INTERPERSONAL COMMUNICATION AND COUNSELLING

Facilitator’s Guide

Feb 2010

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Interpersonal Counseling and Communication
**ABBREVIATIONS**

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<th>Full Form</th>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>BHC</td>
<td>Basic Health Center</td>
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<td>BPHS</td>
<td>Basic Package of Health Services</td>
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<td>CHC</td>
<td>Comprehensive Health Center</td>
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<td>CHS</td>
<td>Community Health Supervisor</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CM</td>
<td>Community Mobilization</td>
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<tr>
<td>EOC</td>
<td>Essential Obstetric Care</td>
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<tr>
<td>EMNC</td>
<td>Essential Maternal and Neonatal Care</td>
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<tr>
<td>EPHS</td>
<td>Essential Package of Hospital Services</td>
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<tr>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<tr>
<td>FBO</td>
<td>Faith-Based Organization</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>HF</td>
<td>Health Facility</td>
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<td>HMIS</td>
<td>Health Management Information Systems</td>
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<td>HP</td>
<td>Health Post</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HSSP</td>
<td>Health Services Support Project</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<td>IP</td>
<td>Infection Prevention</td>
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<td>IPC/C</td>
<td>Interpersonal Counseling and Communication</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>LRP</td>
<td>Learning Resource Package</td>
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<td>MOPH</td>
<td>Ministry of Public Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ACKNOWLEDGEMENTS

This guide is designed to equip health providers with enhanced IPC&C skills so that they can employ them during their interactions with clients at the health facility and community level thus increasing the client satisfaction and contributing to improved quality of health services.

Save the Children and Health Services Support Project (HSSP) acknowledge the hard work of Behavior Change Communication team of HSSP, who in close coordination with Health Promotion Department of MoPH, developed this document.

The contents of this guide were collected by Dr. Akmal Samsor, previous IPCC officer of HSSP. Designing of the contents and teaching methodology of the guide were carried out by Dr. Mohammad Ilyas Azami, BCC Manager of HSSP. Dr. Ahmad Rashed Wassif, BCC Advisor of HSSP, and Dr. Kawsar Salehi, BCC Officer of HSSP, proof-read and edited this guide.
HOW TO USE THE MANUAL

The IPC & C training is designed for the training of health care providers who are in contact with clients at the facility and community levels. These providers need to acquire good interpersonal communication skills for their day to day interaction with clients for whom they should provide quality services. The knowledge skills acquired will be utilized to improve the communication and counseling of provider and will know the importance of using IEC materials during counseling and how to measure the client satisfaction from the quality health services.

The trainers have to consider the following instructions to use the guide:

Organization of the Training Manual

The curriculum has three major sections:

A. Frame work of the training
B. Modules/Sessions
C. Annexes

A. Frame work of the training: It gives an overall design of the training and deals with overall training approaches including outline, contents, and detailed schedule.

1. Outline of the training: This includes rational for training implementation, information on participants, goal, objectives and teaching methodologies.

2. Contents of the training: This includes modules/sessions of the training, output of each module and sessions included in each module.

3. Detailed schedule: This includes modules, period of each session and its teaching methodologies for conducting the training.

B. Modules/Sessions of the training: This manual includes 5 modules and 30 sessions.

Each module has a table at the beginning that includes module title, target group, purpose, output, sessions included in the module and duration of module.

In each session its name, duration, objective (s), overview of the session plan, process and methodology and facilitator’s notes are discussed.

- The specific objective (s) for each session is/are mentioned at the beginning of the each session. A trainer has to ensure that the objective (s) is/are achieved at the end of each session and try to conceptualize each session’s objective (s).
- The trainers should follow the mentioned session sequence to maintain the relevancy of the training topics and better and easy understanding for the trainees.
- Overview of the session plan includes session contents, time, methods and materials.
- There are specified methodologies planned for each session to facilitate the sessions effectively. Trainers have to be well prepared on using the methodologies properly.
• The required training tools like white board, flip chart, marker, etc are specified for each session. Be confirmed that all required training tools are arranged before conduction of training sessions.
• Under the process and methodology detailed instruction for conducting the session is described.
• Give an introduction of the each session and relate it with the previous session. Otherwise, participants may feel uncomfortable to link between the sessions and realize the importance of the sessions.
• Facilitator’s notes include all relevant information to be discussed by each session. This will help trainers to be consistent in their discussion for each session.
• Case studies and training implementation plan are also included in facilitator’s notes. Trainers must carefully review these and conceptualize before use these in training sessions.

C. **Annexes:** This includes pre/post test questionnaire of the training, final evaluation form, and references of the manual.

• A number of PowerPoint presentations will be used in this training. The trainers should be aware about these and arrange these before conducting the training. LCD projector using facilities may not be available in some training centers. Trainers have to prepare hand written flip charts to use in those centers. The presentations may be prepared in two languages Dari and Pashto and use depending on language of participants.

**Flexibility of the guide:**

The training manual is prepared to assist trainers to conduct the sessions in appropriate manner to achieve the training goal and objectives. It is better to strictly follow the guide to achieve desired goal. However, considering the level of participants, education, knowledge, skill and expectations the following flexibilities are acceptable.

• Methodologies can be changed to make the sessions more participatory.
• Time for different sessions may be readjusted but it should not exceed the total training time.
FRAMEWORK OF THE TRAINING

1. Outline of the Training

1.1 Rational for Training Implementation

Afghanistan National Development Strategy (ANDS) clearly outlined the mission and goal of the Ministry of Public Health (MoPH) in the Health and Nutrition Sector Strategy 2008-2013 as follow:

**Mission:**
The mission of the Ministry of Public Health (MoPH) is to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of **quality health services** and the promotion of healthy life styles.

**Goal:**
The goal of the Ministry of Public Health (MoPH) is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas to the country.

*(Ministry of Public Health, 2008 a, pg.1)*

The overall quality of health services has a direct relation with the quality of the interpersonal communication and counseling (IPC&C) skills of the service providers. The research based evidence shows that inappropriate IPC&C skills contribute to decreased patient satisfaction which in turn results in decrease demand for health services and ultimately low utilization.

To tackle the problem of low utilization, there is need to improve the interpersonal communication and counseling (IPC&C) Skills of health providers. Employing effective IPC&C skills by health provider will not only increase the demand for health services but also establishes the necessary relationship of trust and confidence with their clients required for compliance with the provision of services. Good communication skills are the heart beats of effective health care.

After this training the health providers are expected to understand the need for improved client and provider interactions that include improving IPC&C skills, clarifying their values, use of health communication materials, conduction of regular client satisfaction survey and taking appropriate measures to improve client satisfaction.
1.2 Participants

**Direct beneficiaries:**
The IPC & C training is designed for the training of health care providers who are in contact with clients at the facility and community levels. These providers need to acquire good interpersonal communication skills for their day to day interaction with clients for whom they should provide quality services.

**Indirect beneficiaries:**
Health facility catchment area (community)

**Number of the participants in each batch of the training will be 20-25.**

1.3 Goal

To equip participants with enhanced IPC&C skills so that they can employ them during their interactions with clients at the health facility and community level thus increasing the client satisfaction and contributing to improved quality of health services.

1.4 Objectives

- Define interpersonal communication and counseling (IPC&C)
- Use appropriate IPC & C skills during encounters with clients in and outside health facility
- Analyze the barriers to IPC&C and encourage those factors that promote effective client/provider interactions for increased service demand.
- Enable participants to use health communication materials to provide information during client-provider interactions frequently.
- Conduct a health education session in accordance to Quality Assurance process.
- Enable participants to perform regular client satisfaction survey in accordance to Quality Assurance process at the health facility level to measure the client satisfaction from the health services being provided and take appropriate measures to increase clients’ satisfaction.
1.5 Teaching Methods

**Lecture**  
This method includes lecture and discussion

**Role play**  
Participant will play the role of a person (client, provider etc)

**Discussion**  
Two people or a group of people discuss a specific issue to reach to an agreement

**Group work**  
A group made of 5 or 6 participants working together on specific topics

**Interactive example**  
An example in which the participants not only imagine the skills given in the example but also actively perform that skill.

**Verbal game**  
An activity in which a verbal message is passed to the next person then to the next and so on and forth.

**Practice and mentoring**  
An activity in which a more experienced person assists one who has got fewer skills to perform the skill.

**Q & A**  
The participants answer pre-prepared questions

2. Training Contents

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<th>Output</th>
<th>Session</th>
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<td>- Registration, Opening, Introduction and Participants’ Expectations</td>
<td>1.1 Mission and Goal of MoPH</td>
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<td>- Ground Roles, Logistics and Agenda of the Training</td>
<td>1.2 Goal and Objectives of the Training</td>
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<td></td>
<td>- Pre-test</td>
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<tr>
<td>1. Mission and Goal of MoPH</td>
<td>Participants’ capacity built on the mission and goal of MoPH and how does the training contribute to the mission and goal of MoPH.</td>
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<td>2. Effective Communication</td>
<td>The participants’ capacity built on the basic of communication, the barrier, types and skills of communication</td>
<td>2.1 Overview of Behavior Change and Communication</td>
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<td>2.2 Communication Barriers</td>
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<td>2.3 Use of Short, Simple and Sensible Message to Promote Effective Communication</td>
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<td>2.4 Frame Message According to Steps of Behavior Change of Intended Client to Promote Effective Communication</td>
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<td>2.5 Importance of Nonverbal of a Message to Promote Effective Communication</td>
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<td>2.6 Long and Completed Messages can Create Misinformation and Rumors</td>
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<td>2.7 Introduction to Interpersonal Communication</td>
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<td>2.8 Two Ways Communication is Important during IPC/C Session</td>
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<td>2.9 How to Improve Communication Skills</td>
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<td>2.10 Listening Skills</td>
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<td>2.11 Listening Skills Exercise</td>
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<tr>
<td>Module</td>
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<td>Session</td>
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| 3. Effective Counseling        | The participants' capacity built on the methods, principles of counseling and counseling to four types of family planning clients | 3.1 Counseling  
3.2 Quality of a Good Counselor and Principles of Counseling  
3.3 Practicing Steps of Effective Counseling (GATHER)  
3.4 Four Types of Family Planning Clients |
| 4. Clients Right and Use of IEC Materials during Counseling | The Participants’ capacity built on clients rights, importance of IEC materials during counseling and health education | 4.1 Clients Right of Informed Choice during Counseling Clients  
4.2 Drawing a Picture-Individual Exercise  
4.3 Advantage and Use of IEC Materials during Counseling  
4.4 Use of IEC Materials Exercise  
4.5 Conducting Health Education Session |
| 5. Clients Satisfaction        | The participants’ capacity built on development and implementation monitoring tool (Matrix 01 and 02) for client satisfaction, analysis the responses and plan based on monitoring result | 5.1 Clients Satisfaction Monitoring  
5.2 Clients Satisfaction Monitoring (CSM) Group Work  
5.3 Counseling Checklist Exercise |

Post-test  
Training Evaluation  
Closing
### 3. Detailed Schedule

#### Day 1

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<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
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</thead>
</table>
| Registration, Opening,       | **Registration, Opening, Introduction and Participants’ Expectations** | **8:30 – 10:30** (120 minutes) | Pair-up with the participant seated next. Participants should introduce themselves to each other and then each of them should introduce his partner to the plenary:  
  - Name  
  - Place  
  - Designation  
  - One beautiful moment of life  
  - Expectation from the training |
|                               | **Tea Break**                                                          | **10:30 – 10:45** (15 minutes) | Brainstorming on Ground Rules                                               |
|                               | **Ground Rules, Logistics and Agenda of the Training**                | **10:45 – 11:05** (20 minutes) |                                                                             |
|                               | **Pre-test**                                                           | **11:05 – 11:35** (30 minutes) | Individual Activity                                                         |
| 1. Mission and Goal of the   | **Mission and Goal of MoPH**                                          | **11:35 – 11:50** (15 minutes) | Lecture                                                                    |
|  MoPH                         | **Goal and Objectives of the Training**                               | **11:50 – 12:15** (25 minutes) | Lecture/Q&A                                                                |
|                               | **Lunch and Prayer Break**                                            | **12:15 – 01:15** (60 minutes) |                                                                            |
| 2. Effective Communication    | **Overview of Behavior Change and Communication**                     | **01:15 – 02:15** (60 minutes) | Lecture/Q&A                                                                |
|                               | **Communication Barriers**                                            | **02:15 – 02:55** (40 minutes) | Lecture/Q&A/Brainstorming                                                  |
|                               | **Tea Break**                                                         | **02:55 – 03:10** (15 minutes) |                                                                            |
|                               | **Use of Short, Simple and Sensible Message to Promote Effective      | **03:10 – 03:40** (30 minutes) | Lecture/Q&A/Verbal game/group discussion                                   |
|                               | **Communication**                                                    | **Rap up of the Day** |                                                                            |
|                               | **Q & A**                                                             | **03:40 - 03:50** (10 minutes) | Q & A                                                                      |
## Day 2

