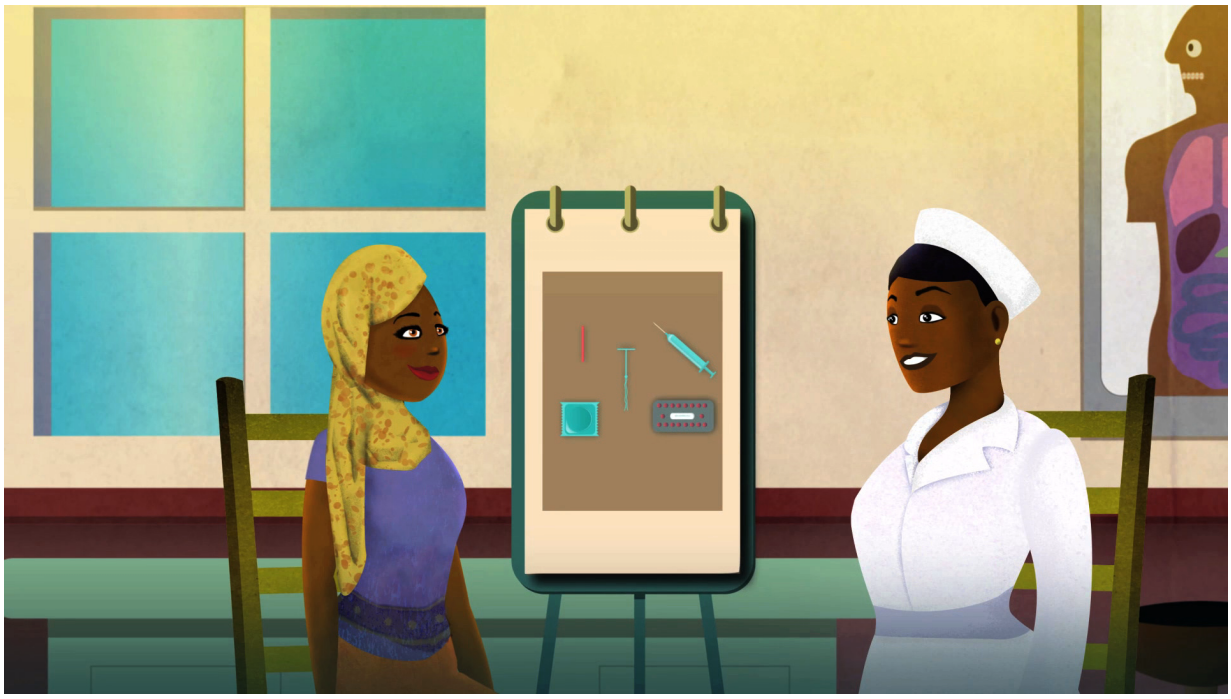
HEALTH COMMUNICATION CAPACITY COLLABORATIVE

Talking about LARCs with Young Clients

Video Discussion Guide



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FROM THE AMERICAN PEOPLE

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Cover photo: *Scene from "Talking about LARCs with Young Clients" video. © 2016 CCP*

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Acknowledgements

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Introduction

Every year, an estimated 16 million girls ages 15 to 19 years old give birth, 95% of whom live in developing countries. Two million are left with chronic illness or disabilities that may bring them life-long suffering, shame and abandonment. Moreover, three million undergo unsafe abortions and 50,000 die due to complications during pregnancy or childbirth[1,2]. Adolescent mothers face a higher risk of obstructed labor, uterine rupture and obstetric fistula than women in their twenties, making childbirth and pregnancy-related complications one of the leading causes of death in 15- to 19-year-old girls in developing countries. Unintended pregnancy often has a detrimental impact on a girl's ability to succeed. It can end her education prematurely and limit her economic opportunities, likely leading her into a life of poverty[3].

The majority of sexually active adolescents in sub-Saharan Africa do not use modern methods of contraception. Only 12% of married adolescents use a modern method and as many as 50% have an unmet need for contraception (they wish to delay or prevent pregnancy, but are not using contraception). In many countries, over 70% of unmarried, sexually active adolescents do not use any modern method.[4]

Better access to and more effective use of contraceptives would help prevent hundreds of thousands of maternal deaths worldwide, keep millions more girls in school and improve their overall sexual and reproductive health and the health of their children.

Long-acting reversible contraceptive methods (LARCs) are highly effective, convenient, cost-effective and an appropriate contraceptive choice for youth. However, youth uptake is low. There are many barriers to increasing access to LARCs among youth; some related to health providers. Many health providers do not know that LARCs are safe and effective for all women of reproductive age, including adolescents and young people that have not yet had children. Providers are often not trained to counsel young people on LARCs, nor do they realize the many benefits that LARCs can bring for young clients and for the providers themselves.

The Health Communication Capacity Collaborative (HC3) –a five-year, global project funded by USAID and based at Johns Hopkins Center for Communication Programs (CCP) – is designed to strengthen developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs.

HC3 created a video and this corresponding discussion guide to help family planning health providers learn about the efficacy and safety of LARCs for young people, as well as effective ways to provide comprehensive contraceptive counseling for young people that includes information about LARCs.

Purpose of the Guide and Intended Users

The purpose of this discussion guide is to:

- Accompany the video *"Talking About LARCs with Young Clients,"* so viewers may reflect on, debate and draw insights from the content they have watched

[1] Chandra-Mouli, V., J. Svanemyr, A. Amin, H. Fogstad, L. Say, F. Girard, and M. Temmerman (2015b). Twenty Years After International Conference on Population and Development: Where Are We with Adolescent Sexual and Reproductive Health and Rights? Journal of Adolescent Health 56: S1-S6.

[2] Chandra-Mouli, V., D. R. McCarraher, S.J. Phillips, N.E. Williamson, and G. Hainsworth (2014) Contraception for adolescents in low and middle income countries: needs, barriers, and access. Reproductive Health 11:1.

[3] Ibid

[4] Ibid

- Facilitate discussions among health providers about their role and their needs in delivering comprehensive contraceptive counseling for young people
- Increase providers' comfort and confidence in providing comprehensive contraceptive counseling for young people that includes information about LARCs

Intended users include:

- Program managers or staff working with healthcare providers on offering a range of voluntary contraceptive methods, including LARCs, or adolescent and youth sexual and reproductive health issues
- Healthcare providers or managers who lead discussions with colleagues on delivering reproductive health services to young people

How to Use the Guide and Prepare for Discussions

The video and discussion guide can be integrated within new and existing sexual and reproductive health activities in service delivery settings, such as private and public clinics. They can be used during out-of-service or in-service provider trainings, provider capacity-strengthening workshops or even adapted for online courses. The guide can be used to facilitate one-on-one or group discussions with healthcare providers based on the video. The discussion questions provided are suggestions; facilitators should feel free to adapt the questions to suit their needs and their audiences' needs.

Facilitators should watch the video two to three times and review the guide carefully before they begin.

The guide contains two activities. The first is a **group discussion** activity**,** which starts with watching the video and facilitating a discussion. Plan for about 60 minutes total for this activity. The video is about three minutes long, which will allow over 45 minutes to have the discussion. The second is a **role-play** activity in which providers can practice counseling young clients about contraception, including LARCs. This will take about another 45 to 60 minutes.

It is highly recommended to set aside at least two hours so there is enough time to complete both activities.

