*
Ask the participants:
* What can we do, as service providers and as citizens, to strengthen sexual and reproductive rights so as to support informed and voluntary SRH decision making?
Trainers’ Options

An alternative way to conduct this exercise is to offer the entire presentation from Appendix C (page 191), with discussion, as follows:

**Presentation (10 minutes)**
Show the transparencies on sexual and reproductive rights (slides 1 to 6).

**Discussion (10 minutes)**
1. Ask the participants which rights they are aware of in their own country that apply to SRH issues. If you were able to identify an official statement about rights, present that information after a brief discussion by the participants.
2. Ask the participants which rights they believe would be most important to help individuals achieve SRH in their own country or community. List responses on the left-hand side of a flipchart, under the heading “Key S&R Rights.”
3. Ask the participants what challenges exist for individuals in exercising those rights. List the barriers that they identify on the right-hand side of the flipchart, under the heading “Barriers.”

**Presentation (25 minutes)**
Show the transparencies on informed and voluntary decision making (slides 7 to 21).

**Discussion (15 minutes)**
1. Ask the participants:
   * Can individuals make informed and voluntary decisions in each of the SRH areas covered in this workshop?
2. Explore differences of opinion among the participants. In any given area of SRH, some individuals are better able to make informed choices than others. Ask the participants:
   * Which individuals can make informed choices? Which ones cannot, and why?
3. Ask the participants:
   * What can we do, as service providers and as citizens, to strengthen sexual and reproductive rights, and support informed and voluntary SRH decision making?
Session 6
Client Profiles for Sexual and Reproductive Health Decision Making

Objectives
• To develop “client profiles” that reflect each of the SRH-related topics to be addressed in this training and the variety of backgrounds, needs, and concerns that clients present
• To identify the decisions that their “clients” will need to make (based on their defined needs, concerns, and characteristics), the information that those clients will need if they are to make these decisions, and the emotional issues raised by their situations

Materials
• Flipchart paper and markers for five groups

Advance Preparation
1. Review Session 6 in the Participant’s Handbook (page 23). Consider if or how you want to use the Participant Worksheet for this session (see Note to Trainers, page 5).
2. Prepare two flipcharts with the guidelines for developing client profiles, as follows:

<table>
<thead>
<tr>
<th>Client Profile Guidelines: Part I</th>
<th>Client Profile Guidelines: Part II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic and social characteristics:</strong></td>
<td><strong>Questions to answer about your client:</strong></td>
</tr>
<tr>
<td>• Name</td>
<td>• What are the client’s current SRH needs? What led to them? Who else is affected by this situation?</td>
</tr>
<tr>
<td>• Age</td>
<td>• What decisions will he or she have to make concerning this SRH problem? Who else will be involved in the decision making?</td>
</tr>
<tr>
<td>• Marital status</td>
<td>• Is your client comfortable with seeking services for this situation? Where would he or she go?</td>
</tr>
<tr>
<td>• Parity</td>
<td>• What information will the client need to make those decisions, and where can he or she get that information?</td>
</tr>
<tr>
<td>• Income</td>
<td>• How does the client feel about this situation? What concerns or worries does he or she have?</td>
</tr>
<tr>
<td>• Educational level</td>
<td></td>
</tr>
</tbody>
</table>
Session 6

3. Review pages xxi to xxiii in the Introduction for the Trainers about using the problem trees and client profiles to adapt this course to the specific needs of the participants.

4. Post the problem tree flipcharts in places around the room (or in break-out rooms) where small groups can gather and work around them.

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<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>A. Small-group work</td>
<td>35 min.</td>
</tr>
<tr>
<td></td>
<td>B. Plenary discussion</td>
<td>25 min.</td>
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</tbody>
</table>

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EngenderHealth
Session 6 Detailed Steps

Activity A: Small-group work (35 minutes)

1. Explain to the participants that, to consider the individual’s decision-making process for a range of SRH needs and services, they will first develop “client profiles.” These will be in-depth, detailed descriptions of typical clients, in each of the SRH areas that are being addressed by this training. Although it is not possible to represent every type of client, this exercise will focus on trying to get a broad representation of the backgrounds, needs, and concerns of clients. The profiles will be used as case studies in some sessions and for role plays in others.