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<th>Session</th>
<th>Time</th>
<th>Methodology</th>
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<td><strong>2. Effective Communication</strong></td>
<td>Review of the Last Day</td>
<td>08:00 – 08:10 (10 minutes)</td>
<td>Q &amp; A</td>
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<td></td>
<td>Frame Message According to Steps of Behavior Change of the Intended Client to Promote Effective Communication</td>
<td>08:10 – 08:50 (40 minutes)</td>
<td>Lecture/Q&amp;A/group work/case study</td>
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<td></td>
<td>Importance of Nonverbal Component of a Message to Promote Effective Communication</td>
<td>08:50 – 09:20 (30 minutes)</td>
<td>Lecture/Q&amp;A/group discussion/case study</td>
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<td></td>
<td>Long and Complicated Message can Create misinformation and Rumors</td>
<td>09:20 – 10:05 (45 minutes)</td>
<td>Lecture/Q&amp;A/Verbal game</td>
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<td></td>
<td>Tea Break</td>
<td>10:05 – 10:20 (15 minutes)</td>
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<td></td>
<td>Introduction to Interpersonal Communication</td>
<td>10:20 – 10:50 (30 minutes)</td>
<td>Lecture/Q&amp;A</td>
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<td></td>
<td>Two Way Communication is Important during IPC/C Session</td>
<td>10:50 – 11:20 (30 minutes)</td>
<td>Lecture/Q&amp;A/Discussion/Making Pictures</td>
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<td></td>
<td>How to Improve Communication Skills</td>
<td>11:20 – 12:05 (45 minutes)</td>
<td>Lecture/Reading Simulation</td>
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<td></td>
<td>Lunch and Prayer Break</td>
<td>12:05 – 01:05 (60 minutes)</td>
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<td></td>
<td>Listening Skills</td>
<td>01:05 – 01:35 (30 minutes)</td>
<td>Lecture/Q &amp; A</td>
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<td></td>
<td>Listening Skills Exercise</td>
<td>01:35 – 02:10 (35 minutes)</td>
<td>Lecture/Group discussion and written feedback/Q&amp;A</td>
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<td></td>
<td>Tea Break</td>
<td>02:10 – 02:25 (15 minutes)</td>
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<tr>
<td><strong>3. Effective Counseling</strong></td>
<td>Counseling</td>
<td>02:25 – 03:5 (40 minutes)</td>
<td>Lecture/Q &amp; A</td>
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<td></td>
<td>Quality of a Good Counselor and Principles of Counseling</td>
<td>03:05 – 03:55 (40 minutes)</td>
<td>Lecture/Q &amp; A/ Brain storming</td>
</tr>
<tr>
<td></td>
<td>Wrap up of the day</td>
<td>03:45 – 03:55 (10 minutes)</td>
<td>Q &amp; A</td>
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### Day 3:

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<th>Session</th>
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<td></td>
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<td><strong>3. Effective Counseling</strong></td>
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<td></td>
<td>Review of the Last Day</td>
<td>08:30 – 08:40 (10 minutes)</td>
<td>Q &amp; A</td>
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<tr>
<td></td>
<td>Practice Steps of Effective Counseling</td>
<td>08:40 – 09:35 (55 minutes)</td>
<td>Lecture/Q&amp;A/ pair activities/role play</td>
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<td></td>
<td>Four Types of Family Planning Clients</td>
<td>09:35 – 10:50 (75 minutes)</td>
<td>Lecture/Group discussion/Q &amp; A/ Role play</td>
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<td></td>
<td>Tea Break</td>
<td>10:50 – 11:05 (15 minutes)</td>
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<td><strong>4. Clients Rights and Use of IEC Materials during Counseling</strong></td>
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<td></td>
<td>Clients Right of Informed Choice during Counseling</td>
<td>11:05 – 11:40 (35 minutes)</td>
<td>Lecture/Q&amp;A/Brain storming</td>
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<td></td>
<td>Drawing a Picture-Individual Exercise</td>
<td>11:40 – 12:10 (30 minutes)</td>
<td>Group discussion/ Q&amp;A/Lecture</td>
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<td></td>
<td>Lunch and Prayer Break</td>
<td>12:10 – 01:10 (60 minutes)</td>
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<td></td>
<td>Advantage and Use of IEC Materials in Counseling</td>
<td>01:10 – 01:55 (45 minutes)</td>
<td>Lecture/Brainstorming</td>
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<tr>
<td></td>
<td>Tea Break</td>
<td>01:55 – 02:10 (15 minutes)</td>
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<td></td>
<td>Use of IEC Materials Exercise</td>
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<tr>
<td></td>
<td>Rap up of the Day</td>
<td>03:05 – 03:25 (20 minutes)</td>
<td>Q &amp; A</td>
</tr>
</tbody>
</table>

### Day 4:

<table>
<thead>
<tr>
<th>Module</th>
<th>Session</th>
<th>Time</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>4. Clients Rights and Use of IEC Materials during Counseling</strong></td>
</tr>
<tr>
<td></td>
<td>Conducting Health Education Session</td>
<td>08:40 – 09:45 (65 minutes)</td>
<td>Lecture/Role Play/Q&amp;A/Group Discussion</td>
</tr>
<tr>
<td></td>
<td>Tea Break</td>
<td>09:45 – 10:00 (15 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>5. Client Satisfaction</strong></td>
</tr>
<tr>
<td></td>
<td>Clients Satisfaction Monitoring</td>
<td>10:00 – 10:40 (40 minutes)</td>
<td>Lecture/Role Play/Q&amp;A/Group exercise</td>
</tr>
<tr>
<td></td>
<td>Clients Satisfaction Monitoring (CSM) – Group Work</td>
<td>10:40 – 11:25 (45 minutes)</td>
<td>Individual Activity</td>
</tr>
<tr>
<td></td>
<td>Counseling Checklist Exercise</td>
<td>11:25 – 12:00 (35 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch and Prayer Break</td>
<td>12:00 – 01:00 (60 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling Checklist Exercise</td>
<td>01:00 – 02:25 (85 minutes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>02:25 – 02:55 (30 minutes)</td>
<td>Individual activity</td>
</tr>
<tr>
<td></td>
<td>Training Evaluation</td>
<td>02:55 – 03:10 (15 minutes)</td>
<td>Individual Activity</td>
</tr>
<tr>
<td></td>
<td>Closing</td>
<td>03:10 – 04:00 (50 minutes)</td>
<td>Closing Speech Certificate Distribution</td>
</tr>
</tbody>
</table>
REGISTRATION, OPENING, INTRODUCTION AND PARTICIPANTS’ EXPECTATIONS

Duration: 120 minutes

Session Objectives
At the end of the session participants will be able to:
1. Sign in into the registration sheet.
2. Know the facilitator(s) and become familiar with each other.
3. List their expectations from the training.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration</td>
<td>30 minutes</td>
<td></td>
<td>• Registration sheet&lt;br&gt;• Pen&lt;br&gt;• File for each participant including training materials and stationery</td>
</tr>
<tr>
<td>2</td>
<td>Welcome and Recitation of Holy Quran</td>
<td>10 minutes</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Opening speeches</td>
<td>15 minutes</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Introduction of the facilitator</td>
<td>5 minutes</td>
<td></td>
<td>• Marker&lt;br&gt;• Flip chart</td>
</tr>
<tr>
<td>5</td>
<td>Introduction of the participants and their expectations</td>
<td>60 minutes</td>
<td></td>
<td>• Meta card</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Registration
- Help the participants to sing in into registration sheet and make sure every participant received a file that includes participants’ manual and stationery.

Step 2: Welcome the participants and recitation of Holy Quran
- Welcome the guests and participants. Guests may include Ministry of Public Health (MoPH) and technically, and financially supporting NGO(s) officials.
- Ask one participant to recite some verses of Holy Quran. (Identify the participant in advance).
- Provide a general overview of the training.

Step 3: Opening speeches
- Request each guest to have his opening speech.
- At the end thank the guests for coming to the opening ceremony and emphasize that they will be requested once again for the closing ceremony.
Step 4: Introduction of the facilitator(s)

- Tell the participants we will be together for xxx days so, it is important to get introduced with each other.
- Facilitator(s) should introduce himself/themselves including his/their name(s), profession, designation and any other details if needed. (Write the information on the flip chart)
- Ask the participants if they have further information about the facilitator(s).

Step 5: Introduction of the participants and their expectations

- Divide the participants into pairs seated close to each other.
- Ask the participants every participant will introduce his partner to the rest of the participants that include the following information:
  - Name
  - Where is he from (Province/district)?
  - Designation
  - One beautiful moment of life
  - What is his expectation from the training?
- Provide Meta card to every participant and let them know they have five minutes to work with their pairs.
- Ask the participants to introduce their partners or pairs to the rest of the participants.
- Write participants’ expectations in the flip chart.
- Thanks participations for sharing information and emphasize that during this four days training we will share our experiences to learn from each other in order to have a healthy Afghanistan.
GROUND RULES, LOGISTICS AND AGENDA OF THE TRAINING

Duration: 20 minutes

Session Objectives
At the end of the session participants will be able to:
1. Set the ground rules for the training.
2. Understand logistic facilities.
3. Understand the training agenda.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1  | Ground rules           | 10 minutes | - Brainstorming  | ● Marker  
  ● Flip chart             |
| 2  | Logistic facilities    | 5 minutes | - Lecture  
  - Q & A            |                                        |
| 3  | Revision of the agenda | 5 minutes | - Lecture  
  - Q & A            | ● Participants’ manual                  |

Process and Methodology

Step 1: Ground rules
- Tell the participants to make sure training is going smoothly we need to set some rules and regulations that will be followed by all during the training.
- Ask the participants what rules should prevail in the training? Write all agreed rules on a flip chart.
- Give a few hints if they are not clear, for example:
  - Mobile phones should be silent or in the vibration mode
  - Everyone should be on time
- Review the ground rules and thank the participants for setting the ground rules for the training.
- Emphasize that during the training we all will try to follow the ground rules.
- Ask the participants what if someone is not following the rule?
- Paste the ground rules on the wall.

Step 2: Logistic facilities
- Let participants know regarding all logistic facilities including accommodation, transportation, per diem and etc.
- Ask the participants if they need further information/clarification on the logistic facilities.