Those using this guide should be experienced in facilitating discussions, ideally among health providers. They need not be medical experts, but ideally should have strong communication skills and be youth sexual and reproductive health (SRH) advocates. Strong facilitation skills include:

- Making participants feel comfortable and valued
- Encouraging active participation
- Managing conflict
- Listening and observing
- Keeping to the topic and allotted time
- Ensuring participants walk away with new knowledge and feel empowered to take next steps

Video Synopsis

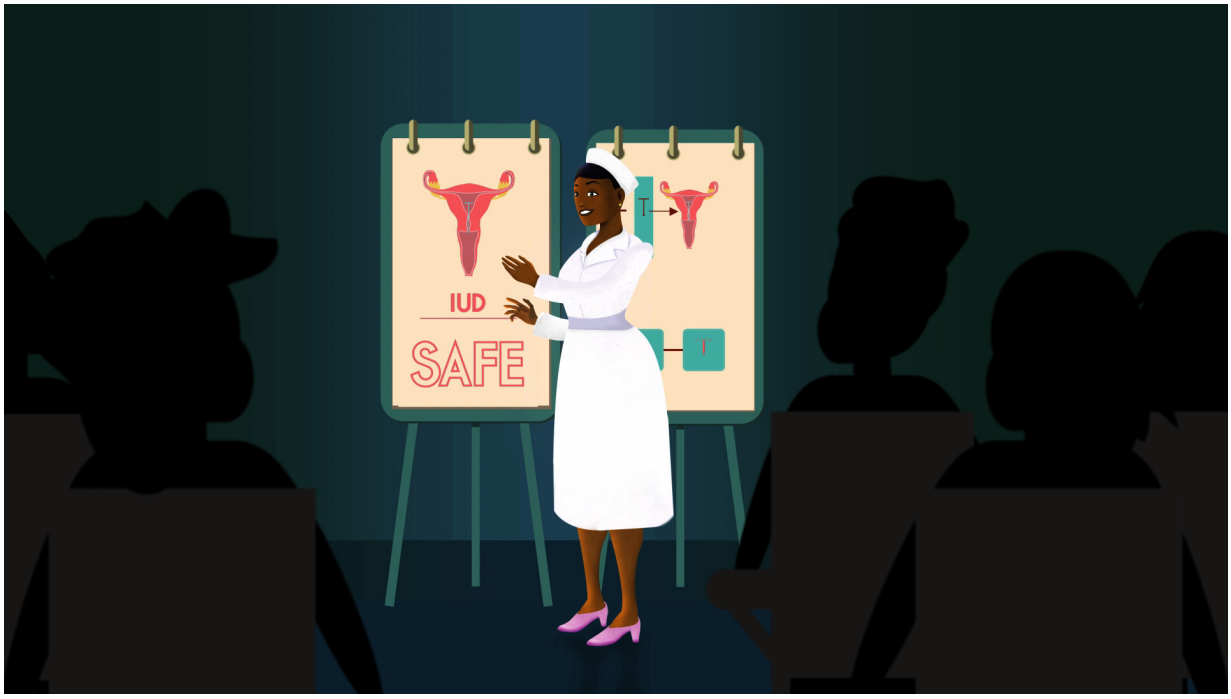
The video starts with Maria, the narrator, introducing herself as a healthcare provider in a community clinic, while talking to an audience of healthcare providers. As she moves through the waiting room where young women are waiting for services, Maria explains that these young women have dreams – of education, careers, family – all of which can be cut short by an unintended pregnancy. She explains that helping young clients avoid pregnancy until they are ready means talking with them about all of the contraceptive methods available to them, including LARCs. She shows how effective the different contraceptive methods are, with LARCs at the top of the list, and explains what the benefits of LARCs are for both the client and the provider. Finally, Maria provides the audience with four tips to use when counseling young people about LARCs: 1) be client-centered; 2) start with LARCs as they are the most effective methods; 3) if a young client chooses a LARC, provide same-day service (insertion); and 4) promote dual methods, i.e., male and female condoms along with another contraceptive method to prevent pregnancy, HIV and other STIs. Maria finishes the video in a room full of her colleagues. She says at first, not all of her colleagues agreed with providing comprehensive contraceptive services to young people, but now they understand the importance of doing so. Because Maria's clinic offers all of the methods as well as accurate information about those methods to young people, they have become the most trusted and popular clinic in the area. The video ends with Maria asking viewers if they are ready to make a difference by talking with their young clients about LARCs, and then refers viewers to a website with additional resources: www.healthcommcapacity.org/LARCs.

(The video script can be found in Appendix A)

Pre/Post Activity Survey

Before beginning the activity with your participants, have them fill out a pre-activity survey. The survey will help to establish a baseline of what participants know and how they currently feel about counseling young people about LARCs. When you finish the activities, have participants fill out the post-activity survey. This way, you can see what changes, if any, the participants experienced in their knowledge and comfort levels after taking part in the activities. The pre-activity and post-activity surveys can be found in Appendix B.

Activities



Group Discussion

Objectives

- Teach participants about the safety, efficacy and benefits of LARCs
- Guide participants to explore their own attitudes and perceptions of young people and LARCs. Encourage participants to practice counseling young people about all contraceptive methods, including LARCs, in a safe and non-judgmental way
- Support participants counseling young people about LARCs as part of an expanded method mix

Time required: 60 minutes or more

Materials needed: Video, computer or projector to show video, flip chart paper, markers.

Steps

1. Introduce yourself as the facilitator and show the video.

2. Ask participants to sit in a semi-circle or full circle so everyone faces one another. If you have a large group, you may want to divide into smaller groups to allow more participants to discuss with their colleagues.

3. **Ask the following preliminary questions** and allow time for participants to share and discuss their responses with one another**:**

    - What did you think of this video? What do you think of the information provided in the video? Was it new for you? Helpful?

- How does providing LARCs to youth make you feel? Is this something you have done before? Are you comfortable with it? Why or why not?

4. **Say this:** When the video begins, Maria, the health provider and narrator, asks you to remember when you were younger and had dreams. When you were young, say 15 or 18 years old, what did you think about? What did you plan for your future?

   Allow time for discussion. Probe if needed about whether or not they were starting to think about relationships, even if they were still not ready for marriage or pregnancy, and even if they had young friends that had unintended pregnancies.

5. **Say this:** In the video Maria says that an unintended pregnancy can cut a young woman's dreams short. What does she mean by this?

   Allow time for multiple participants to share their responses to this question. Make sure that you discuss each of the following:

   - It can mean she has to drop out of school meaning less education, less job potential, less likely to earn or control her own money, all of which can keep her trapped in poverty.
   - It can mean she is less able to make her own life choices.
   - It can mean she is stigmatized by her community and family, especially if she is unmarried.
   - It can mean she has to marry the father of her child even if that is not the person that she wants to marry, or even if she is not ready to get married.
   - It can put her health and the health of her baby at risk if she is too young (under age 18) to safely carry a pregnancy, give birth or have a child.

6. **Say this:** In the video, Maria says LARCs have benefits for the young client. What are some of the benefits of LARCs for the young client?

   Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

   - **LARCs are convenient and low maintenance.** Users do not have to remember to take a pill every day or go for an injection every month, which can often be extra hard for young people. Once the IUD or implant is inserted, it stays there until the user is ready to have it taken out. This is important for young women because they may have less control over their schedule than older women, so remembering to take a pill or visit a clinic might be more difficult for them. Scheduling a follow-up visit with your client three to six weeks after IUD insertion or after her first monthly bleeding is, however, recommended. As with any other method, encourage your client to return to you or another trained provider if they have any questions or concerns about their LARC.
   - **They last a long time.** If a girl or young woman is not planning a pregnancy for another one, two, three or even 10 years, she can use a LARC and not have to worry about it. This is important for young women because during adolescence, whether we like thinking about it or not, young men and women begin to experiment with relationships and independence – and this may result in unplanned or unwanted sex. LARCs help provide a consistent, reliable safety net and protection against unintended pregnancy so they can continue to lead their lives as they and their families wish.
   - **They are reversible.** Not only do the IUD and implant last a long time, but they are each reversible. This means that once an IUD or implant is removed, a woman can become pregnant. In some communities, there are myths that LARCs can cause infertility, but

this is not true and this is important information to review with your clients.