Training Tip

The client profiles provide the foundation for keeping the focus of the training on the client’s perspective. They should represent the range of services to be addressed in this training, plus the variety of clients (in terms of background, needs, and concerns) that providers may expect to encounter. It would be quicker for you to prepare client profiles in advance or to provide a group of profiles from which participants could choose. However, the approach used here is much more effective, because the participants themselves have input and feel “ownership” for the clients with whom they will be “working” for the rest of the training. Basing these profiles on the problem trees also tailors the issues to the unique needs, conditions, and concerns of different communities and cultures.

2. Refer back to the problem trees. Split the participants into the same five groups, and give each group several sheets of flipchart paper and markers.

3. Explain that each group is to imagine a real person who has this particular problem and should describe that person and his or her situation. They are to create a “client profile,” which is like a case study. Ask the participants to work in their small groups to develop the details about their client, reminding them that this individual may not have sought SRH services yet and thus technically may not yet be a “client” (see Training Tip below). Case studies should present problems but not solutions. Likewise, these client profiles should present the problem and the situation, but not the outcome.

4. Post the flipcharts entitled “Client Profile Guidelines: Part I and Part II.” Ask the partici-
4. Post the flipcharts entitled “Client Profile Guidelines: Part I and Part II.” Ask the participants to follow the guidelines to describe their client in each of these areas. Instruct the groups to choose someone from the group to write the information about the client on the flipchart. Explain that they will have 30 minutes, but that, because these are big questions, they could take a lot of time to discuss. Thus, they should strive to provide basic answers to these questions; there will be more time later in the workshop to learn more about each client.

**Training Tip**

To maintain consistency between profiles and to outline the range of issues to be addressed, guidelines are provided for developing these profiles. However, not all issues have to be covered in these initial profiles. Later in the training (e.g., prior to counseling practice), “new developments” can be announced for each client, introducing some change in his or her physical, economic, social, or emotional condition. These 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 and to raise the problem of missed opportunities by making sure that the client has more than one SRH problem that needs to be addressed.

5. Move among the groups to make sure they do not spend too much time on any one point, but that they get some ideas on each one.

**Activity B: Plenary discussion (25 minutes)**

Invite each group’s reporter to share the group’s client profile with the rest of the participants. After each group has presented, ask if there are any other *key decisions* that this client might need to make. If the client group agrees, these can be added to the flipchart. With five groups, there will be only 4 to 5 minutes per group for reporting and discussion, but allow brief comments and discussion, if time permits.
Session 7
Clients’ Rights, Client-Provider Interaction, and Counseling

Objectives
• To list at least four of the seven “rights of clients” and explain how they apply to SRH services
• To explain how different types of health care workers—frontline staff, providers, and administrators and supervisors—can be involved in supporting clients’ rights
• To define client-provider interaction
• To describe strategies to improve client-provider interaction and to support clients’ rights more effectively in the clinic setting
• To define counseling
• To explain how counseling supports clients’ rights
• To identify specific tasks that need to be carried out in counseling
• To explain how various types of staff in the participants’ work setting can carry out different counseling tasks

Materials
• Flipchart paper, markers, and tape

Advance Preparation
1. Review Session 7 in the Participant’s Handbook (page 25) and prepare brief presentations for Activities A, E, and F. The Participant Worksheet will be used in Activity B.
2. Prepare a flipchart showing the seven rights of clients (see Participant’s Handbook, pages 26 and 27). List the rights only, not the description. Leave enough room on the right for three narrow columns (see Activity B), but do not add the columns yet.