Step 3: Revision of the agenda
- Ask the participants to open the detailed schedule in the participants’ manual.
- Review the agenda and ask the participants if they need further information/clarification on the agenda.
PRE-TEST

Duration: 30 minutes

Session Objectives
At the end of the session facilitator will be able to:
1. Know participants’ knowledge on the training contents.
2. Tailor the contents of the training sessions to the needs of the participants.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1  | Pre-test  | 30 minutes | Individual activity | ● Pre-test questionnaire
                                          ● Pen                           |

Process and Methodology

Step 1: Pre-test
- Let participants know we will have pre-test and answers to the listed questions will help us to tailor the contents of the training sessions to the needs of the participants.
- Emphasize that there are no wrong answers to the questions and we greatly appreciate your responses.
- Distribute the pre-test questionnaire to every participant and make sure all participants received it.
- Read the pre-test questionnaire loudly and provide the guidance on each section.
- Ask the participants if they need further information/clarification.
- Let participants know they have 25 minutes to complete the questionnaire.
- After 25 minutes collect the pre-test questionnaires and thank participants for having the pre-test.
## MODULE 1: MISSION AND GOAL OF MOPH

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Mission and Goal of MoPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>- The IPC &amp; C training is designed for the training of health care providers who are in contact with clients at the facility and community levels.</td>
</tr>
<tr>
<td></td>
<td>- NGOs admin staff</td>
</tr>
<tr>
<td>Purpose</td>
<td>Health providers refresh the knowledge in mission and goal of MoPH, and training goal and objectives.</td>
</tr>
<tr>
<td>Output</td>
<td>Participants’ capacity built on the mission and goal of MoPH and how does the training contribute to the mission and goal of MoPH.</td>
</tr>
</tbody>
</table>
| Session                 | 1.1. Mission and Goal of MoPH  
1.2. Training Goal and Objectives                                                           |
| Duration                | 40 minutes                                                                                                                                                |
Session 1.1: Mission and Goal of Ministry of Public Health (MoPH)

Duration: 15 minutes

Session Objectives
At the end of the session participants will be able to:
1. Know the MoPH Goal and Mission.
2. Know how the training contributes to the Goal and Mission of MoPH.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3 minutes</td>
<td>Lecture</td>
<td>• PowerPoint presentation of the mission and goal of MoPH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>2</td>
<td>Mission and goal of MoPH</td>
<td>8 minutes</td>
<td>Lecture</td>
<td>• PowerPoint presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• LCD projector</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>4 minutes</td>
<td>Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Greet the participants and tell them session’s title.
- Present the session objectives from PowerPoint presentation.
- Emphasize that at the end of session we will review the objectives and
- Participants should answer questions regarding each objective to know whether the participants got hold of the topics in the session or not. The facilitator will also know how much was he able to transfer the ideas that he wanted to transfer to the participants.

Step 2: Mission and goal of MoPH (Presentation)
- Present mission and goal of MoPH and how does the training contribute to the goal and mission of MoPH from PowerPoint presentation.

Step 3: Summary
- Summaries the session focusing on mission and goal of the MoPH and how does the training contribute to this.
- Ask the participants if they have any question or clarification.
- After participants’ questions (if they have), ask participants questions for each objective of the session.
Facilitator’s Notes
Afghanistan National Development Strategy (ANDS) clearly outlined the mission and goal of the Ministry of Public Health (MoPH) in the Health and Nutrition Sector Strategy 2008-2013 as follows:

Mission:
The mission of the Ministry of Public Health (MoPH) is to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of quality health services and the promotion of healthy life styles.

Goal:
The goal of the Ministry of Public Health (MoPH) is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas of the country.

The overall quality of health services has a direct relation with the quality of the interpersonal communication and counseling (IPC&C) skills of the service providers. The research based evidence shows that inappropriate IPC&C skills contribute to decreased patient satisfaction which in turn results in decreased demand for health services and ultimately low utilization.

To tackle the problem of low utilization, there is need to improve the interpersonal communication and counseling (IPC&C) Skills of health providers. Employing effective IPC&C skills by health provider will not only increase the demand for health services but also establishes the necessary relationship of trust and confidence with their clients required for compliance with the provision of services. Good communication skills are the heart beats of effective health care.
Session 1.2: Goal and Objectives of the Training

Duration: 25 minutes

Session Objectives
At the end of the session participants will be able to:
1. Know the training goal and objectives.
2. Compare their expectations with the training objectives.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1  | Introduction                                | 3 minutes | Lecture | • PowerPoint presentation of the goal and objectives  
|    |                                             |         |        | • Computer                                                                |
|    |                                             |         |        | • LCD projector                                                           |
| 2  | Goal and objectives of the training         | 7 minutes | Lecture | • PowerPoint presentation                                                |
|    |                                             |         |        | • Computer                                                                |
|    |                                             |         |        | • LCD projector                                                           |
| 3  | Comparison of the training objectives with participants’ expectations | 10 minutes | Q & A | • Marker                                                                  |
|    |                                             |         |        | • Flip chart (s) of participants expectation                              |
| 4  | Summary                                     | 5 minutes | Q & A  |                                                                           |

Process and Methodology

Step 1: Introduction
- Greet the participants and tell them session’s title.
- Present the session objectives from PowerPoint presentation.

Step 2: Goal and objectives of the training (Presentation)
- Present training goal and objectives from PowerPoint presentation.

Step 3: Comparison of the training objectives with participants’ expectations
- After presenting training objectives, compare them with the precipitants expectations written in the flip chart (s), as follow:
  - Read each expectation of the participant from flip chart (s) and ask them if their expectation is covered in the training objectives or not.
  - Point out those expectations not covered in the training objectives. Let participants know that we will try to make sure participants’ expectations not listed in the training objectives are covered.

Step 4: Summary
- Summaries the session emphasizing on that during the training we will try to achieve training objectives and participants’ expectations.
- Ask the participants if they have any question or clarification.
Facilitator’s Notes

Training goal:
To equip participants with enhanced IPC&C skills so that they can employ them during their interactions with clients at the health facility and community level thus increasing the client satisfaction and contributing to improved quality of health services.

Objectives
- Define interpersonal communication and counseling (IPC&C)
- Describe the basic elements of IPC&C.
- Practice IPC & C client centered skills.
- Use appropriate IPC & C skills during encounters with clients in and outside health facility.
- Use gender sensitive IPC&C skills during encounters with clients in and outside health facility.
- Analyze the barriers to IPC&C and encourage those factors that promote effective client/provider interactions for increased service demand.
- Enable participants to use health communication materials to provide information during client-provider interactions frequently.
- Define health education.
- Know the purpose of health education sessions at the health facility.
- Conduct a health education session in accordance to Quality Assurance process.
- Enable participants to perform regular client satisfaction survey in accordance to Quality Assurance process at the health facility level to measure the client satisfaction from the health services being provided and take appropriate measures to increase clients’ satisfaction.
MODULE 2: EFFECTIVE COMMUNICATION

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Effective Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group trainee</td>
<td>The IPC &amp; C training is designed for the training of health care providers who are in contact with clients at the facility and community levels. These providers need to acquire good interpersonal communication skills for their day to day interaction with clients for whom they should provide quality services.</td>
</tr>
<tr>
<td>Purpose</td>
<td>The health provider used effective communication to satisfy the client to change her behavior.</td>
</tr>
<tr>
<td>Output</td>
<td>The participants’ capacity built on the basic of communication, the barriers, types, and skills of communication.</td>
</tr>
</tbody>
</table>
| Session | 2.1. Overview of Behavior Change Communication and Communication  
2.2. Communication Barriers  
2.3. Use of Short, Simple and Sensible Message to Promote Effective Communication  
2.4. Frame Message According to Steps of Behavior Change of the Intended Client to Promote Effective Communication  
2.5. Importance of the Nonverbal of a Message to Promote Effective Communication  
2.6. Long and Completed Messages can Create Misinformation and Rumors  
2.7. Introduction to Interpersonal Communication  
2.8. Two Ways Communication is Important during IPC/C Session  
2.9. How to Improve Communication Skills  
2.10. Listening Skills  
2.11. Listening Skills exercise |
| Duration | 395 minutes |
Session 2.1: Overview of Behavior Chang Communication and Communication.

Duration: 60 minutes

Session Objectives:
At the end of the session the participants will be able to;
- Define communication
- Understand different strategies for Behavior Change Communication
- Name the components of communication cycle
- Understand the communication cycle
- Understand the importance of completion of communication cycle
- Name the four communication types
- Name the two communication ways

Overview of the session plan:

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Overview of Behavior Change and communication</td>
<td>50 min</td>
<td>Lecture and Q&amp;A</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
</tbody>
</table>

Process - Methodology

Step1: Introduction
- Introduce the session objectives one by one to the participants.
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step2: Basics of Communication
- Now present the power point presentation.
- During the presentation first ask the participants questions regarding each topic.
- After asking the question, present the respective slides.

Step 3: Summary
- Summarize the session.
- Ask the participants to go through the presentation in the participants’ manual.
- Ask the participants if they have any questions.
- Ask the participants questions regarding each objective.
Facilitator’s Notes:

Communication:
Communication is the process of transmitting and receiving information/emotions/views on a particular topic between two or more people who share the same code (verbal and non verbal) aimed at reaching a mutual understanding.

Mutual understanding means that whatever idea/information/emotion is encoded by the sender and sent towards the receiver, the receiver receive and decode that idea/information/emotion almost exactly the same as sender has sent. For example the sender encodes an idea that “How to spell TREE” and sent it towards the receiver, the receiver if he decides the idea as “he (the sender) needs to spell TREE” is the correct decoding and both will reach an understanding of each other condition but if the receiver decodes it as “he (the sender) needs to spell THREE” then both will not reach mutual understanding. Communication occurs only when the message has been understood and understanding occurs in the mind of the receiver. Therefore feedback is critical to ensure that accurate understanding of the message has occurred.

It is important to understand that communication is a process. This implies that communication occurs over time. What happened in the past has a bearing on what is happening now. What is happening now will influence what will happen in the future. Communication is not a product. It is not simply producing a brochure, a poster or a drama.

Effective communication interventions are the result of closely following a road map. It consists of a wide range of behaviors that include listening, reading, writing, talking, and thinking. These behaviors occur over time and often overlap with one another. While we seek mutual understanding when we communicate, research tells us that communication is not finite; it never really ends. Research also says that perfect communication is difficult to achieve.

Behavior change communication (BCC) is part of an integrated, multilevel, interactive process with communities aimed at developing tailored messages and approaches using a variety of communication channels. BCC aims to foster positive behavior; promote and sustain individual, community, and societal behavior change; and maintain appropriate behavior. Behavior Change Communication (BCC) must be done with a vision, so that the RIGHT audience gets the RIGHT message (designed by the RIGHT group of professional with the RIGHT experience and RIGHT resource support) at the RIGHT time through the RIGHT channel.

Also explain the different components of BCC, which is demonstrated through the following diagram:
The components of BCC are defined as the following:

**Information, Education, Communication (IEC)** can be defined as an approach of BCC that attempts to change or reinforce a set of behaviors in a "target audience", regarding a specific problem in a predefined period of time. While BCC aims at interactively informing and educating audiences while also working on creating an enabling environment to foster positive behavior change, IEC is one way and focuses on informing and educating only.

**Interpersonal Communication and Counseling (IPCC)** includes the face-to-face verbal and non-verbal exchange of information, ideas or feelings between individuals or groups (interpersonal communication) and the art of guiding a person through a series of educational components while simultaneously heeding their individual life-circumstances and thereby facilitating informed, voluntary choices (counseling). It guides a client to explore the way they think, how they feel and what they do, for the purpose of enhancing their life. In health, IPCC is the process of informing and assisting clients in making informed choices for health care and health products. It deals with confidential face-to-face communication with clients to equip them to make their own choices.

**Community Mobilization** is a capacity-building process through which community individuals, groups, and organizations plan, carry out, and evaluate activities on a participatory and sustained basis to achieve an agreed-upon goal, either on their own initiative or stimulated by others.

**Communication Cycle:**
- Communication cycle consists of the following components;
  - Source/Sender
  - Message
  - Channel
  - Receiver
  - Feedback

**Importance of completion of communication cycle**
If the cycle is completed i.e. the sender encodes a message and sends it through an appropriate channel and the receiver decodes it as sent by the sender so affinity between sender and receiver increases and uncertainty decreases. For example, if the health service provider encodes his/her message in local language and sends it verbally to farmer (who is the patient) the farmer can easily decode the provider message and give a positive feedback then trust between both of them increases. If the message to the same farmer is given using medical terminology, the farmer will not be able to decode it and give feedback to the health provider so he will not act according to health provider advice which will create an uncertainty between them.

**Source/Sender**
As the source/sender of the message, you need to be clear about **WHY** you're communicating, and **WHAT** you want to communicate. You also need to be confident that the information you're communicating is useful and accurate.