7. **Say this**: Maria also says that LARCs have benefits for the provider. What are some of the benefits of LARCs for the provider?

   Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

   - **Reduces client load.** Because LARCs last longer, this reduces the number of required repeat visits compared to clients using shorter acting methods (e.g., pill, injection).
   - **More time with each client.** Fewer repeat visits means fewer clients waiting in line, which means less stress for you, more time to see other clients and more time to spend with each client.

8. **Ask this:** Why is it important that providers counsel their clients about the different contraceptive methods available, including LARCs?

   Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

   - It is important to *always* give clients informed choice – including young clients. This means explaining all of the contraceptive options available, the benefits and drawbacks of those options, and then giving the client the choice to make a decision about which contraceptive method is right for her.
   - This is part of being client-centered and ensuring that you are not making the decision for the client.
   - Your job as the provider is to give accurate information in a way the client can understand, and to guide the client through making her own decision. It is not your job to persuade her to take one method over another, or any method at all.

9. **Say this:** In the video, Maria provides four tips for counseling young people about LARCs. What are those four tips?

   Write the four tips on flip chart paper as the participants name them. Once you have written all of them, ask the following questions and allow time for discussion for each question. Make sure all of the following points are covered.

10. **Say this:** The first tip is to be **client-centered**. What does this mean to you?

    Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

    - Gently asking the client questions to understand why she's come to you and the goal of her visit. She might be shy, so do your best to make her feel comfortable speaking with you.
    - Listening to the client and responding to what she wants and desires, rather than what you want and desire for her.
    - Providing a safe, confidential and judgment-free environment for the counseling to take place.
    - Being "judgment-free" means providing your client with factual information and guidance, regardless of her age, relationship status or parity. Remember – you are her trusted source of information; honoring all of her questions with a clear and polite response is crucial. Though it is tempting to advise young clients on their romantic or sexual behavior when discussing contraception, it is best to respect your client-provider

relationship and focus on client care.

- Guiding the client through a decision process so she can make a choice that is right for her and her lifestyle. For instance, if she says she wants to have a method that she does not need to remember to take every day or that is discreet, a LARC might be a good option. If she says she does not want anything inserted into her body, then a LARC would not be a good option.

11. **Say this:** The second tip is to **start with LARCs**. What does this mean?

Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

- When discussing the different contraceptive method options with a client, begin with LARCs because they are the most effective methods.
- Clients should always be able to learn about *all* of the methods available. However, the order in which you describe them and the amount of time you spend counseling on them can change, based on client needs and preferences. Beginning with effectiveness means that you will start with those methods that have the strongest chances of preventing her from an unintended pregnancy, like the IUD and implant.
- It is important to always counsel on potential side effects of methods to let your client know what to expect with each method so they are not alarmed or so they do not discontinue the method if they experience them. Like with many contraceptives, some women experience side effects with LARCs. These side effects are not harmful. With the Copper-T (a non-hormonal IUD), many women will experience cramping and heavier bleeding during monthly bleeding, which tends to lessen over a few months. Most women will experience some kind of bleeding change with implants or hormonal IUDs and this may last the duration of use.
- For more information on modern family planning methods and method-specific side effects, please see Appendix C.

12. **Say this:** The third tip is to **provide same-day services**. Why do you think this is important?

Allow time for multiple participants to share their responses to this question. Make sure you discuss the following:

- If possible, try to provide the contraceptive method of your client's choice on the same day that you provide counseling.
- This makes the services much more convenient for both you and the client; no additional appointments for you and no need for the client to figure out transportation and costs of a return visit. Also, asking a young client to return later may leave her feeling discouraged and she may not come back.
- However, if you cannot provide services on the same day, make sure you can provide the client with a time and date to return that is soon and works for her schedule. Following up before her next visit will also help ensure she comes back in. If possible, you or another staff member (e.g., lay counselor, receptionist) can follow up with her through a phone call to see how she is doing after the procedure and/or to remind her of her next visit.

13. **Say this:** The fourth tip is to **promote dual methods** (using condoms in addition to a LARC or other non-barrier method). Why is dual method use so important for this population?

Allow time for multiple participants to share their responses to this question. Make sure you

discuss the following:

- While also serving as extra protection against pregnancy, male and female condoms are the only contraceptives that also prevent HIV and STIs when used correctly.
- Sexually active young women are at risk for HIV and STIs.
- Whenever possible, show clients how to use condoms correctly by giving a condom demonstration.
- Make sure clients understand that condoms are only effective when they are used correctly and consistently.
- Some young clients may ask why they need to use dual methods if the condom alone can protect against both HIV and pregnancy. It is important to remind clients that they may not always be in the position to access condoms or negotiate condom use. This means it is extra important that they also use another contraceptive method to avoid unintended pregnancy.

14. **Say this:** In the video, Maria says the implant and IUD are the most effective methods of contraception. She also says they are safe for women of all ages who have had their first menstrual bleeding, and are appropriate for young women who are not yet married or who have not yet had children. What myths and misconceptions have you heard about LARCs that conflict with these messages? Who often believes these myths and misconceptions?

Allow time for multiple participants to respond to the question. Make sure to discuss the following myths and misconceptions.

- There is a misconception that girls and women cannot use LARCs if they have never had a child. This is not true. IUDs and implants are safe for girls and young women, regardless of whether they have ever been married, pregnant or given birth.
- There is a myth that the IUD and implant can travel inside a young woman's body to her heart or brain. This is false. There is no passageway from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it accidentally comes out, it stays there until a trained health provider removes it. If it does come out, it comes out of the vagina but this is very rare. It is the same case for the implant. The implant remains where it was placed until a health provider removes it. If a rod does come out, it would be because it was not inserted correctly. If this happens, the young woman should see a health provider right away.
- There is a myth that the IUD can prick the penis during sex. The IUD usually cannot be felt during sex, but some men do report feeling a placed IUD's strings. If a partner finds this bothersome, a provider can cut the IUD strings to be shorter.
- There is a myth that the implant can cause birth defects in the baby. This is false. If a woman becomes pregnant while using the implant, there will be no harm to the baby.
- There is a misconception that girls and young women should not use a LARC if they are hoping to become pregnant in the next one to two years. LARCs can be removed anytime, and girls and young women can become pregnant anytime after removal. That means it is okay to use a LARC even if a young client thinks she may want to become pregnant in the next one to two years.

15. **Ask this:** At the end of the video, Maria asks if you as a provider are ready to make a difference.

- What does she mean by this?
- How does the video show that she is making a difference?