<table>
<thead>
<tr>
<th>The Rights of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights</td>
</tr>
<tr>
<td>1. Information</td>
</tr>
<tr>
<td>2. Access to services</td>
</tr>
<tr>
<td>3. Informed choice</td>
</tr>
<tr>
<td>4. Safety of services</td>
</tr>
<tr>
<td>5. Privacy and confidentiality</td>
</tr>
<tr>
<td>6. Dignity, comfort, and expression of opinion</td>
</tr>
<tr>
<td>7. Continuity of care</td>
</tr>
</tbody>
</table>

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Session 7

3. Prepare another flipchart for Activities B and C, as follows:

<table>
<thead>
<tr>
<th>Health Care Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frontline staff</td>
</tr>
<tr>
<td>• Providers</td>
</tr>
<tr>
<td>• Administrators/supervisors</td>
</tr>
</tbody>
</table>

**Instructions for small-group work:**
Identify whether and how health care workers in each category can support each right of clients—or threaten it.

---

**Time**

<table>
<thead>
<tr>
<th>1 hour, 45 minutes</th>
<th><strong>Training Activities</strong></th>
<th><strong>Time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Presentation/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>B. Discussion</td>
<td>10 min.</td>
</tr>
<tr>
<td></td>
<td>C. Small-group work</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>D. Plenary/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>E. Discussion/presentation</td>
<td>20 min.</td>
</tr>
<tr>
<td></td>
<td>F. Presentation/discussion</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
Session 7 Detailed Steps

Activity A: Presentation/discussion (15 minutes)

1. Explain that, having considered the sexual and reproductive rights of individuals and how these relate to informed and voluntary decision making, the next step will be to look more specifically at the rights of individuals once they decide to become “clients.” This means that the individual or couple have reached a decision to seek SRH information or services and have succeeded in finding and getting to a service site. Those are major steps in which rights play an important role; this session, however, will focus on the rights that apply once people walk through the gate, or door, of the service site.

2. Explain that the originally, 10 “rights of clients” were established for family planning clients by the International Planned Parenthood Federation. For its quality improvement work, EngenderHealth has since modified these to seven rights. Post the flipchart listing the seven rights.

3. Briefly describe each right shown on the flipchart. Then ask the participants which rights are particularly important for each of the SRH service areas (family planning, HIV and STI services, maternal health care, postabortion care, men’s SRH services, and adolescent services).

Activity B: Discussion (10 minutes)

1. Ask the participants to turn to the worksheet on page 30 in their Participant’s Handbook. Ask for volunteers to read the boxes for the negative interaction, and then for the positive interaction.

2. Ask the group, “Which of the client’s rights were involved in these interactions?” and ask them to explain their answers.

➤ Training Tip

Six of the seven rights are involved in these interactions: information; access to services (even though she can physically get to the clinic, the negative interaction with staff discourages her from staying; therefore, “access” is effectively denied); informed choice (in the negative interaction, she is not given the opportunity to make decisions about services); privacy and confidentiality; dignity, comfort, and expression of opinion; and continuity of care (if she is not able to begin services, then she is certainly not able to be assured “continuity”). This is an example of how the client’s rights can be negatively or positively affected before the client ever sees a provider. This exercise is meant to prepare participants for the small-group work (Activity C) by helping them to think about the impact of nonprovider staff on the client’s rights.

If you have time, a follow-up to this exercise would be to ask: “What role could an administrator or supervisor play in this situation?” Answer: Administrators and supervisors are responsible for the physical layout and timing of services, as well as for monitoring the behavior of frontline staff and giving them feedback on their interactions with clients.
Session 7

**Activity C: Small-group work (15 minutes)**

1. Post the flipchart entitled “Health Care Workers.” (Cover or fold over the “Instructions for small-group work.”) Briefly describe each type of health care worker (from the Introduction for the Trainers, page xiii). *(5 minutes)*

2. Divide the participants into three groups. Assign each group to be providers, frontline staff, or administrators or supervisors. Ask each group to choose a “reporter.” *(10 minutes)*

3. Ask each group to take 10 minutes to review the seven rights of clients and identify whether and how health care workers in their category can support or impede each right.

4. Have the reporter make a list in his or her notes of the rights that the group’s health care workers can influence, either positively or negatively.