The sender encodes a message which is the process of transferring the information you want to communicate into a form that can be sent and correctly decoded at the other end. Your success in encoding depends partly on your ability to convey information clearly and simply, but also on your ability to anticipate and eliminate sources of confusion (for example, cultural issues, mistaken assumptions, and missing information.) A key part of this is, knowing your audience (clients). Failure to understand who you are communicating with will result in delivering messages that are misunderstood.

**Message**
The message is the information that you want to communicate.
**Channel**

Messages are conveyed through channels, with verbal including face-to-face meetings, telephone, videoconferencing and television; and written including letters, emails, memos and reports.

Different channels have different strengths and weaknesses. For example, it’s not particularly effective to give a list of medicines verbally to a patient and ask him/her to collect them from the pharmacy. That is why we use written prescriptions which are standard channels for better communication.

Also the instructions regarding the medicines (how to use) are given verbally as most of the clients visiting the health facilities are not literate and are unable to understand written instructions of the prescription.

**Receiver**

Your message is delivered to your clients. No doubt, you have in mind the actions or reactions you hope your message will get from the clients. Keep in mind, though, that each of your clients enters into the communication process with ideas and feelings that will undoubtedly influence their understanding of your message, and their response. To be a successful communicator, you should consider these before delivering your message, and act appropriately.

Just as successful encoding is a skill, so is successful decoding (involving, for example, taking the time to read a message carefully, or listen actively to it.) Just as confusion can arise from errors in encoding, it can also arise from decoding errors. This is particularly the case if the decoder doesn’t have enough knowledge to understand the message.

**Feedback**

Your client will provide you with feedback, verbal and nonverbal reactions to your communicated message. Pay close attention to this feedback as it is the only thing that allows you to be confident that your client has understood your message. If you find that there has been a misunderstanding, at least you have the opportunity to send the message a second time.

**Types of Communication:**

Current literature recognizes four Types of communication:

- **Intra personal** - communication with oneself. It includes the justification we make for our actions.
- **Interpersonal** - person-to-person communication, verbal and non-verbal exchange that involves sharing information and feelings between individuals or in a small group. It is face to face, and all parties involved are senders and receivers at the same time.
- **Mass communication** – transmitting messages to large audiences through the mass media e.g. radio, television, posters, internet etc
- **Organizational communication** - communication that happens within a group or organization, or among organizations. Members are aware of each other’s existence; they have a common interest and work together for the same goal.

**Ways of Communication:**

There are two ways of communication.

- **One-way communication.**
  If a person only talks continuously and does not allow the other to respond or talk, it is known as one way communication. We can also say that in one communication the “ORIGINATION” of ideas/emotions/information is just from “ONE SOURCE”

- **Two-way communication**
  If two or more people discuss an issue, exchange their views, decide together what to do, then it is a two-way communication. We can also say that in two way communication the
“ORIGINATION” of ideas/emotions/information is from “MORE THAN ONE SOURCES”

It is important to note that in one-way communication the origination of information/ideas/emotions are from one source while in two-way communication the origination of ideas/information/emotions are from both (all) sides involved in a communication.
Session 2.2: Communication Barriers

Duration: 40 minutes

Session Objectives:
At the end of the session the participants will able to:
1. Name communication barriers
2. Understand the impact of communication barriers
3. Name the ways to overcome communication barriers

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
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<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>List communication barriers, its impact and how to overcome them</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart, board and markers</td>
</tr>
<tr>
<td>3</td>
<td>List communication barriers, its impact and how to overcome them</td>
<td>20 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introductions
- Introduce the session objective to the participants.

Step 2: Name communication barriers, its impact and how to overcome them (Brainstorming)
- Divide the flip chart into six rows.
- In the beginning of the six rows write Sender, Message, Channel, Receiver, Feedback and Others.
- Now ask the participants to name communication barriers regarding sender, message, channel, receiver, feedback and others.
- Write each response on the flip chart in the appropriate row.
- Ask the participants what will be the impact of these barriers?
- Then ask participants that how can we minimize these barriers?

Step 3: Name communication barriers, its impact and how to overcome them (Presentation)
- Now present the power point presentation to the participants.
- During the presentation always refer to the points pointed by participants during the previous session.

Step 4: Summary
- Summarize the session by emphasizing that all these barriers will lead to poor/wrong feedback, conflicts of misunderstanding and rumors (misinterpretation and misconception).
- Emphasize that active listening (listening to understand not listening to respond), asking for feedback and use of simple language can minimize communication barriers.
Facilitator’s Notes:

1. Source/sender barriers
   - Knowledge - Providers cannot communicate effectively if they don’t understand their colleagues and the content of their work. Also due to the difference of level of education of provider and client is a barrier in client provider interactions. For example health providers can easily communicate with health professional as compared to clients who are not health professionals.
   - Attitude - A Provider’s negative attitudes can affect the impact of the message. For example, lack of positive regard and respect for the client results in interruptions, decreased participation of the other person and their unwillingness to disclose important information.
   - Religion and Culture - Sometimes Providers religious and ethnic group backgrounds may interfere with communication.
   - Gender - Some Providers prefer to communicate with people of the same sex, especially on sensitive subjects.
   - Age - Providers may not feel comfortable counseling people much older than themselves and may not like talking about certain subjects with a young person.
   - Economic Status – Well off Providers might find it hard to relate to a person who appears to be of another economic status.
   - Time - The Provider/Counselor has not time to spend with the client.
   - Lack of Active listening skills- Usually in client provider interactions due different reasons(lack of time, burden of work,) provider just listen to respond and don’t listen to understand the condition of the clients and then make an appropriate diagnosis and treatment. Providers get the habit of being judgmental (presume about the diagnosis and treatment) to overcome the burden of work.

2. Message Barriers
   - Lengthy and complicated message
   - Message has unfamiliar medical terms
   - Message not in simple local language: Often health providers use medical terminologies or medical jargons when counseling clients. This constitutes a major barrier in client-provider interaction since clients do not understand medical language.
   - Semantic Barriers: These arise from different meanings and uses of words, symbols, images and gestures including differences in verbal and visual literacy. For example a tablespoon to a provider means a standard spoon but for client (who is a farmer and always uses wooden spoons at home) means a much larger spoon.

3. Channel barriers
   - Use of inappropriate channel: For example, it’s not particularly effective to give a list of medicines verbally to a patient and ask him/her to collect them from the pharmacy. That is why we use written prescriptions which are standard channels for better communication.
4. **Receiver barrier**
   - Knowledge - Due to the difference of level of education of provider and client is a barrier in client provider interactions.
   - Attitude - A client’s negative attitudes can affect the impact of the message. For example, client being suspicious of providers intentions, client not trusting the health care provider.
   - Religion and Culture - Sometimes Providers religious and ethnic group backgrounds may interfere with communication.
   - Gender – Most of the clients prefer to communicate with people of the same sex, especially on sensitive subjects
   - Age – clients may not feel comfortable taking advice from a young newly graduated provider than themselves and may not like talking about certain subjects with a young person
   - Lack of concentration to the providers advice
   - Not a good listener
   - Bad self-condition (lack of understanding capability and other capabilities such as seeing, hearing, etc.)

5. **Feedback barriers**
   - Poor or absence of feedback: Clients don’t usually express their feedback. They always remain passive in the communication cycle.
   - Not paying attention to the clients’ verbal and non verbal feedback.
   - Not asking for feedback if not provided by the client.

6. **Other barriers**
   - Structural barriers: These include social, political, and economic barriers which affect how the message was transmitted and received. It can be related to who has access to information and who controls its use. As senders and receivers of information, we need to be aware of the role we personally play in contributing to communication breakdown.
   - Physical barriers: e.g. physical distance, distraction, noise, heat, and competing messages. This category also includes the physical disability of either the sender or the receiver, i.e. being visually or hearing impaired, sleepy, tired, or ill.
   - Time - The Provider/Counselor has not time to spend with the client.
   - Venue - Noise, excessive temperatures, and inadequate setting facilities can interfere with effective communication.

**Impact of barriers on Communication**
   - Leads to poor and wrong feedback
   - Leads to conflicts of misunderstanding
   - Leads to misinformation
   - Leads to rumors (misinterpretation and misconception)
   - Leads to maladjustment
How to minimize Communication Barriers

- Active listening: listening to understand and not listening to respond to particular question or concern. As it said that God has given us two ears and one tongue, to listen twice the amount of speaking. But research has shown that providers in clients-providers interactions talks 75% of time and listen just 25% of time.
- Keep the message short, in simple language and sensible (according to receiver)
- Always pay attention to verbal and non-verbal feedback of the clients. If no feedback is given then ask for feedback.

Factors that helping effective communication:
1. Respect to the client
2. Assuring and ensuring confidentiality
3. Comfortable environment
4. Listening carefully to the client words
5. Understand and respect local beliefs and norms
6. Understand and use local terms and words
7. Use of simple language
8. Giving necessary information to the client and get feedback
9. Be short, clear and to the point while giving message
10. Asking open-ended questions
11. Giving the chance of talking and asking questions to the client

Factors that hindering effective communication:
1. Insufficient time
2. Religious and cultural believes
3. Language barriers
4. Bad environment (lack of privacy, hotness, coldness, air-flow, uncomfortable setting, etc.)
5. Poor behavior of provider
6. Gender issue
7. Economic imbalances
8. One way communication
9. Unclear message, use of difficult and professional words
10. Lack of necessary materials (IEC materials and visual aids)
11. Unclear agenda and message
12. Lack of knowledge

Providers should always **KISSS** their messages before sending them towards their clients in client provider interactions.

**KISSS** stands for **K**eep It (your messages) **S**hort, **S**imple and **S**ensible.

**Short** means that message should not be lengthy and should to the point.

**Simple** means that the message should be delivered in local terminologies and avoid medical jargons.

**Sensible** means that the values, interest and awareness level of the clients should be kept in mind and then frame the message accordingly. The steps of behavior change should also be kept in mind while framing a message to an intended client i.e. on which step of behavior change the intended client is and then frame the message accordingly. Effective communicators will identify where their client is on the steps of behavior change and help them move on to the next step(s).

*It is important to note that if the message sent towards a client is personalized, well timed and repeated it will become a part of client memory and the chances of client acting accordingly increases.*
Session 2.3: Use of Short, Simple and Sensible Message to Promote Effective Communication

Duration: 30 minutes

Session Objectives:
At the end of the session the participants will be able to:
1. Understand that use of simple language promote effective communication
2. Understand that use of short message promote effective communication
3. Understand that use of sensible message (message according to receiver) promote effective communication

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>READ THE MESSAGE</td>
<td>15 min</td>
<td>Verbal game</td>
<td>Hard copy of the message</td>
</tr>
<tr>
<td>3</td>
<td>Feedback from the volunteers and plenary</td>
<td>10 min</td>
<td>Q&amp;A and group discussion</td>
<td>Flip chart, maker</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 min</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the slide of objectives to the participants.