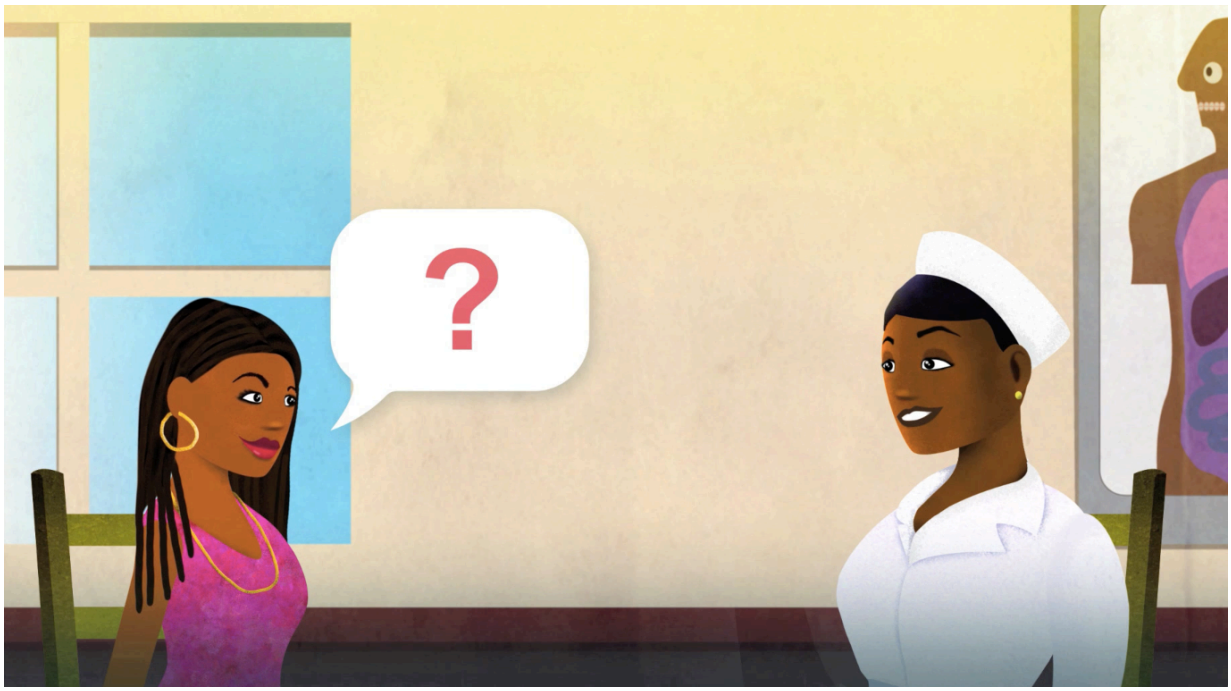
- What are you planning to do now that you have seen this video and taken part in this discussion?

Allow time for participants to discuss their responses to these questions with one another. Some ideas for what providers can now do are:

- Show the video and lead a similar discussion about LARCs and youth with your coworkers
- Hold practice counseling sessions with your coworkers using the role-play activity below
- Put up posters and give out brochures about youth and LARCs in your service delivery site (HC3 has these!)
- Make sure you always treat young clients with dignity and respect, and use the four tips in the video when counseling them about LARCs

16. **Ask this:** Do you have anything else that you want to discuss?

Allow time for participants to ask further questions and share their feedback and thoughts about the video. Further information about each contraceptive method, as well as tips for counseling young people about contraception, can be found in the Appendix C



Role Play

Objectives

- To review effective verbal and non-verbal communication skills used during contraceptive counseling sessions
- To provide the opportunity for participants to practice counseling young clients about contraception, including LARCs
- To improve providers' confidence and skills in talking with young people about LARCs

Time required: 60 minutes

Steps

1. **Say this:** Now we are going to discuss verbal and non-verbal communication. Let's start with non-verbal communication. Non-verbal communication is just as important during a counseling session as verbal communication. Sometimes, without realizing it, providers can communicate one message verbally, while communicating another message non-verbally.

2. **Ask this**: Do you have an example from your own life of when someone communicates one thing verbally, but seems to be communicating something very different non-verbally? *(For instance, when they say they are listening to you but they are distracted by their phone, papers or something else).*

3. **Say this:** Non-verbal communication is important because it communicates your level of interest in the client, including attention, warmth and understanding. Please tell me some ways you know that someone is listening to you.

   Allow time for participants to share their responses. Make sure you cover the following:

   - Leaning toward you
   - Smiling
   - Showing interest and concern

- Making appropriate eye contact
- Encouraging gestures (e.g., nodding, body facing you, arms are not crossed)

4. **Ask this:** What are some ways you would know that someone is not listening to you?

   Allow time for participants to share their responses. Make sure you cover the following:

   - Not making appropriate eye contact
   - Glancing at the clock or one's watch
   - Flipping through papers or documents
   - Frowning
   - Shifting in one's seat impatiently
   - Sitting with arms crossed
   - Leaning away from you

5. **Say this:** Great! Now let's talk about verbal communication. What is the purpose of counseling? And what shouldn't counseling be?

6. **Say this:** The purpose of counseling is to help a young client exercise control over his/her life, make decisions using a rational model of decision-making, cope with his/her situation, be able to anticipate consequences and make long-term plans. Providers therefore must:

   - Accept responsibility for helping a young person explore and express feelings
   - Avoid telling a young client what they must do, or how they must behave based on your personal feelings; help a client evaluate his/her own behavior and find solutions to his/her problems
   - Respect a young client and encourage his/her ability to trust him/herself and take responsibility
   - Consider adolescents as individuals, respecting their rights, building off their strengths and promoting their own decision-making capacity
   - Accept young people and not judge them

7. **Ask this:** When counseling young clients about contraception, it is important to use active listening skills. What is active listening?

   Allow time for participants to share responses. Make sure to cover the following:

   - **Use simple language** that young clients can understand.
   - **Ask open-ended questions.** These are questions that do not just have a yes/no answer, but encourage the client to open up. For instance, "Are you okay"? is a closed-ended question because it can be answered with a simple "yes" or "no" without further discussion. It is best to make it an open-ended question by asking, "Tell me about how you are feeling right now."
   - **Affirm the client** by congratulating her for coming to see you. Let her know you are there to support her. Remember, it takes bravery to come to the clinic. Thank her!
   - **Use reflective listening.** This is a way of summarizing what the client says to make sure you understand, and so she knows you are listening. A way to do this is to say, "I feel you are saying..." or "I believe what you are saying is…" and then briefly summarizing the most important pieces of information communicated by the client.

8. **Ask if there are any questions.**

9. **Divide participants** into groups of three. Identify one person as the young client, one as the provider and one as the observer.

10. **Say this:** As young clients and providers, role-play a situation in which it is your first time meeting and the client has come in for a service. The client may be scared or shy or embarrassed, but is interested in contraception. Engage in a typical counseling conversation about the different contraceptive options, keeping in mind the four tips for LARCs – be client-centered, start with LARCs, promote same-day services and promote condoms for dual protection. The observer should write down on a piece of paper what verbal and non-verbal communication skills the provider is using.

11. **Start the role-play.** After about five minutes, if there is time, ask participants to switch roles and go again.

12. **Once everyone has finished, bring the participants back together.**

13. **Ask the following questions** and allow time for different participants to share their responses:

    - As observers, what did you notice? What seemed to be easy for the provider and what seemed harder?
    - As providers, how did you feel during the exercise? Was it easy or hard to practice your verbal and non-verbal communication skills? Was it easy or hard for you to talk about LARCs as part of the wider contraceptive method mix? What special considerations did you make since you are talking with a young client?
    - As clients, how did you feel during this practice session? Did you feel you were being listened to? Did you feel that you were able to learn about different contraceptive methods, including LARCs? Did you find it easy or difficult to truly put yourself in the mindset of a young client?

14. **Say this:** Practicing counseling sessions is one of the most important things you can do to build your comfort level and confidence in talking with young people about LARCs and other family planning methods. It is easy to practice active listening throughout your day – at work and at home. This will not only make you a better provider, but a better communicator overall!

Appendix A: Video Transcript

LARCs Video Script
Length: 3:15

Title: Talking about LARCs with Young Clients

Hello! My name is Maria. I am a healthcare provider like you at a community clinic.

Do you remember when you were young? And you dreamed of going to school? Having a career? Starting a family?

Well, **our young clients** have big dreams, too.

And as we know, unintended pregnancy can cut these dreams short.

That's why we support our young clients to avoid getting pregnant until **they** are ready . . .

. . . and to choose contraception that is effective and fits their lifestyle.

So, if **our** young clients want to avoid getting pregnant now. . .

. . . why aren't **we** talking to them about all the methods of contraception, including long-acting, reversible contraceptive methods, or LARCs?