5. While the groups are working, draw three columns on the right-hand side of the flipchart entitled “The Rights of Clients” and label them as shown below.

<table>
<thead>
<tr>
<th>The Rights of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights</td>
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<td>3. Informed choice</td>
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<tr>
<td>6. Dignity, comfort, and expression of opinion</td>
</tr>
<tr>
<td>7. Continuity of care</td>
</tr>
</tbody>
</table>

**Activity D: Plenary/discussion (15 minutes)**

1. Facilitate the group reporting by taking one right at a time and asking each group whether they have any influence on this right. (This way the focus is more on the rights than on the category of health care workers.) Allow for only very brief explanations, since you will have only 30 seconds per group per right. As the reports are being given, put a check mark in the appropriate column, next to each right that a group can influence. *(10 minutes)*

**Training Tip**

You should find that each type of health care worker can have some effect on most, if not all, of the rights of clients. While the reporting may get repetitive, this is precisely how the learning impact of the session is felt. The participants do not generally expect that frontline staff, in particular, would have such an important role to play in clients’ rights. They may even be surprised by the role played by administrators and supervisors, who rarely have direct contact with clients but who have a significant effect in terms of the decisions they make about staffing and space allocation.
2. Ask the participants to suggest ways in which each group can improve their impact on clients’ rights. List these on a separate flipchart. *(5 minutes)*

**Activity E: Discussion/presentation (20 minutes)**

1. Explain that one way of helping health care workers to support the rights of clients is to improve the quality of client-provider interaction and its impact on the client’s decision-making process. To compile a list of all of the people with whom the client interacts in the clinic setting, ask the participants to close their eyes and imagine themselves as a client, walking up to the clinic or service site where they work. Ask them to think of all of the different types of staff that a client sees or talks to as he or she approaches and moves through the service setting, including guards, drivers, cleaners, and receptionists (anyone who works at that site with whom a client comes into contact).

2. Ask the participants to open their eyes and list the staff that clients come into contact with, trying to get them in sequence as nearly as possible. List the participants’ responses on the flipchart.

3. Starting with the first person whom a client is likely to encounter, ask the participants:
   - How can this staff person influence the client’s SRH decision-making process, either positively or negatively?

4. Continue with the rest of the staff on the list, in the order in which a client would encounter them (approximately).

5. Refer to the section on “Client-Provider Interaction” in the Participant’s Handbook, Session 7, page 27. Review the main points, noting the role of frontline staff in making the client feel comfortable and confident about his or her decision to seek services at that site.

6. Ask the participants what they have learned from these discussions on the rights of clients and on client-provider interaction and how this knowledge can be applied when they return to their work sites.

**Activity F: Presentation/discussion (30 minutes)**

1. Explain that the discussion will now focus on a specific form of client-provider interaction: counseling.

2. Ask the participants:
   - What does “counseling” mean to you? How is it different from client-provider interaction?
   - What role does counseling play in helping clients to make informed and voluntary SRH decisions?
   - Which of the rights of clients are addressed through counseling?

3. Refer to the section on counseling in the Participant’s Handbook, Session 7, page 28. Review the main points, including the definition of counseling, the responsibilities or tasks of counseling, and the importance of counseling in helping clients to make informed and voluntary SRH decisions and in supporting clients’ rights.
Session 7

Training Tip

This session emphasizes the importance of counseling in supporting clients' rights, since this one intervention can be shown to have a significant impact on all of the client's rights. Return to this point whenever the opportunity arises throughout the remainder of the training.

4. Ask the participants:

* In your work setting, how could different levels of staff be involved in carrying out the specific tasks that comprise counseling?

5. Explain that the rest of the training will focus on helping staff to develop the knowledge, attitudes, and skills necessary to offer integrated SRH counseling, with the goals of helping clients meet their own informational, emotional, and decision-making needs and of supporting clients' rights.
Session 8  
Counseling Frameworks  
Option A: REDI

Note: Option A is intended for participants who are learning counseling for the first time, as well as for those who already use the GATHER model for family planning counseling but are willing to consider a different approach. The REDI framework is designed for integrated SRH counseling and is thus the preferred training option. However, GATHER can be adapted for integrated SRH counseling; Option B is intended for those trainers or program managers who prefer to continue using GATHER. The decision on whether to use REDI or GATHER should be made during the planning phase of the workshop (see Introduction for the Trainers, page xix).