Step 2: Read the message
- Ask participants to select four volunteers (who are very good in reading and listening to others!)
- Send the four volunteers outside of the training hall.
- Select a fifth volunteer from the remaining participants and give him the message to read.
- Ask one of the four volunteers to come in and listen to the message carefully as she/he should pass this message to the next volunteer coming after him,
- He can listen just once and the reader has no right to repeat it again.
- After the reader read the message, he/she should take his/her seat.
- The first volunteer will be asking second volunteer to come in and listen to message.
- Then second volunteer should pass the message to the next volunteer, this will go on and the third volunteer will pass the message to the fourth one.
- Finally the fourth volunteer will pass the message loudly to the plenary.
- Now ask the second or the third volunteer to repeat the message loudly before the plenary.
- Now ask the first volunteer to repeat the message loudly before the plenary.
- Ask the plenary to note that the message passing from one volunteer to the other has lost some of its part and finally message read to the plenary will be by the fourth volunteer will be so short,
- At the end the read the message again from the paper to the plenary to compare it with the short message.
• Participants will see a lot of changes in the message (it might be words changed, missing and the whole idea changes)

**Step 3: Feedback from the volunteers and plenary**
- Ask first the four volunteers why were they unable to pass the message as it was?
- And write their responses on the flip chart,
- Then ask the plenary for the same question and write their comments on the flip chart

**Step 4: Summary**
- Summarize the session by emphasizing that the message was lengthy, having difficult and unfamiliar words and was not in accordance to the interest of the participants. Also the participant might not have heard names (names of countries and dresses) mentioned in the message.
- The same happen during client-provider interactions i.e.
  - Clients can’t remember a lengthy message that is why as providers we should frame our messages short and to the point.
  - Clients hear selectively based on their values, interests and prior knowledge of the subject especially when the message is lengthy that is why we should always keep our messages sensible (in accordance to the values, interests and level of knowledge of clients). Also we should frame our messages depending on the steps of behavior change in which our client presently is. The steps of behavior change and framing the message accordingly will be discussed in the next session.
  - Clients can communicate in a better manner when the message is communicated in simple language.

---

**Facilitator’s Notes:**

**Read message**

I am going to give you a message and you will share this information with another volunteer. I am going to say this only once, so you should listen carefully.

*During a recent workshop, I met a very interesting group of people. There was a young lady from Sri Lanka, two young men, one from Bulgaria and another from Kenya, the older woman from Senegal and the older man from Yemen. There was no one language that all of us could speak, so we had to speak in our own languages and then the other member would translate to others. The discussion jumped from English to French to Arabic to Swahili and back and forth between the languages. Despite the confusion we had a fascinating discussion about the style of dress in different countries, which was started because of the beautiful bou-bou (dress) the Senegalese woman was wearing and the simple but elegant jelabia of the man from Yemen*
Session 2.4: Frame Message According to Steps of Behavior Change of the Intended Client to Promote Effective Communication

Duration: 40 minutes

Session Objectives:
At the end of the session the participants will be able to;
1. Name the steps of behavior change.
2. Frame their messages according to steps of behavior change to the given clients scenarios.

Overview of the session plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Steps of Behavior change</td>
<td>15s min</td>
<td>Group work and group discussion</td>
<td>Meta cards with steps of behavior change written, adhesive tape</td>
</tr>
<tr>
<td>3</td>
<td>Identifying the step of behavior change and frame the message accordingly</td>
<td>20 min</td>
<td>Case studies, lecture and Q&amp;A</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>3 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the session objective to the participants.
- Link this session with the previous session of having a short, simple and sensible message. Emphasize that provider and client communication should always be targeted to bring about behavior change in the intended client.
- Tell the participants that all client provider communications should be targeted for bringing about behavior change.
- That’s why we should first know about the steps of behavior change.

Step 2: Steps of behavior change
- Divide the participants into three groups. (if the number of participants are more than 20 then divide them into more than three groups)
- Give each group a set of six Meta cards with six steps of behavior change written on it.
- Then send the groups to different sides of the room and ask them to paste the Meta cards on the wall in a certain sequence as they think one passes through when changing their behaviors. i.e. what step should be pasted first then second and so on from bottom to the top.
- Steps should be pasted from bottom to the top i.e. first step at the bottom and last step at the top.
- Now ask each group to show how they have pasted their Meta cards.
- Ask them to reasons why they think that behavior change takes place in a particular manner which they have pasted.
Step 3: Steps of behavior change and Identifying the step of behavior change and frame the message accordingly in the give case studies

- Now present the steps behavior change to the participants.
- Ask the groups to notice if they have pasted the steps accordingly or not.
- If the steps are not in the particular sequence then ask one person from the group to go and rearrange them accordingly.
- Now present the power point slides have the case studies and at the end of each slide ask the participants to identify in which step the individual of the case study is on the steps of behavior change. (ask 2-3 participants)
- After presenting all the case studies go back to the first case study.
- Ask the participants to assume that the same person of the case has visited you, now what will be you message to that person.

Step 4: Summary

- Summarize the session by emphasizing that in each and every client interactions first we should know our client that on which step of behavior change he is. This can be done by actively listening to the clients and asking open ended questions.
- Then communicate accordingly to help them to move on to the next steps.

### STEPS TO BEHAVIOR CHANGE

<table>
<thead>
<tr>
<th>Advocacy</th>
<th>Practice</th>
<th>Intention</th>
<th>Approval</th>
<th>Knowledge</th>
</tr>
</thead>
</table>

Interpersonal Counseling and Communication
Facilitator’s Notes:

We cannot talk about communication for health without talking about behavior change. Behavior change is a slow process by which individual’s progress through several stages. However, these are not stages of a linear process which individuals must go through when changing their behavior. Some individuals may experience all five stages but not necessarily in the same order. At times people change their behavior because of social pressure or the desire to conform to social norms, not because they have personally been convinced that it is the right thing to do. After a period of practicing the new behavior, they may become convinced of its advantages and sustain the behavior. This encourages them to approve of the new behavior and to continue practicing it. It is also important to note that the steps of changing behavior are not linear; they can occur rapidly or take a long time. They do not follow any pattern. The behavior can go from knowledge to practice and then regress; or they indeed go from knowledge to approval, intention, and practice. It all depends on the individuals. The following is the Steps to Behavior Change model:

Knowledge: One first learns about a new behavior.
- Recalls information with him/herself
- Understands what information means
- Can identify source of information for getting more information and can name health products/services that can be used for his/her personal needs

Approval: One then approves of the new behavior.
- Responds favorably to information
- Discusses the information with personal network (family and friends)
- Thinks family, friends and community approve of the behavior/message
- Approves of the information

Intention: One then believes this behavior is beneficial to them and intends to adopt it.
- Recognizes that adopting a health behavior can meet a personal need
- Intends to consult a health service provider to get the intended service/product
- Intends to practice the behavior at some time i.e. identify the time

Practice: One then practices the new behavior.
- Goes to a provider for information/supplies/services
- Chooses a health service if necessary
- Continues the healthy behavior

Advocacy: One promotes the new behavior through their social networks as a satisfied user.
- Experiences and acknowledges personal benefits of the health behavior
Case study 1:
"I work in the medical field, so I do know that smoking is bad for me....Since I am 15 years old I smoke!! I still smoke and I am more than 50 years old now! I have the intention of stopping, (for many years!!!) I just do not know how”.

1. Identify in which step of behavior change the doctor is?
2. What will be your message to doctor if he visits you and ask you for advice?

Answers
1. He is in the intention step of behavior change.
2. The ideal message should be regarding the next step (message regarding practice step) i.e. to show him practical ways of quitting smoking for example to reduce initially his number of packets smoked per day, then should not buy packets but should try to buy single cigarettes. Also can change his brand of cigarettes use the brand which he dislike this will also reduce his number of cigarettes per day. He can also use nicotine patches to get rid of cigarettes. He can also use dry fruits or fresh fruits whenever he feels the urge.

Please note that giving the doctor more information regarding the bad effects of smoking might not prove a sensible message. So provider should KISSS their message before sending it towards the clients.
Case study 2:
"My son Najeeb is now 30 years old; when he was 15, he said that he will never smoke because it is bad for his health. He never smoked in his life. He always tells his friends (and his father as mentioned in the above case) that they should not smoke!"

1. Identify in which step of behavior change Najeeb is?
2. What will be your message to Najeeb if he visits you and ask you for advice?

Answers
1. He is in the advocacy step and is an advocate against smoking.
2. The sensible message to Najeeb will be to praise and encourage him for his good work. And identify other smokers in the health facility catchment’s area to educate them about the side effects of cigarettes.
   
   As health providers it is important to note that we should always praise and encourage our advocates and use them to promote healthy behavior in their society.

Case study 3:
"I am Rahila and I have eight children.... One day I went to the nearby health facility. The midwife counseled me regarding family planning. I and my husband jointly selected intrauterine contraceptive device (IUCD) as birth spacing method. My husband still supports the decision but my mother-in-law does not like our decision ..... And is against birth spacing."

1. Identify in which step of behavior change the Rahila is?
2. What will be your message to Rahila if she visits you and ask you for advice?

Answers
1. Rahila is in the approval step of behavior change. As she and her husband have approved it but her mother-in-law is not approving their decision that is why she cannot move to intention step of behavior change.
2. The sensible message to Rahila will be to bring her mother in law to health facility so that the mother in law should be properly counseled or the health provider should visit her mother in law and try to address her concern about the birth spacing methods and dispel the rumors.
Session 2.5: Importance of the Nonverbal Component of a Message to Promote Effective Communication

Duration: 30 minutes

Session Objectives:
At the end of the session the participants will be able to:

- Name the two components of message in a communication cycle
- Understand the importance of paying attention to the nonverbal communication cues of clients

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Observing the nonverbal component of client messages.</td>
<td>10 min</td>
<td>Case studies and Q&amp;A</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group discussion, Lecture and Q&amp;A</td>
<td>Flip chart and marker</td>
</tr>
<tr>
<td>3</td>
<td>Observing and interpreting nonverbal communication.</td>
<td>10 min</td>
<td>Group discussion, Lecture and Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the slide of session objectives to the participants

Step 2: Observing the nonverbal component of client messages (case studies)
- Present the first case study to the participants.
- Ask 2-3 ask the participant that what is their initial diagnosis and why?
- Record their answers on a flip chart.
- Now present the second case study to the participants.
- Ask the same participants about their initial diagnosis and reason for diagnosis.
- Record their answers on a flip chart.

Step 3: Observing the nonverbal component of client messages (group discussion)
- Now ask the all the participants that the verbal message was the same in both the case studies “I feel very tired while climbing on stairs. Please help me.” But the diagnosis is different why.
- The possible answers might be that both clients though have the same verbal message but different body size and posture, different facial color, different clothing and different weights.
- Now tell the participants that each message in a communication cycle has got two components.
- The verbal component of the message which are the words spoken or written
• The **Nonverbal component** of the message which are the tone of voice, facial expressions, gestures, unconscious body language, body size and other visual cues.

• Now tell the participants that as health care provider we should pay attention to both verbal and nonverbal messages of the clients. In fact paying attention to the nonverbal cues of the clients is much more important for effective client provider interactions.

• Ask the participant that without paying attention to the nonverbal cues as providers will it be possible for you to communicate effectively to the cases given and reach a mutual understanding with the clients (right diagnosis and treatment that patients also thinks might be the case as explained by you)

**Step 4: Summary**

• Summarize the session by emphasizing that health care providers you should be more attentive to the clients nonverbal component of message in order to make client provider interactions effective.

• Now ask the participants that;
  1. Usually a message has how many components?
  2. Which component is more important?
  3. Why should as health care provider you pay more attention to the nonverbal messages?

---

**Facilitator’s Notes:**

• Usually all messages have two components, a verbal component (written or spoken words) and a nonverbal (the tone of voice, facial expressions, gestures, unconscious body language, body size, clothing, sitting style, walking style, head nodding, smiling etc.)

• But some messages might have just verbal component and some might have just nonverbal component.

**As health care providers should pay attention to the nonverbal messages of the client in a better way for;**

1. Nonverbal messages tells us that how is the client internally feeling which he/she is not sharing with the provider. For example a client might not say verbally that he/she is feeling depressed for any given reason but from the nonverbal messages we can understand this and ask the client if he/she is feeling depressed and only then can the client give us good detailed history. The good and detailed history will lead to right diagnosis and which will eventually lead to right treatment.

2. Nonverbal messages also tell us that whether the client has understood the instruction given by the provider or not. For example at the end any counseling/communication session when you as provider ask the client if he/she has understood what was explained then the usual answer will be YES. But you might see that verbal YES and the facial expression of the client might not match so you should again explain the matter to client for a better health outcome.

Studies have shown that when a message is sent towards the receiver different component have of message has different percentage of impact on the receiver.

• The verbal component of a message (just the words) has **7%** impact on the receiver.

• The tone of voice (a non verbal component) has **38%** impact on the receiver.