The implant and the IUD are the most effective methods of contraception we can **offer** our clients!

And new research shows LARCs are safe for women of all ages who have had their first menstrual bleeding, even if they have not yet had a child, and even if they are not married. LARCs can actually improve the lives of girls and young women that choose them.

LARCs are convenient for the client; she does not have to worry about daily or monthly maintenance, and this means our **clients** can see us less frequently, and **we** have more time to see other clients!

So, let's start talking with youth about LARCs today. Here are four tips to keep in mind.

Number One, be client centered
Get to know your young client – and her needs and plans. Provide supportive and confidential counseling. And respect the choices she makes.

Number Two, start with LARCs.
When discussing contraception, start with methods that are most effective – LARCs – and clearly explain the benefits and side effects.

Number Three, provide same-day service.
If a client chooses a LARC, try to insert it the same day, because young clients may not be able to come back another day.

And Number Four, promote dual methods.
Remind your young clients to also use condoms to **prevent STIs and HIV.**

At first, not all of my coworkers felt as I do about counseling young women on LARCs. But now, many of them understand and are giving their young clients more contraceptive choices. We are the most trusted clinic in the area, and youth now are comfortable getting information and services from us.

Our young female clients, our nieces, our daughters – they all deserve the chance to live their dreams. And they all deserve to know about effective, safe contraception.

Are you ready to make a difference? Start by talking with your clients about LARCs today.

For more information visit www.healthcommcapacity.org/LARCs

Appendix B: Pre/Post-Activity Survey

Pre-Activity Survey

Instructions: Please answer all of the questions to the best of your ability. Do not leave any questions blank. There are no "correct" answers – we just want your honest responses. We don't ask for your name and all of your answers will be kept confidential. Thank you very much for taking the time to fill out this survey.

PART 1: BACKGROUND

1. What type of organization do you work for?
   - ☐ Public sector healthcare facility
   - ☐ Private sector healthcare facility
   - ☐ Pharmacy
   - ☐ Non-governmental organization
   - ☐ Government organization
   - ☐ Other

     _____

2. What is your role at your organization?
   - ☐ Doctor
   - ☐ Nurse
   - ☐ Counselor
   - ☐ Community-based health worker
   - ☐ Health educator
   - ☐ Pharmacist
   - ☐ Administrator
   - ☐ Program officer
   - ☐ Other

     _____

PART 2: KNOWLEDGE AND EXPERIENCE

3. Please rate your knowledge and skills related to the following areas on a scale of 1 to 4. Put an X in the box that best represents your answer.

How do you rate your knowledge of / skills in:	**1 Poor**	**2 Moderate**	**3 Good**	**4 Excellent**
Being able to explain to a client how oral contraceptives work, their benefits and their risks				
Being able to explain to a client how the IUD works, its benefits and its risks				
Being able to explain to a client how the contraceptive implant works, its benefits and its risks				

4. Of the following modern contraceptive methods, circle the one that you believe is the most effective at preventing pregnancy.
   - ○ Oral contraceptive pills
   - ○ Condoms
   - ○ Vasectomy
   - ○ Implant
   - ○ Injection
   - ○ Withdrawal

5. True or False? An unmarried adolescent girl, who has never had children, can use an IUD to prevent pregnancy. (*circle your answer)*
   - ○ True
   - ○ False

6. How many years does the Copper-T IUD remain effective inside the uterus? (circle your answer)
   - ○ Up to one year
   - ○ Up to five years but less effective after three years
   - ○ Up to 12 years

7. After a contraceptive implant is removed, how long will it take for a woman to be able to get pregnant? (*circle your answer)*
   - ○ She can get pregnant right away
   - ○ At least six months before she can get pregnant
   - ○ At least one year before she can get pregnant

8. Which of the following practices is <u>essential</u> to contraceptive counseling? (*circle your answer)*
   - ○ Showing the client videos of how contraceptive methods work
   - ○ Ensuring that clients are informed of the different contraceptive methods available and allowing them to choose what is right for them
   - ○ Telling the client what method is best for her based on whether she is married or not

9. How comfortable do you feel about talking with young clients about family planning, including long-acting reversible contraception such as IUDs and implants? (*circle your answer)*
   - ○ Very comfortable
   - ○ Somewhat comfortable
   - ○ Not comfortable

10. Please let us know about any questions or concerns that you have about counseling young people about family planning, including long-acting reversible contraception such as IUDs and implants.

Post-Activity Survey

Instructions: Please answer all of the questions to the best of your ability. Do not leave any questions blank. There are no "correct" answers – we just want your honest responses. We don't ask for your name and all of your answers will be kept confidential. Thank you very much for taking the time to fill out this survey.

PART 1: BACKGROUND

1. What type of organization do you work for?

   - ☐ Public sector healthcare facility
   - ☐ Private sector healthcare facility
   - ☐ Pharmacy
   - ☐ Non-governmental organization
   - ☐ Government organization
   - ☐ Other

     _____

2. What is your role at your organization?

   - ☐ Doctor
   - ☐ Nurse
   - ☐ Counselor
   - ☐ Community-based health worker
   - ☐ Health educator
   - ☐ Pharmacist
   - ☐ Administrator
   - ☐ Program officer
   - ☐ Other

     _____

PART 2: KNOWLEDGE AND EXPERIENCE

3. Please rate your knowledge and skills related to the following areas on a scale of 1 to 4. Put an X in the box that best represents your answer.

How do you rate your knowledge of / skills in:	**1 Poor**	**2 Moderate**	**3 Good**	**4 Excellent**
Being able to explain to a client how oral contraceptives work, their benefits and their risks				
Being able to explain to a client how the IUD works, its benefits and its risks				
Being able to explain to a client how the contraceptive implant works, its benefits and its risks				

4. Of the following modern contraceptive methods, circle the one that you believe is the most effective at preventing pregnancy.
   - Oral contraceptive pills
   - Condoms
   - Vasectomy
   - Implant
   - Injection
   - Withdrawal

5. True or False? An unmarried adolescent girl, who has never had children, can use an IUD to prevent pregnancy. (*circle your answer)*
   - True
   - False

6. How many years does the Copper-T IUD remain effective inside the uterus? *circle your answer)*
   - Up to one year
   - Up to five years but less effective after three years
   - Up to 12 years

7. After a contraceptive implant is removed, how long will it take for a woman to be able to get pregnant? (*circle your answer)*
   - She can get pregnant right away
   - At least six months before she can get pregnant
   - At least one year before she can get pregnant

8. Which of the following practices is <u>essential</u> to contraceptive counseling? (*circle your answer)*
   - Showing the client videos of how contraceptive methods work
   - Ensuring that clients are informed of the different contraceptive methods available and allowing them to choose what is right for them
   - Telling the client what method is best for her based on whether she is married or not

9. How comfortable do you feel about talking to young clients about family planning, including long-acting reversible contraception such as IUDs and implants? (*circle your answer)*
   - Very comfortable
   - Somewhat comfortable
   - Not comfortable

10. Please let us know three things that you are going to do as a result of this training to help increase your young clients' access to LARCs.

Survey Answer Key

This answer key can be used to score questions 4 through 8 on the Pre- and Post-Activity Survey. Correct answers are highlighted in yellow, and additional information given where appropriate. The other survey questions (1, 2, 3, 9 and 10) are not included here, because they do not have a correct answer, as they gather participant-specific information or opinions.