Objectives
- To describe REDI, a framework for integrated SRH counseling
- To identify which elements of this counseling framework the participants are already doing, which would require more training, and which would encounter barriers at their work sites
- To explain the importance of applying counseling frameworks to each client’s unique situation
- To explain the importance of addressing the social context for decision making in integrated SRH counseling
- To describe how integrated SRH counseling supports informed and voluntary decision making by clients
- [If the participants are already familiar with GATHER,] to identify similarities and differences between REDI and GATHER

Materials
- Flipchart paper, markers, and tape

Advance Preparation
2. Prepare a flipchart with the three questions for the REDI tables (Activity B, Step 1).
3. Prepare four flipcharts, one for each phase of REDI, showing the steps for each phase and including columns for checking off the current status of that step (Activity B, Step 2).
4. Optional: Prepare a flipchart with two columns. Write the four phases of REDI in one column and the six steps of GATHER in the other (Activity D).
**Session 8A**

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 to 60 minutes (depending on whether Activity D is used)</td>
<td>A. Introduction ........................................... 10 min.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. Small-group work .............................. 15 min.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Plenary/discussion ............................. 25 min.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. Discussion (GATHER) [optional] ............... 5 min.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E. Summary ........................................... 5 min.</td>
<td></td>
</tr>
</tbody>
</table>
Session 8, Option A, Detailed Steps

Option A: REDI

Activity A: Introduction (10 minutes)
1. Divide the participants into four groups. (If this requires the participants to move, ask them to take their handbooks, notepads, and pencils or pens with them.)
2. Introduce the exercise by telling the participants that they will now examine a framework for integrating family planning, sexuality, HIV and STI prevention, maternal health care, and postabortion care counseling.
3. Emphasize that in all counseling, the client is more important than the framework. During the following exercises and discussions, they should keep in mind that frameworks can be helpful to providers in giving them a structure for talking with the client, so they do not miss important steps. However, the framework is only good if it allows them to attend to the individual client’s unique needs and concerns.
4. Refer the participants to Session 8, Option A, in their handbooks, and ask them to find the summary description of REDI (page 32). Briefly review the phases and steps. Note that the REDI framework is designed for integrated SRH counseling because:
   • It emphasizes the client’s responsibility for making a decision and for carrying it out.
   • It provides guidelines for considering the client’s sexual relationships and social context.
   • It addresses the challenges that a client may face in carrying out this decision and offers skills-development to help clients meet these challenges.

Activity B: Small-group work (15 minutes)
1. Post the flipchart with the following questions for small-group work. Explain that each group will consider one phase of REDI, and answer the questions for each step:
   - Which steps are you already doing in your counseling?
   - Which steps would require further training, whether for knowledge, for skills, or for making providers more comfortable? (Further training might also be considered useful for steps that they are already doing.)
   - Which steps would be difficult to implement, and why?
2. Assign one phase of REDI to each group, and distribute the separate prepared flipchart sheets accordingly (see page 36).
3. Ask the participants to refer to the more detailed version of REDI in their handbooks (pages 33 to 36) for a better understanding of each step.
4. Explain to the participants that for each step, they should review the description in the handbook, consider these questions, and check any boxes in the table that apply to their work setting. It is possible that they may check more than one box—or all three boxes—for some steps. If there are different opinions within the group, put a question mark in the box.
5. Ask each group to choose one member to fill in the table for their group.
6. Give the groups 10 minutes to complete their tables. Check each group quickly to ensure
that they understand the instructions. If some groups finish earlier, they can go on to other phases of REDI and discuss their answers to those questions among themselves.