• The other non verbal component (body language, facial expression, head nodding, clothing, seating etc.) has **55%** impact on the receiver.
Therefore for effective communication while sending messages towards the receivers both the 
verbal and nonverbal component of the message should be kept in mind and message with only 
verbal component should not be sent towards the receivers. For example as health care 
providers if you want your clients to adhere by your advice and follow your instructions you 
should send your messages towards the clients with having eye contact with clients, have a 
smiling face, with warm tone of voice. By doing so your messages will have greater impact on 
the clients.

In general the providers tend to sends just verbal component towards the clients and have no 
proper eye contact, attention towards the clients so the impact of messages decreases.

**Case study1:**

“A pale looking, weak, malnourished, having a protuberant belly woman comes to you and tell 
you I feel very tired while climbing on stairs. Please help me.”

What is your diagnosis and why?

**Answer:**
A pregnant women suffering from anemia might be the diagnosis.

**Case study 2:**

“An obese woman with large face, large belly, well fed and large hands that enter your health 
facility with difficulty and tells you I feel very tired while climbing on stairs. Please help me.”

What is your diagnosis and why?

**Answer:**
Obesity might be the diagnosis.
Session 2.6: Long and Complicated Messages can Create Misinformation and Rumors

Duration: 45 minutes

Session Objectives:
At the end of the session the participants will be able to:
1. Define rumors
2. Name the common causes of the rumors
3. Name ways to counteract common rumors regarding health services

Overview of Session Plan

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<thead>
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<tbody>
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<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Pass MESSAGE to your fellow</td>
<td>10 min</td>
<td>Verbal game</td>
<td>Message copy</td>
</tr>
<tr>
<td>3</td>
<td>Rumor Causes of the rumors</td>
<td>25 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td></td>
<td>Counteracting rumors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the session the objectives to the participants.

Step 2: Pass MESSAGE to your Fellow (verbal game)
- Ask the participants to leave their seats
- Stand in a line in the middle of the class
- Give a copy of the message to one of the participants to read it silently
- Then pass the message to the next participant in his/her ear slowly so that no one else can hear it
- That participant should pass the message to the next one standing till the message reaches the last participant
- The message should be passed just once and should not be repeated.
- Now ask the last participant to repeat the message to the plenary.
- Write the message on the flip chart.
- Ask a few other participants to tell the rest the of the participants what they have heard
- Write them also on the flip chart.
- Ask the first participants to read the message to the plenary from the paper.
- Now compare all the written messages.
- Now ask the plenary

1. Has the message changed or not?
2. How did the original story change? Why?

Possible Answer: Tell the participants to notice that as story moves away from the original source (the first person) the distortion in the story increases. This distortion in the message
might be intentional or accidental because people can’t remember so much. People hear selectively based on their values, interests and prior knowledge of the subject. (If too much distortion has occurred then ask the participants to whether this distortion was intentional or accidental)

3. How you heard any distorted information (misinformation) regarding health service for example family planning vaccination etc.?
4. How can we avoid this miss information?

Possible answer: (As many people as possible need to hear the correct message directly from the expert (the original source) with the information. Information must be given simply, in terms that people can understand.)

Step 3: Rumors (presentation)
- Now present the rumors presentation to the participants.
- During the presentation always relate it to verbal game.

Step 4: Summary
- Summarize the session by emphasizing on the participants that as health care provider and effective communicators dispelling the rumors is also very important for effective communication.
- Providers should always try to dispel the rumors of the clients during a client provider interaction.
- Tell the participants to go through the presentation of rumors.
- Then ask them a few questions;
  - Define rumors?
  - Name possible causes of rumors?
  - Name possible ways to counteract rumors?

Message:
Zarif Khan who was living in Kunar had a son named Zareen Khan, he encouraged his son to finish the school and get admission in Kabul University, Zareen Khan met with one of his classmate Zareena the daughter of Zameen Gul in Kabul, they married after graduation and decided to visit Band Ameer in Bamyan together during their honey moon after they heard about the beauty of Bamyan in summer from Zameer, their friend.
A rumor is: Inaccurate or untrue information that is passed from one person to another and the original source is unknown

Possible causes of rumors (e.g. family planning, vaccination)
- Inadequate or incorrect information.
- Misinformation, either through intentional or accidental distortion of truth.
- Normal side effects that are not adequately explained by the service provider
- Health education materials are not adequately used during the client provider interactions.
- Cultural and personal values that appear to conflict with the concept of family planning.
- Explain that to counteract rumors effectively, counselors need to understand the cause of the rumor, and explain why the rumor is not true. They should then give the truth.
Counteraction rumors:

**During client provider interactions**
- The clients should not be told whatever they say or think is INCORRECT because the clients will consider themselves IDIOTS.
- Ask the client about the source of information.
- Tell the client what you are saying is correct but from where you have heard that source is not a reliable source and has passed wrong message to you.
- Then dispel the rumor and pass the actual, up to date and evidence information.
- Always use health education materials during communication and counseling session.

**At the community level counteracting rumors**
- Enlist satisfied users as outreach workers and peer counselors i.e. always use your advocates to promote healthy behaviors and dispel rumors at the community level.
- Obtain religious leader’s permission for posting posters for counteracting rumors in front of mosques and hold group talks in the mosques.
- Always use health education materials during the group talks in the community so that people can understand the complex concepts easily.

### RUMORS AND MISCONCEPTIONS

<table>
<thead>
<tr>
<th>Rumor</th>
<th>Reason or Source</th>
<th>Issue or Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding immediately after birth is unhealthy for the baby.</td>
<td>Colostrums look unhealthy. It is tradition that the first milk is discarded.</td>
<td>Babies receive less nourishment and become ill</td>
<td>Clarify that colostrums is very healthy and breastfeeding should start immediately after birth.</td>
</tr>
<tr>
<td>Children’s immunizations make some children sick.</td>
<td>Some children may develop slight fevers from immunizations or get ill from some unrelated source such as bad water.</td>
<td>Mothers will prevent their children from being fully immunized “to protect their baby” – this results in childhood diseases.</td>
<td>Explain to mothers that immunizations protect their babies.</td>
</tr>
<tr>
<td>Giving children liquids when they have diarrhea increases the diarrhea</td>
<td>Children continue having diarrhea after receiving liquids to it appears that liquids make it worse.</td>
<td>If children do not receive liquids, they become dehydrated and may die.</td>
<td>Demonstrate to mothers how giving liquids helps their children. Demonstrate correct ORS mixture.</td>
</tr>
<tr>
<td>Oral contraceptive pills causes cancer</td>
<td>Birth spacing is against cultural and social norms</td>
<td>High fertility rate and more mothers will become pregnant and more pregnancy related complications and more maternal deaths</td>
<td>Pills don’t cause cancer even it prevents from certain cancers such as uterine and ovarian cancers</td>
</tr>
<tr>
<td>DMPA injections are not used in developed countries such England and America and are used only here to control our population numbers so to dominate us.</td>
<td>Birth spacing is against cultural and social norms</td>
<td>Same mentioned above</td>
<td>DMPA is used by more than 30million women in 90 countries including England and America. It is also approved by WHO</td>
</tr>
</tbody>
</table>
Session 2.7: Introduction to Interpersonal Communication

Duration: 30 minutes

Session Objectives:
At the end of the session the participants will be able to:

- Define interpersonal communication
- Name the purpose of interpersonal communication
- Explain the role of interpersonal communication in behavior change
- Name five interpersonal communication skills
- Explain interpersonal communication pyramid

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>IPC element, skills and importance</td>
<td>20 min</td>
<td>Lecture and Q&amp;A</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Introduce the session objective to the participants.

Step 2: Interpersonal communication, its elements, skills and importance
- Now present the power point presentation to the participants.
- Before presenting the first slide ask the 2-3 participants to define communication and interpersonal communication.
- Then present the remaining presentation to the participants.

Step 3: Summary
- Now summarize the session by redefining IPC and explaining the IPC skill pyramid and importance of IPC in Behavior change.
- Now ask the participants to go through the presentation hand out.
- Then ask the participants the following questions.
  1. Define IPC?
  2. What are the elements of IPC?
  3. Name one skill of effective IPC? (Ask one participant at time to name one skill. Ask 5 or more participants)
  4. Ask the participants to explain effective IPC skills pyramid?
  5. What is the importance of IPC in behavior change?
Facilitator’s Notes:

Interpersonal Communication (IPC): person-to-person communication, verbal and non-verbal exchange that involves sharing information and feelings between individuals or in a small group. It is face to face, and all parties involved are senders and receivers at the same time (two way communication process) on a particular topic for establishing trusting relationships.

The purpose of interpersonal communication is to:
- To help clients and service providers develop mutual respect, cooperation and trust
- To increase client satisfaction
- To increases the provider’s job satisfaction
- To inform clients about correct, effective use of medication and for continued compliance of prescribed medications
- To help clients adopt and continue healthy behaviors.
- To improve the quality of health services

Role of Interpersonal Communication in Behavior Change
Interpersonal communication is one of the key communication components influencing behavior change. This setting is typically the critical juncture where individuals decide what behaviors they will adopt or will not adopt. The experience of a satisfied client is a powerful influence. How potential clients are treated during this critical point impacts greatly on the health-seeking decisions of the clients.

Experience over the years has shown that IPC channels are most important when an individual is in the intention phase of behavior change – IPC channels can be the difference between that person actually moving to practice or not.

IPC can hardly be used as the only method on its own to achieve behavior change. It is most effective when it complements, reinforces and elaborates messages presented using other channels such as the mass media.

Interpersonal communication skills:

Verbal skills:
- Active listening
- Questioning skills
- Acknowledge and Reflect feeling
- Paraphrasing clients concerns
- Summarizing clients concerns
- Encouraging and praising
- Empathizing
- Providing and asking for feedback
- Giving needed information – not too much nor too little
- Encouraging client to ask questions
- Repeating key messages
- Dispelling rumors and misinformation
Nonverbal skills:
- Open and friendly facial expression
- Smiling and head nodding
- Lean forward towards client
- Eye contact
- Relaxed and friendly manner
- Space between the client and provider that makes the client comfortable (depends of cultural considerations)
- Friendly tone of voice

Characteristics of Interpersonal Communication
Interpersonal communication is a skill we use every day; at work, with our families, with our friends and most importantly with our clients. We often think of it in terms of knowledge exchange, but there is much more happening than pure information sharing. Interpersonal communication is not merely exchange of information as most people think of it.

Interpersonal communication has some basic elements which can be divided into three main areas forming a pyramid. Until and unless those elements that are present at the foundation of the pyramid are satisfied we cannot make progress in the process of interpersonal communication any further. When the elements at the foundation are satisfied then we can proceed to the next (upper) area of interacting with each other and only after satisfying the elements of interaction. After satisfying the both area then only can information, ideas, emotions be exchanged with each other. Therefore we should not merely take interpersonal communication as exchange of ideas, information and emotions.

Foundational elements (Respect, values, non-verbal behaviors, being non judgmental)
For any interaction between two persons to be meaningful, there has to respect amongst the two and the interaction is generally guided by the values of the two persons. The non-verbal behavior that is shared helps to guide the course of the interaction. For e.g., if two people do not have any respect for each other, then the interaction between the two will not be meaningful. If the two people have different sets of values, then it may be difficult for them to come to an understanding. If a person approaches another to have a conversation, and if the other person is in an angry mood, and displays utter displeasure at the person approaching, it is unlikely that the person will start a conversation. Unless a person is satisfied that non-verbal behavior of another person is conducive, the person may not start an interaction.

Interaction (verbal reassurances, two way communication and feed back)
It is only after these foundations are laid that the interaction between people will begin. During an interaction, the elements of importance are the verbal reassurance between the people interacting. For e.g., imagine you are talking to someone on the telephone. If the person at the other end does not respond to you in any way, you will not be reassured that the person is listening to or understanding what you are saying. At this juncture, you are likely to keep on saying, “Hello… Hello… Are you hearing me?” Thus two-way listening, involvement and feedback are the essential components of a successful interaction.