4. Of the following modern contraceptive methods, circle the one that you believe is the most effective at preventing pregnancy.
   - Oral contraceptive pills
   - Condoms
   - Vasectomy
   - **Implant** – *Of the methods listed here, the implant is the most effective and has more than a 99% effective rate.*
   - Injection
   - Withdrawal

5. True or False? (*circle the right answer)* An unmarried adolescent girl, who has never had children, can use an IUD to prevent pregnancy.
   - **True** – *Many people, including providers and youth, think that an IUD is only acceptable for older women who have already had children. However, according to the WHO's most recent Medical Eligibility criteria, nearly all women are eligible for an IUD once they have had their first period (monthly bleeding), regardless of age or parity.*
   - False

6. How many years does the Copper-T IUD remain effective inside the uterus?
   - Up to one year
   - Up to five years but less effective after three years
   - **Up to 12 years** – *While some guidance recommends the Copper-T be replaced after 10 years of use, research has shown it can remain effective for up to 12 years.*

7. After a contraceptive implant is removed, how long will it take for a woman to be able to get pregnant?
   - **She can get pregnant right away** – *Once the implant is removed, the hormones that prevent pregnancy also leave her bloodstream. Her body will return to its natural ability to become pregnant (based on her age and other factors).*
   - At least six months before she can get pregnant
   - At least one year before she can get pregnant

8. Which of the following practices is <u>essential</u> to contraceptive counseling?
   - Showing the client videos of how contraceptive methods work
   - **Ensuring that clients are informed of the different contraceptive methods available and allowing them to choose what is right for them** – *A client, regardless of her age, parity or lifestyle should be able to select what method is right for her once she knows and understands correct information about a range of methods.*
   - Telling the client what method is best for her based on whether she is married or not

Appendix C: Useful Resources

Note: Information on all modern family planning methods, in addition to job aids and tools and other resources, can be found in *Family Planning – A Global Handbook for Providers*. The 2011 edition is available for download here: https://www.fphandbook.org/downloads. A revised edition will be available in 2016.

INFORMATION ABOUT THE TCu-380A IUD (INTRAUTERINE DEVICE)/COPPER-T[5]

Description	• The Copper-T IUD is a small T-shaped piece of plastic with copper placed inside the uterus.
How it works	• The copper IUD changes the uterus and stops the egg from being fertilized. The IUD is placed in the uterus by a trained health care provider during or soon after the client's menstrual period or when she is sure she is not pregnant. After insertion, providers should schedule a follow-up visit with their client after her first monthly bleeding or after three to six weeks. While a follow-up visit is ideal, no client should be denied an IUD on the condition of satisfying this second visit.
Advantages	• With an IUD, the client does not have to think about using contraception every time she has sex. • The Copper-T can work for up to 12 years.[6] • It is hormone free. • A woman can change her mind and have the IUD removed at any time. She can get pregnant soon after the IUD is removed. • The IUD does not make the client more susceptible to infections if she does not have a sexually transmitted infection (STI) when it is inserted
Disadvantages	• With the Copper-T IUD, some women have spotting before periods or they have heavier periods. • Women who have certain STIs when the IUD is put in risk getting an infection that can lead to infertility (not being able to have children).
Effectiveness	• The chance of getting pregnant is less than 1%. This means in 99 in 100 women using the IUD would be protected from an unintended pregnancy.

[5] **The information provided in this table relates primarily to the non-hormonal TCu-380A (Copper-T) IUD. For specific information on the Levenorgestrel-releasing IUD, visit** http://apps.who.int/iris/bitstream/10665/44028/1/9780978856373_eng.pdf, and see page 157.

[6] Studies show that the TCu-380A is effective for 12 years. However, the TCu-380A is labeled for up to 10 years of use. Providers should follow program guidelines on when the IUD should be replaced or removed.

ADDITIONAL IUD RESOURCES:

IUD e-Learning Course
Global Health e-Learning Course
http://www.globalhealthlearning.org/user?destination=node/200

This distance learning course reviews the basic advantages and disadvantages of the IUD, safety concerns, insertion and use. Much of the information presented in the course focuses on the Copper T-380 IUD, but also applies to other advanced copper IUDs. Please note that you must register and log into the Global Health e-Learning Center website to access this resource.

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD
FHI 360
http://www.fhi360.org/sites/default/files/media/documents/checklist-iud-english.pdf

This checklist consists of 14 questions to assess a client's medical eligibility for IUDs. Providers are advised to complete this checklist before inserting the implant.

ParaGard® Placement Training Video
ParaGard®

http://hcp.paragard.com/Resources/Videos.aspx

This placement training video provides guidance to health providers about preparation, loading, placement, patient counseling and removal of the Paragard IUD®.

Bedsider IUD Page
The Bedsider

http://bedsider.org/methods/iud#alternatives_tab

This website provides detailed information about IUDs, as well as possible side effects and recommendations for alternative methods to consider, should the client experience problems with this method.

INFORMATION ABOUT THE IMPLANT – Nexplanon® and Implanon NXT® (single-rod), Jadelle® and Sino-Implant® (two-rod)

Description	• Implants are small soft rods about the size of a matchstick. An implant is put under the skin of the client's inner upper arm. It can be felt but it is not easy to see. • Local anesthetic is applied to the upper arm, and then a needle-like applicator is used to insert implants under the skin. The procedure can take less than a minute. Provider training is required for proper insertion.
How it works	• Contraceptive implants contain a hormone that is released for three to five years, depending on the brand. • Implants prevent pregnancy by stopping the release of an egg and making cervical mucus thick to stop sperm from reaching an egg.
Advantages	• Clients do not have to worry about taking a pill every day, or coming to the clinic for repeat visits. • Implants can provide sustained contraception for up to three to five years.
Disadvantages	• Some side effects that may occur include changes in monthly bleeding patterns, weight changes, acne, sore breasts, mild abdominal pain, mood changes or changes in sex drive and headaches. There might be slight pain and itching in the area when the rod is put in and removed. • Implants offer no protection against STIs, including HIV.
Effectiveness	• Implants are the most effective contraceptive currently available, less than 0.05% of women will get pregnant in the first year of use. This means more than 99 in 100 women using implants would be protected from unintended pregnancy. • Implants might be made less effective by certain anti-viral medications. In cases where implants are the most viable option for a client (e.g., the client does not have sufficient access to alternative methods), implants can still be considered, given that even with reduced effectiveness, they still provide a fairly high level of protection. Talk with your client about drug interactions.
Other	• Once implants are removed, the hormone released by the implant will LEAVE the client's body. The chances of the client becoming pregnant should be the same as they were before (corrected for aging, etc.).

ADDITIONAL IMPLANT RESOURCES:

A guide to implant in-service training and pre-service education
Implant Toolkit Working Group
https://www.k4health.org/sites/default/files/Guide%20to%20Implants%20Training_042510_final.pdf

This in-service training can be used as a refresher course to improve the knowledge and skills of providers currently offering implant services.

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants
FHI 360
http://www.fhi360.org/sites/default/files/media/documents/checklist-implants-english.pdf

This checklist consists of 11 questions to assess clients' medical eligibility for implants. Providers are advised to complete this checklist before inserting the implant.

Jadelle Insertion and Removal Posters
Bayer Healthcare Pharmaceuticals
https://www.k4health.org/sites/default/files/jadelle_posterinsertion.pdf
https://www.k4health.org/sites/default/files/jadelle_posterremoval.pdf

These posters provide guidance on inserting and removing implants, using photos to depict each step.

NEXPLANON web-based training for health providers

MERCK
http://www.nexplanon-usa.com/en/hcp/services-and-support/request-training/request-form/index.asp
The Nexplanon website offers a web-based training program for healthcare providers, however, this feature is temporarily unavailable at this moment. Please refer to this link to learn about opportunities for live in-person trainings, and to see if the web-based training program has been made available again.

Providing Contraceptive Implants Learning Resource Package
Jhpiego
http://reprolineplus.org/resources/implants-LRP
This resource gives health workers important information on the safe use of contraceptive implants, such as Jadelle, Sinoimplant (II), Implanon and Implanon NXT (Nexplanon).