<table>
<thead>
<tr>
<th>Rapport-building</th>
<th>Already doing</th>
<th>Need training</th>
<th>Challenges anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome the client</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Make introductions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Introduce the subject of sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assure confidentiality</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Already doing</th>
<th>Need training</th>
<th>Challenges anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explore the client's needs, risks, sexual life, social context, and circumstances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assess the client's knowledge and give information, as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assist the client to perceive or determine his or her own pregnancy or HIV and STI risk</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision making</th>
<th>Already doing</th>
<th>Need training</th>
<th>Challenges anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify what decisions the client needs to make</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identify the client's options for each decision</td>
<td></td>
<td></td>
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<tr>
<td>3. Weigh the benefits, disadvantages, and consequences of each</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assist the client to make his or her own realistic decisions</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementing the decision</th>
<th>Already doing</th>
<th>Need training</th>
<th>Challenges anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make a concrete, specific plan for carrying out the decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identify skills that the client will need to carry out the decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Practice skills, as needed, with the provider's help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Make a plan for follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Activity C: Plenary/discussion (25 minutes)

1. Starting with “Rapport-building,” ask the group reporter to post the group’s flipchart and explain the group’s findings. If there are question marks, ask for a brief explanation. Also ask for a brief explanation of “challenges.” (10 minutes for all four groups)

2. Ask the participants what they learned from this exercise. (5 minutes)

Training Tip

Participants should note that they are already doing many of the steps of integrated SRH counseling. The steps that they feel need more training will be addressed in this workshop. Anticipated challenges may be beyond the scope of this training. However, the trainers can share these anticipated challenges with participants’ supervisors or program managers (who may be participating in this workshop or a separate orientation), and this can become part of training follow-up (see Sessions 30 and 31).

3. Facilitate a discussion by asking the following questions. (See the Discussion Summary in the Participant’s Handbook [page 36] for possible responses.) (10 minutes)

- How does this framework ensure that the counseling is client-centered?
- How much time do providers in your facility generally spend counseling each client? Do you think this framework helps providers to work within this time frame? Do you think providers can save time with this framework? If yes, how? If no, why not?
- Why does the framework address the “social context” of clients’ decisions?
- How does this framework ensure a client’s informed and voluntary decision making?

Activity D: Discussion (5 minutes)

Note: This discussion is only necessary if the participants are already familiar with GATHER. If they are not familiar with GATHER, there is no need to introduce it.

1. Post the flipchart entitled “Comparing REDI and GATHER” (see below).

<table>
<thead>
<tr>
<th>Comparing REDI and GATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R</strong> Rapport-building</td>
</tr>
<tr>
<td><strong>E</strong> Exploration</td>
</tr>
<tr>
<td><strong>D</strong> Decision making</td>
</tr>
<tr>
<td><strong>I</strong> Implementing the decision</td>
</tr>
<tr>
<td><strong>E</strong> Explain</td>
</tr>
</tbody>
</table>
2. Beginning with “Greet,” ask the participants to identify which steps of GATHER correspond to the phases of REDI. Draw lines between the corresponding steps and phases.

**Training Tip**

There are many overlaps between the steps of REDI and GATHER. Rapport-building generally corresponds to Greet, with elements of Ask/Assess. Exploration incorporates Ask/Assess and Tell. Decision making includes the Help step and also elements of Ask/Assess and Tell. Implementing the decision includes Help, Explain, and Return Visit. Since the counseling process is different for each client, participants may have other ideas about the overlaps that also are valid.

3. Facilitate a brief discussion by asking the following questions:
   - What similarities can you identify between REDI and GATHER? What differences?

4. Note that GATHER can be adapted for integrated SRH counseling, and that the Participant’s Handbook includes guidelines for doing that. However, REDI was designed specifically to address the client’s comprehensive SRH needs and to focus the counseling process on actions that the client takes. Therefore, REDI is the framework that will be used for this training. Keep in mind that the counseling process applies the same skills, attitudes, and knowledge, whether the framework is REDI, GATHER, or something else.