Knowledge (ideas, emotions, information, experience)
Only after a successful interaction has been established will knowledge become of importance in IPC. Sharing of ideas, experiences and information only happens after the foundation has been laid and interaction established.
From the above discussion of the characteristics of interpersonal communication we can say that if a provider is exhibiting no pleasure in his/her face and unacceptable behavior physically and also he has lack of verbal interaction skills but at the other hand he is so expert in his professional life he is very weak from IPC perspective as he has the knowledge but not the skills to transfer the knowledge to the others, meanwhile if another provider is an expert as well as very good in interaction but has poor nonverbal communication skills, he will be able to transfer knowledge but cannot get the acceptance and confidence from the others, thus he/she does nothing in making people change their behaviors.
Session 2.8: Two way Communication is Important during IPC/C Session

Duration: 30minutes

Session Objectives:
At the end of the session the participants will be able to:
1. Define one way and two way communication
2. Differentiate between one way and two way communication
3. Understand the importance of two way communication during IPC/C in client provider interactions

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Pasting the pieces of pictures</td>
<td>15 min</td>
<td>Making pictures</td>
<td>Flip chart, pieces of pictures(two sets)</td>
</tr>
<tr>
<td>3</td>
<td>Difference between two produced pictures</td>
<td>10 min</td>
<td>Discussion</td>
<td>Flip chart and marker</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>2 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Preparations: Draw the same drawing on the two different flip charts. Then cut the drawing into pieces to make two sets of drawing.

Step 1: Introduction
- Introduce the session objectives to the participants.

Step 2: Pasting the pieces of pictures
- Ask for two volunteers (who may be expert of drawing things!) to come to the front.
- Ask them to sit on the two chairs in front of the training hall.
- They should sit in manner so that their faces are in opposite direction and their backs are opposed to each other. The idea is that they could talk and listen to one another but could not see what the other is doing.
- Give the first volunteer the original drawing and tell him/her to give instructions to the second volunteer to paste the pieces of drawing according to this drawing on the white flip chart in front of second volunteer on the a table.
- the instructions should not be repeated and the second volunteer cannot ask questions
- The second volunteer must have a table in front of him/her, a blank flip chart and pieces of pictures.
- Go with the process as directed.
- A drawing will be produced at the end of the process, paste the picture on the wall to be visible for every one and name the drawing as drawing A
- Ask the volunteers to repeat the process for the second time and tell them that this time the first volunteer is allowed to repeat the instructions if needed and also the second volunteer can ask questions.
- A picture will be produced in the end of the process, post the picture on the wall next to drawing A and name the picture as drawing B

**Step 3: Difference between two pasted drawings**

- Now display the original drawing on the LCD projector.
- Ask them to see which drawing A or B is more similar to the drawing displayed to them; probably that drawing is drawing B
- Ask the participants why drawing B is more similar to drawing displayed?

**Possible answers:**
- Two way communication
- The right to ask questions
- Mutual understanding and conversation
- Repeating instructions (questions and answer)

- Now ask the participants to name the communication which was taking place while pasting Drawing A, one way communication or two way communications?
  - **Answer:** One way communication
- Now ask the participants to name the communication which was taking place while pasting Drawing B, one way communication or two way communications?
  - **Answer:** Two way communication.
- Now ask them which way of communication is effective? (two way communication as it has produced a better picture)

**Step 5: Summary**

- Summarize the session by emphasizing that as health care providers it is always better to have two way communication with clients so that the clients have better pictures in their minds about our instructions and follow them in a better way to change their behaviors.
- Also emphasize that in two way communication the origination of ideas are from both sides therefore in client provider interactions clients should be encouraged to ask questions as normally clients in Afghanistan think that they have no right to ask questions and they just have to follow the orders from the health providers.
Facilitator’s Notes:

- **One-way communication.**
  If a person only talks continuously and does not allow the other to respond or talk, it is known as one way communication. We can also say that in one way communication the “ORIGINATION” of ideas/emotions/information is just from “ONE SOURCE”.

- **Two-way communication**
  If two or more people discuss an issue, exchange their views, decide together what to do, then it is a two-way communication. We can also say that in two way communication the “ORIGINATION” of ideas/emotions/information is from “MORE THAN ONE SOURCES”.

Effective way of communication:

- Two way communication is more effective than one way communication as in two way communication all the parties involved share their ideas/information/emotions with each other and understand others emotions/ideas/information. Therefore as result of two way communications they can reach a mutual understanding easily.
- Also in two way communication the cycle of communication is repeated again and again so uncertainty decreases and affinity increases among the parties involved with each repeated cycle of communication.
Session 2.9: How to Improve Communication Skills

Duration: 45 minutes

Session Objectives:
At the end of the session the participants will be able to:
1. Understand that communication skills can be learnt
2. Communication skills can be improved by continuous practice

Overview of Session Plan

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<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Brief overview of communication skills</td>
<td>20 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>4</td>
<td>Communication skills identification</td>
<td>15 min</td>
<td>Reading simulation</td>
<td>Participants manual</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Introduction
- Greet the participants and tell them that interpersonal communication consists of a range of skills which can be improved by continuous practice.
- With improved communication skills the client provider interaction can be improved.
- Introduce the session objectives to the participants.

Step 2: Brief overview of the communication skills
- Present the power point presentation to the participants.
- Give a brief overview of each skill during the presentation.
- Tell the participants that next few sessions we will practice these skills and find out the ways to improve them.

Step 3: Identification of communication skills in a simulation
- Now ask the participants to open their participants’ manual.
- Ask them to read the simulation and identify the how the skills are used in the simulation.

Step 4: Summary
- Summarize the session by emphasizing that interpersonal communication composed of certain skills and these skills can be improved with continuous practice.
- Improved communication skills will lead to improved provider client interactions and which will in turn lead to client satisfaction and compliance with the advice of the providers.
Facilitator’s Notes:

Using the Model for Micro-Skills:
The Model for Micro-Skills has the foundation skills which enhance effective interpersonal communication and counseling (IPC&C). IPC&C micro-skills (for example questions, reflection of feeling) are single communication behaviors. The micro-skills approach focuses on breaking down the complex interaction into small behaviors. Research has confirmed that mastering these components, then integrating them into the complex communication and counseling processes, is a powerful and efficient way to learn interpersonal communication and counseling. In micro-skills training, practice is the most important dimension. Over 400 database studies have shown that students trained with this model are able to recognize and classify skills with accuracy, and are able to demonstrate mastery. Mastery depends on personal involvement and opportunity to practice. The following are some micro-skills to focus on during the process of the training:

1. Observation and Attending Skills: Shows the client that the provider is paying attention to them. The client is the most important person for the provider at that moment.
2. Basic Listening Skills: Helps the provider gather accurate information about this specific client. Allows provider to check his/her interpretation of information and gather more, under-the-surface information. This additional information may lead to greater understanding of the client’s needs and concerns.
3. Focusing: Keeps the discussion centered on the needs and concerns of the client. If, for example, the discussion moves off to talking about politics, the provider can gently move it back to the health issues, unless, of course, politics directly impacts the client’s ability to make the health behavior decisions!
4. Influencing Skills: Helps a client reach a decision and change behavior through information, advice, instruction, etc.
5. Confrontation: Helps to clarify thinking by reflecting back to the client information and/or opinions which may be contradictory or conflicting. This should be used carefully so the client is not offended or alienated.

The following are some of the basic interpersonal communication skills which can be improved with by constant and continuous practice. Improved communication skills will lead to improved client provider interactions, leading to improved quality of the health services.

1. Listening skills: The key to effective communication is ACTIVE LISTENING. Active listening is not the same as to hearing. Hearing is just perception of the different sounds by the ears and sending the sound waves to the auditory center in the brain. Hearing is a passive process. While active listening is an active process in which the listener perceives the different messages in the form of sounds and sends them to the auditory center in the brain. Also in active listening the listener pays attention to the nonverbal component of the message and send that also to the brain. So the brain after receiving both the verbal and nonverbal component of the sounds interprets it into meaningful experience. Nature has gifted us two ears and one tongue so that we can hear twice the amount we speak. Providers who are Relax, have Open and friendly facial expressions, are Leaning forward towards the clients, having proper Eye contact with the client, and Smile and nodding during their interactions with the clients are considered active listener and so effective communicators. In short we can say that providers who uses the
ROLES during client interactions are considered active listeners and effective communicators.

2. **Questioning skills:** There are generally four types of questions used during client-provider interactions. These are Open ended questions, Close ended questions, Probing questions and Leading questions. Providers who use Open ended questions during their interactions are considered effective communicators.

3. **Observation skills:** After asking questions from the client and when the client starts narrating his/her history then by using certain verbal or nonverbal gestures insuring the client that you are listening and keenly observing what client is narrating.

**Acknowledge and reflect feelings:** For effective communication the skill of acknowledging and reflecting feelings of the clients is very important. Acknowledge both the verbal and nonverbal feelings of the clients. Reflecting focuses on acknowledging how a client feels and showing that you understand his/her needs and concerns. When a patient says something, repeat using her/his own words what s/he just said and stop there. **It is said that a health care providers should be like a mirror. Whatever the feelings of the clients are they acknowledge them and reflect them back to the clients for getting the trust of the clients.**

**Paraphrasing/summarizing:** When a client finishes explaining something, the health provider summarizes what has been said, by using eventually other words. This helps to clarify the main points mentioned by the client.

Here is a short simulation using the two skills:

Health provider: Good afternoon Ms, B how can I help you? (Use of open-ended question)
Client: I came because I am tired, do not feel good
Health provider: Hamm... nodding the head (listening skills using nonverbal communication)
Client: and I do not know what to do.... (Reflect what patient just said and use silence after that....)

Health provider: You are tired, do not feel good and do not know what to do.... (observation skills)
Client: Yes, I have so many children and I am tired
Health provider: Nods head in supportive way,.... (observation skills)
Client: Yes,.... Hum,.. I wonder if there is a way for me not to have any more children....
Health provider: (observation skills .... Do not say anything...)
Client: But,... but,. My husband wants more children and... he should not know... that I am using something to prevent pregnancy..

Health provider: I understand, you are tired, have several children, your husband wants more children, while you are looking for ways to prevent pregnancy. (paraphrasing)

After a while, you could continue by using open-ended questions:

Health provider: You said that you would like not to have any more children, tell me what you know about contraception? (Use of open-ended question....)
Session 2.10: Listening Skills

Duration: 30 minutes

Session objectives:
At the end of this session the participants will be able to;
1. Define active listening
2. Differentiate between active listening and hearing
3. Name five nonverbal skills required for active listening
4. Name three verbal skills required for active listening

Overview of Session Plan

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<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Active listening</td>
<td>20min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants by power point presentation.
- Relate it to the previous session by pointing to the responses of the skills that participants noted in their partners while they were listening to them.

Step 2: Active listening
- Now present the power point presentation to the participants.
- Before presenting the first slide ask the participations that how many ears and tongue do we have?
- Why are we gifted with two ears and one tongue?

Step 3: Summary
- Summarize the session by redefining active listening and naming the skills required to for active listening.
- Now ask the participants the falling questions
  1. Define active listening?
  2. What is the difference between active listening and hearing?
  3. Name 5 non verbal skills required for active listening?
  4. Name 3 verbal skills required for active listening?

Importance of Active Listening:
As Providers we should be Active listeners to have an accurate history from the client and this accurate history will lead to correct diagnosis and the correct treatment for the client.

ACTIVE LISTENING \rightarrow ACCURATE HISTORY \rightarrow CORRECT DIAGNOSIS \rightarrow CORRECT TREATMENT.

What will happen when the first step is not properly followed?
**Facilitator’s Notes:**

As health care providers, we should be good listeners. Listening is as important as sharing information. As health care providers, we are used to providing people with information; it may be difficult to remember that it is important to listen. Through listening to clients you can find out information you need to assist them with problems, and help them to make decisions.

When listening to clients, listen actively. Research has shown that during provider and client interactions Providers talk 75% of time and clients talk 25% of time.