Bedsider Implant Page
The Bedsider
http://bedsider.org/methods/implant#alternatives_tab
This website provides detailed information about implants, as well as side effects and recommendations for alternatives should problems persist for the client.

ADDITIONAL LARC RESOURCES

Frequently Asked Questions: IUDs and Implants
The Contraception Choice Project, LARCs FIRST
http://www.larcfirst.com/troubleshooting_larc.html
These two documents list frequently asked questions, paired with an evidence-based answer guide. Please note that you will need to click the two "Frequently Asked Questions" buttons to access these resources (which are in the form of downloadable word documents).

LARC for Adolescent Slide Set
American College of Obstetricians and Gynecologists
http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/LARC-Clinician-Education-and-Training
This slide set discusses the role of LARC methods to reduce unintended pregnancy rates among adolescents, counseling adolescents about LARC methods, common misconceptions on LARC use by adolescents, and the clinical effects and characteristics of LARC methods.

LARC Supplement from the Journal of Adolescent Health: Bedsider Providers Article
Bedsider Providers
http://providers.bedsider.org/articles/larc-supplement-from-the-journal-of-adolescent-health
This article provides links to the articles featured in the LARC Supplement of the Journal of Adolescent Health. We encourage you to explore the Bedsider Provider website, which features various articles about birth control and youth from a health provider perspective.

Long-Acting Reversible Contraception for Adolescents webinar
American College of Obstetricians and Gynecologists
https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=490885&PCAT=2791&CAT=8670
This presentation about LARCs and adolescents is designed to improve the participant's ability to describe the potential role of LARCs methods in reducing unintended pregnancies, understand the barriers to LARC uptake in adolescents and appropriate counseling strategies, and list and compare the clinical effects and characteristics of LARC methods. Please click the "view presentation" button to access the presentation.

LARC Myths: Addressing Misconceptions about IUDs and Implants
American College of Obstetricians and Gynecologists
https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=490885&PCAT=2791&CAT=9856
This presentation discusses the common myths and misconceptions about LARC methods, from both the patient and provider perspective. At the end of this presentation, participants will be able to discuss patient myths and misconceptions using a patient-centered approach, as well as address misconceptions at the provider level. Please click the "view presentation" button to access the presentation.

INFORMATION ABOUT ORAL CONTRACEPTIVE PILLS (OCPs)

Description	• The client takes OCPs every day to prevent pregnancy. These pills have hormones similar to hormones the client's body produces.
How it works	• OCPs work by stopping your body from releasing an egg, so that there is no egg to be fertilized. • OCPs also work by causing the cervical mucus (liquid at the opening of the uterus) to thicken stopping sperm from getting into the uterus.
Advantages	• Most women report regular and lighter periods with fewer cramps and PMS symptoms, as well as a clearer complexion when taking some types of pills. • Taking pills does not interrupt sex. • Pills may provide protection against ovarian cancer, endometrial cancer, benign breast disease, ovarian cysts and iron deficiency.
Disadvantages	• With Progestin-only OCPs, the client needs to remember to take the pill at the same time every day, have a backup contraceptive method or take emergency contraception if she misses a pill or takes it late. With combined oral contraceptive pills, the client needs to remember to take the pill each day, but the time of day is not as important. Suggest that the client uses a condom to prevent sexually transmitted diseases (STDs) including HIV. • If the client misses any pills, or doesn't take them at the same time every day (as with Progestin-only OCPs), her chance of pregnancy increases. • The OCP might be made less effective by certain anti-viral medications, anti-seizure medications, Rifampicin and natural supplements. Talk with your client about drug interactions.
Effectiveness	• Among "typical" pill users, about 9% will get pregnant within the first year of use. This means 91 in 100 women would be protected from unintended pregnancy. • Among "perfect" pill users (someone who uses the method the right way every time), less than 1% will get pregnant within the first year of use. This means more than 99 in 100 women using OPCs perfectly would be protected from unintended pregnancy.
Other	• Some women should not take the pill because they have health problems, such as high blood pressure or breast cancer. • Cigarette smoking increases the risk of serious cardiovascular side effects (blood clots, heart attacks, strokes), especially for women over 35. • Current research indicates that pill use is not associated with breast cancer. • If the client wants to get pregnant after she stops taking the pill, her fertility should return to normal.

OCP RESOURCES

Bedsider "The Pill" Page
The Bedsider
http://bedsider.org/methods/the_pill#alternatives_tab
This webpage provides detailed information about the pill, as well as side effects and recommendations for alternatives should the client experience problems with this method.

Planned Parenthood "The Pill" Page
Planned Parenthood
https://www.plannedparenthood.org/learn/birth-control/birth-control-pill
This webpage provides detailed information about how the pill works, as well as side effects, and situational best practices (e.g., advice for patients who forget to take a pill).

INFORMATION ABOUT THE MALE CONDOM

Description	• Male condoms are put over an erect penis before intercourse begins.
How it works	• Sperm are trapped inside the condom and cannot get into the body that the penis is penetrating.
Advantages	• Condoms protect you from both pregnancy and STDs, including HIV.
Disadvantages	• A condom may break if the tip is not pinched to remove any trapped air. • If a client is allergic to latex, there are low-allergy condoms on the market, including synthetic rubber and plastic (polyurethane). • Condoms have expiration dates and should not be used past their expiration date. Condoms whose wrappers do not have air in them should not be used as they may be defective.
Effectiveness	• Among "typical" condom users, about 18% will get pregnant within the first year of use. This means 82 in 100 women would be protected from unintended pregnancy. • Among "perfect" condom users (someone who uses the method the right way every time), 2% will get pregnant within the first year of use. This means 98 in 100 women would be protected from unintended pregnancy.
Other	• The male condom is the most popular barrier method of contraception. • Always use water-based or silicone-based lubricants with condoms. Saliva is okay too. Do not use petroleum jelly and other oil-based lotions as a lubricant with latex condoms. Oil-based lotions, like baby oil or massage oil, can cause condoms to break.

MALE CONDOM RESOURCES

Bedsider "Male Condom" Page
The Bedsider
http://bedsider.org/methods/male_condom#alternatives_tab
This website provides detailed information about the pill, as well as possible side effects and recommendations for alternative methods to consider, should the client experience problems with this method.

INFORMATION ABOUT FEMALE CONDOMS

Description	• The female condom is a soft, loose-fitting thin plastic pouch that goes inside the vagina. It has a flexible ring at each end. One end secures behind the pubic bone to hold the condom in place, while the other ring stays outside the vagina.
How it works	• The condom does not allow the penis to touch the vagina so sperm cannot get into the vagina.
Advantages	• Condoms protect women from both pregnancy and STDs, including HIV. The female condom can be inserted up to eight hours before sex. • Condoms made out of polyurethane are less likely to cause allergic reactions like latex condoms.
Disadvantages	• Clients have to plan ahead and put it in before sex and use a new condom each time they have sex.
Effectiveness	• Among "typical" condom users, about 21% will get pregnant within the first year of use. This means 79 in 100 women would be protected from unintended pregnancy. • Among "perfect" condom users (someone who uses the method the right way every time), 5% will get pregnant within the first year of use. This means 95 in 100 women would be protected from unintended pregnancy.

ADDITIONAL FEMALE CONDOM RESOURCES

Bedsider "Female Condom" Page
The Bedsider
http://bedsider.org/methods/female_condom#alternatives_tab
This webpage provides detailed information about the female condom, as well as possible side effects and recommendations for alternative methods to consider, should the client experience problems with this method.