**Activity E: Summary (5 minutes)**

1. Ask if the participants have any further comments or questions.

2. Note that they will spend the rest of the workshop developing and practicing counseling skills, addressing the attitudinal challenges for providers in integrated SRH counseling, and identifying key information needed in each area of service delivery.
Session 8
Counseling Frameworks
Option B: GATHER

Note: Option B is designed for participants who already use the GATHER model for family planning and who want to continue using this model for integrated SRH counseling. The decision on whether to use REDI or GATHER should be made during the planning phase of the workshop (see Introduction for the Trainers, page xix)

Objectives

• To incorporate sexuality, HIV and STI prevention, postabortion care, and maternal health care into the GATHER counseling framework
• To explain the importance of applying counseling frameworks to each client’s unique situation
• To explain the importance of addressing the social context for decision making in integrated SRH counseling
• To describe how integrated SRH counseling supports informed and voluntary decision making by clients

Materials

• Flipchart paper and markers

Advance Preparation

1. This exercise is intended specifically for the participants who currently use the GATHER method for their work in family planning; if the participants do not use GATHER, this exercise is not appropriate. Discuss this issue with program planners and participants ahead of time, to determine if the participants have already been trained in GATHER.

2. Prepare a flipchart with the GATHER model written out (Activity A, Step 1).


Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Introduction</td>
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<tr>
<td>B.</td>
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<tr>
<td>C.</td>
<td>Plenary/discussion</td>
<td>20 min.</td>
</tr>
<tr>
<td>D.</td>
<td>Presentation/discussion</td>
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</tr>
</tbody>
</table>

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Session 8B

Session 8, Option B, Detailed Steps

Option B: GATHER

Activity A: Introduction (5 minutes)
1. Reintroduce the steps of GATHER for family planning and go over them with the participants, referring to the steps on the flipchart (see below).

| G | GREET the client politely and warmly. |
| A | ASK the client about himself or herself. |
| T | TELL the client about the clinic and about family planning methods. |
| H | HELP the client make a decision that is best for him or her. |
| E | EXPLAIN (the method or treatment, or any other relevant issue). |
| R | Schedule a RETURN visit. |

2. Explain that in this exercise they will be thinking about how to incorporate a broader definition of SRH into GATHER—specifically, about how to incorporate sexuality, HIV and STI prevention, postabortion care, and maternal health care into the steps of GATHER.

Activity B: Small-group work (20 minutes)
1. Divide the participants into six small groups.
2. Distribute flipchart paper and markers to each group.
3. Assign one step of GATHER to each group, and explain that each group will have 20 minutes to brainstorm about how to incorporate sexuality concerns, HIV and STI prevention, postabortion care, and maternal health care, as well as family planning, into its step. One group member is to list the ideas on the flipchart.

Activity C: Plenary/discussion (20 minutes)
Invite each group to present to the larger group its suggestions for expanding a particular step of GATHER to address sexuality, HIV and STI prevention, postabortion care, and maternal health care, as well as family planning.

Activity D: Presentation/discussion (15 minutes)
1. Refer the participants to their handbooks, Session 8, Option B, page 37.
2. Review with the participants “The Dual-Protection GATHER Approach,” which appears on page 39 in their handbooks. Explain that this is one example of how to use GATHER to address both family planning and HIV and STI protection in counseling.
3. Facilitate a group discussion based on the following key discussion points:

- What do you think of using the GATHER model for integrated SRH counseling?
- What do you think is the most challenging step in using GATHER for integrated SRH counseling? What do you think you could do to make it easier?
- In general, when you have used GATHER in the past for family planning counseling, have you always followed GATHER in strict order of steps? How have you adapted it to meet different clients’ needs?
- How can GATHER ensure that the counseling is client-centered?
- How can GATHER address the “social context” of clients’ decisions? Why is this important?
- How can GATHER ensure a client’s informed and voluntary decision making?

Training Tip

The GATHER model does not currently include maternal health care. The maternal health care component is being developed and will be available at a later date. However, the participants should be encouraged to consider this on their own, especially those whose work contains elements of maternal health care.