INFORMATION ABOUT (PROGESTIN-ONLY) INJECTABLE CONTRACEPTIVES[7]

Description	• DMPA, often called Depo-Provera® (or "Depo") is a shot that a woman is given every 13 weeks. • NET-EN, another injectable contraceptive, is a shot that a woman is given every 8 weeks.
How it works	• The injectable contraceptive has one hormone, progestin, and works by stopping a woman's body from releasing an egg. It also thickens the mucous at the cervix to stop sperm from reaching an egg. Injections can be started any time, as long as you are reasonably sure she is not pregnant.
Advantages	• The shot works very well and lasts a long time. Clients do not have to take a pill every day. It is a private method not noticed by others. Clients can use injectable contraceptives while breastfeeding (as soon as six weeks after giving birth). • Many women will stop having periods completely, which, for women with painful or heavy periods, may be a benefit. • The method is private; others cannot tell if a woman is using the shot.
Disadvantages	• If a client misses the shot by a certain amount of time, she will need to use a backup method. • Many women who use the shot will have changes in their monthly bleeding patterns, and after some time, may have no monthly bleeding. Women also report weight gain, headaches, dizziness, abdominal discomfort, changes in mood and reduced sex drive. • Taking Progestin-only shots will lower a woman's natural estrogen levels and might decrease the strength of her bones. Talk with your clients about the shot and bone loss. • Return of fertility is often delayed. It takes several months longer on average to become pregnant after stopping progestin only injectables than after other methods. • The shot does not protect against STIs, including HIV.
Effectiveness	• Among "typical" Depo users, about 3% will get pregnant within the first year of use. This means 97 in 100 women would be protected from unintended pregnancy. • Among "perfect" Depo users (someone who uses the method the right way every time), less than 1% will get pregnant within the first year of use. This means 99 in 100 women would be protected from unintended pregnancy.

[7] In some countries, Sayana Press might also be available. For more information on Sayana Press, please see http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/.

ADDITIONAL INJECTABLE CONTRACEPTIVE RESOURCES

Bedsider "The Shot" Page
The Bedsider
http://bedsider.org/methods/the_shot#alternatives_tab
This website provides detailed information about the shot, as well as possible side effects and recommendations for alternative methods to consider, should the client experience problems with this method.

RESOURCES FOR COUNSELING YOUNG CLIENTS

General Resources for Counseling Clients about Family Planning

Family Planning Wall Chart
USAID, Johns Hopkins Bloomberg School of Public Health & World Health Organization
https://www.fphandbook.org/sites/default/files/wallchart_english_2012.pdf
This wall chart presents key information about a variety of family planning options, and could be used as a conversation guide when counseling clients about their options.

Family Planning Counseling e-Learning Course
Global Health e-Learning Center
http://www.globalhealthlearning.org/user?destination=node/27
This distance learning course explains the importance of family planning counseling in family planning service settings and introduces the participant to key family planning counseling skills. Please note that you must register and log into the Global Health e-Learning Center website to access this resource.

Sample Contraceptive Counseling Module
The Contraceptive Choice Project
http://larcfirst.com/resources/counseling/counseling_script/Contraceptive_Counseling_Script_in_English.pdf
This contraceptive counseling script is a tool used to make contraceptive counseling comprehensive and efficient, and also ensure that all patients receive the same quality services. It is useful for counselors to have this document readily available for reference during counseling sessions.

Medical Eligibility Criteria Wheel for Contraceptive Use
World Health Organization
http://apps.who.int/iris/bitstream/10665/173585/1/9789241549257_eng.pdf?ua=1
This wheel contains the medical eligibility for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive use. It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically relevant characteristics. It could be used to guide counseling sessions with clients.

Motivational Interviewing: A Tool for Behavior Change
American College of Obstetricians and Gynecologists
http://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co423.pdf?dmc=1&ts=20151020T1256554555
This brief explains the principles and practice of motivational interviewing for health promotion, as well as an outline of how the "FRAMES" motivational interviewing approach can be used by health providers.

The Balanced Counseling Strategy: A Toolkit for Family Planning Providers
Population Council
http://www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service
This toolkit provides a practical, interactive client-friendly counseling strategy that uses job aids for counseling clients about family planning.

Essential Counseling Skills Video
The Contraceptive Choice Project
https://www.youtube.com/watch?v=P0QV6o8HAUQ
This video discusses best practices for effective family planning counseling. This video includes information about effective questioning, active listening, reflecting and summarizing patients' responses and providing clear information about family planning.

Youth-Specific Resources for Counseling Clients about Family Planning

Cue Cards for Counseling Adults on Contraception
Pathfinder International
http://www.pathfinder.org/publications-tools/pdfs/Cue-Cards-for-Counseling-Adults-on-Contraception.pdf?x=56&y=19
This set of contraceptive counseling cue cards was developed to support providers in counseling adults on their contraceptive options. It provides key information about a variety of contraceptive methods, as well as tips for counseling adults on contraception. This resource could be used to guide counseling sessions with clients.

Family Planning Youth Friendly Services – Provider Bias
Nigerian Urban Reproductive Health Initiative (NURHI) & Johns Hopkins Center for Communication Programs (CCP)
These videos demonstrate positive and negative counseling behaviors of providers attending to unmarried and young clients interested in family planning. They are part of a NURHI Distance Learning tool for healthcare providers that depicts positive and negative family planning counseling techniques and addressing key barriers to quality service provision.

Provider Bias (Positive)
HEALTH ORB: http://health-orb.org/media/resource/2015/05/26/cs3_scenarioA.mp4
YOUTUBE: https://www.youtube.com/watch?v=4x5a0e5b_g0

Provider Bias (Negative)
HEALTH ORB: http://health-orb.org/resource/view/family-planning-youth-friendly-services-provider-bias-negative
YOUTUBE: https://www.youtube.com/watch?v=-_s7OifHqLM

Youth Sexuality and Reproductive Health e-Learning Course
Global Health eLearning Center
http://www.globalhealthlearning.org/user?destination=node/2224
This e-learning course provides an introduction to key sexual and reproductive health issues of youth, as well as an overview of the best programmatic approaches for improving young people's sexual and reproductive health. Please note that you must register and log into the Global Health e-Learning Center website to access this resource.

Training Manual: For the Providers of Youth Friendly Services

UNFPA & Family Health International
http://www.fhi360.org/sites/default/files/media/documents/Training%20Manual%20for%20the%20Providers%20of%20Youth-Friendly%20Services.pdf
This training manual provides assistance for strengthening the capacity of health workers to provide youth-friendly family planning and reproductive health services. While the training document was designed for practitioners in Egypt, it includes sample workshop materials on youth-friendly services, family planning methods and counseling, and providing sexual and reproductive health information to youth that can be adapted for a variety of settings.

Creating Youth-Friendly Sexual Health Services in Sub-Saharan Africa
Advocates for Youth
http://www.advocatesforyouth.org/storage/advfy/documents/youthfriendly.pdf
This brief lists the various barriers that African youth face when accessing sexual and reproductive health services, and provides recommendations for ways that providers can make sexual and reproductive health services youth-friendly. It also includes case studies highlighting youth-friendly programs in Ghana, Kenya and Uganda.

Making Your Health Services Youth-Friendly: A Guide for Program Planners and Implementers
PSI
http://www.psi.org/publication/making-your-health-services-youth-friendly-a-guide-for-program-planners-and-implementers/
The guide provides an overview of the global need for youth-friendly service provision and key recommendations for developing/strengthening sexual and reproductive health (SRH) services so providers are better able to engage and retain young people in care. The guide will help you assess your services, identify gaps and develop action plans using tools that have been adapted from existing best practices. It also provides three youth-friendly services checklists, adapted from existing tools that have been deemed best practices. The checklists can help you evaluate a service at the service delivery site, assess the client-provider relationship and measure client satisfaction through talking with youth.