**Active listening:** Active listening is sensing the verbal component of the message and paying attention to the nonverbal component by paying attention to the sender and interpreting it and giving meaningful feedback. Or in short we can say “Active listening is hearing with ears and eye” and hearing is just sensing the sounds with ears.

**Hearing:** Hearing is a passive process of just sensing the verbal component of a message and sending it to the auditory center of the brain.

**Non Verbal skills required for Active listening:** The following five nonverbal skills are required for active listening;

1. Relax
2. Open and friendly facial expression
3. Lean forward towards client
4. Eye contact
5. Smile and head nodding

**Verbal skills required for active listening:** The following verbal skills are required for active listening;

1. Acknowledge and reflect feelings
2. Paraphrasing
3. Summarizing

**Acknowledge and Reflect feelings:** Acknowledge both the verbal and nonverbal feelings of the clients and then reflecting them towards the clients. Reflecting relays back client emotions and key feelings the provider has observed. When you reflect feelings, you can add to the paraphrase those affective or emotional words that tune into the person’s emotional experience. Reflecting focuses on acknowledging how a client feels and showing that you understand his/her needs and concerns. When a patient says something, repeat using her/his own words what s/he just said and stop there. **It is said that a health care providers should be like a mirror. Whatever the feelings of the clients are, they should acknowledge them and reflect them back to the clients for getting the trust of the clients.**

- This can enable the providers to know how their clients are feeling and also **make the client attentive towards his/her feelings** so that he/she can be able to give a better description of his/her condition.
- During the counseling when the provider is explaining something to the client and the client’s non verbal expressions says that he/she has become confused so by acknowledging and reflect feelings the provider can ask relevant questions and explain the matter in more simple and understandable way.
• Reflection helps the provider check whether the emotions observed are correct. This helps to show that the provider has empathy and respect for the client and her feelings.

**Paraphrasing:**
Repeating back to the client what you heard him/her say, in a short form. To make sure you understood her, to show her you are listening and to help her clarify her feelings. This is most needed when trying to get information from the client e.g. during history taking or when client seems concerned about an issue.

Misunderstanding can happen very easily when two people discuss something. A client may tell you something that you understand in quite a different way from the way he/she meant it. To prevent misunderstanding when listening to a client’s problem or when sharing information with a client, it is useful to summarize or paraphrase what has been said.

**Paraphrasing involves:**
1. A *sentence stem* such as: you appear to be saying... or what I hear you saying is...
2) *Key descriptors* and concepts the client used to describe the situation or person. Use the client’s own words for the most important things.
3) *The essence* of what the client has said in summarized form.
4) A *check for accuracy*. Am I hearing you correctly?

**Example:**
**Client:** I don’t know what the matter is. I just don’t feel well today.
**Provider:** You’re feeling ill and you’re not sure why, is that right?

*Paraphrasing* is concerned with interpreting back to the client the essence of what has been said.

**Summarizing:**
Summarizing is similar to paraphrasing except that a longer time period and more information are involved. Summarizing may be used to begin or end an interview, to transition to a new topic, or to provide clarity in lengthy and complex client issues or statements. It recaps what has been said.

**Example of summarizing at the beginning:** “At our last meeting we decided that you will discuss with your husband and mother in law regarding the use of IUCD as a birth spacing method and today you here again so what was the result of your discussion”

**Example of summarizing at the end:**
**Client:** “I am terribly concerned over my wife. She has this feeling she has to get out of the house and see the world and get a job. I am the breadwinner, and I imagine I have a good income. The children view Amina as a perfect mother and I do too. But last night, we really saw the problem differently and had a terrible argument.”

**Provider:** “Let me see if I can visualize the situation. You are concerned over your wife who wants to work even though you have a good income, and it resulted in a terrible argument. Is that how you see it?”
Session 2.11: Listening Skills Exercise

Duration: 35 minutes

Session objectives:
At the end of this session the participants will be able to;
1. To test their communication skills.
2. To test individuals listening skills.

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Active listening</td>
<td>25 min</td>
<td>Group discussion and Written feedback</td>
<td>Case studies Hard copies of the Summary sheets</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Preparation: Each participant should have at least four copies of the summary sheet so count the number of participants and multiply it by 4 then print that number of summary sheets.

Step 1: introduction
- Introduce the session objectives to the participants.

Step 2: Listening skills exercise
- Split participants into five discussion groups. (If this results in groups with more than five participants you might want to create additional groups, with some groups working on the same issue).
- Make sure that each discussion group has enough space to sit in a circle, and are not so close to the other group(s) that they become distracted by what’s happening there.
- It’s a good idea to create your discussion groups in a way that means participants won’t be seated next to people from their group when they return to the main classroom.
- Give one participant from discussion each group a copy of the case studies.
- Explain that the discussion groups have 15 minutes to reach a decision about the issue they’ve been given, and immediately separate the groups so that they can begin.
- After 15 minutes, stop the exercise and ask participants to return to their seats.
- Give each participant a supply of five blank Summary Sheets so that they have one for each member of their discussion group.
- Ask them to write the name of one other participant from their discussion group at the top of the first sheet and, in the space below, summarize that participant’s viewpoint, as expressed in the discussion they’ve just held.
- Allow 10 minutes for this exercise, and then ask the participants to distribute their completed sheets to the participants whose views they’ve summarized.
- All participants should receive a Summary Sheet from each of their discussion group colleagues.
- Ask participants to read through the summaries they’ve received, and to consider how well their colleagues have captured their point of view.
- Ask them to score each summary using the grid at the bottom of the sheet, but emphasize that they must be able to justify their scores to their colleagues.
Step 3: Summary
- Summarize the session by redefining active listening and naming the skills required to
  for active listening.
- Now ask a few participants to answer the following questions;
  - How well were you listened to?
  - How well did you listen to others?
  - How well did other team members summarize their viewpoints?
  - Who did you find it easiest to listen to?

Summary Sheet

<table>
<thead>
<tr>
<th>Your Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient’s Name:</td>
</tr>
</tbody>
</table>

What was this person’s viewpoint? Summarize it below:

Recipient

How well has this person understood your viewpoint? Tick the appropriate box:

<table>
<thead>
<tr>
<th>Spot on!</th>
<th>Got my key points</th>
<th>Mostly right</th>
<th>Not quite right</th>
<th>Missed key points</th>
<th>Not what I meant!</th>
</tr>
</thead>
</table>
Case study 1:
Gul Alam who married nine months back with Bibi Gul went to Iran in order to pay back his loan taken for the marriage ceremony. Bibi Gul lived with her old mother in law is eight months pregnant and has developed severe headache and blurred vision one day. Her mother in law got worried and rushed to the TBA house and requested her to come and check Bibi Gul. When the TBA arrived at Bibi Gul’s house. Her signs have decreased in intensity and she was feeling a bit fine. The TBA left the house saying that these are normal signs in pregnancy and they should not worry about them. After a week Bibi Gul again developed severe headache and blurred vision but her mother in law didn’t panic considering as normal signs during pregnancy. Her condition didn’t improve and after two hours she experienced fits. She was rushed to the nearby health facility by the villagers. But unfortunately it was too late for Bibi Gul and she passed away at the health facility.

You have 15 minutes in which to discuss the case study and how could this situation be prevented? Each participant has 3 minutes to say his/her views. It is important that in this time every participant opinion is heard and considered.

Case study 2:
Jamila delivered a son at 7 PM, evening at home. All her family members were very happy at the birth of new baby boy. At 9 PM, night Jamila developed vaginal bleeding. She informed her mother and mother in law about this but both of them told Jamila it is good that she bled heavily as during the last nine months of pregnancy she didn’t have usual menstrual bleeding. The bleeding continued and at 11 PM, night Jamila started feeling dizzy. She woke up her mother who didn’t panic about it, just gave Jamila a hot cup of tea to drink and went to sleep again. At 3 AM morning the baby’s cries woke up both Jamila’s mother and mother in law. They took the baby to Jamila to breast fed him but Jamila was unresponsive, breathing very fast.

You have 15 minutes in which to discuss the case study and how could this situation be prevented? Each participant has 3 minutes to say his/her views. It is important that in this time every participant opinion is heard and considered.
Case study 3:
Fauzia, wife of Sher Ahmad, had labor pain for the last 14 hours but the delivery has not taken place. Her mother in law who is an experienced woman was worried about the situation and told Sher Ahmad to find a car to take Fauzia to the health facility. Sher Ahmad went to village but didn’t find any car and came back home. As a result, they decided to take her using their donkey cart. Fauzia reached to the District Hospital after two hours. After initial assessment doctor told Sher Ahmad that the baby is not alive and they will operate Fauzia as she had a small pelvis through which the dead fetus could not be delivered

You have 15 minutes in which to discuss the case study and how could this situation be prevented? Each participant has 3 minutes to say his/her views. It is important that in this time every participant opinion is heard and considered.

Case study 4:
Pari Gul and Gul Agha got married five years ago. Now Pari Gul is a mother of four children and is pregnant again. Her husband Gul Agha is laborer and works on daily wages. For the last four months Pari Gul is feeling very weak and unable to look after her four children and her husband properly. Therefore her children often fell ill because of playing in the dust and mud. There is no one to properly look after them in the family. Also her husband is tired of life these days. Last week Pari Gul’s younger brother had an engagement party but she was unable to attend the ceremony because she was not feeling well. She went to nearby basic health center where the midwife diagnosed her as anemic. The midwife advised her to take proper rest and diet.

You have 15 minutes in which to discuss the case study and how could this situation be prevented? Each participant has 3 minutes to say his/her views. It is important that in this time every participant opinion is heard and considered.

Case study 5:
Gul Dasta had three deliveries in three consecutive years after her marriage. She is breast feeding her nine months old boy and is in the third month of her fourth pregnancy. She feeling very weak having aches in her back and joints from the past three month. She is also looking very pale. Tooryalay, her husband took her to the provincial hospital. At the hospital the lady doctor diagnosed her Anemic and underweight. The doctor also warned her that both anaemia and being underweight would have bad effects on both the babies. She was prescribed iron tablets, multivitamin tablets and also calcium tablets. Gul Dasta asked her doctor reason behind prescribing her both calcium and iron tablets. The lady doctor explained to her that both iron and calcium are necessary for her and her babies. Both the breast fed and the baby in the womb are using calcium stored in Gul Dasta bones to grow therefore extra amount must be taken. Iron tablets were prescribed because she was anemic. The lady doctor also advised her of taking extra meals and rest.

You have 15 minutes in which to discuss the case study and how could this situation be prevented? Each participant has 3 minutes to say his/her views. It is important that in this time every participant opinion is heard and considered.
## MODULE 3: EFFECTIVE COUNSELING

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Effective Counseling</th>
</tr>
</thead>
</table>
| **Target Group Trainee** | • The IPC & C training is designed for the training of health care providers who are in contact with clients at the facility and community levels.  
• NGOs admin staff |
| **Purpose**        | The health providers used effective counseling to satisfy the client to use a family planning methods |
| **Output**         | The participants’ capacity built on the methods, principles of counseling and counseling to four types of family planning clients |
| **Session**        | 3.1. Counseling  
3.2. Quality of a Good Counselor and Principles of Counseling  
3.3. Practicing Steps of Effective Counseling (GATHER)  
3.4. Four Types of Family Planning Clients |
| **Duration**       | 210 minutes |
Session 3.1: Counseling

Duration: 40 minutes

Session Objectives:
At the end of the sessions the participants will able to:
1. Define counseling
2. Name the counseling method
3. Explain the different steps of GATHER method
4. Differentiate between interpersonal communication and counseling

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Counseling and method used for counseling</td>
<td>30 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture &amp; Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Present the session objectives from PowerPoint presentation.
- Emphasize that at the end of session we will review the objectives and
- Participants should answer questions regarding each objective to know whether the participants got hold of the topics in the session or not. The facilitator will also know how much was he able to transfer the ideas that he wanted to transfer to the participants.

Step 2: Counseling and the counseling method
- Before presenting the first slide ask the participants to define counseling.
- Then present the definition of counseling to the participants.
- Before presenting the second slide regarding the counseling method ask the participant if they have heard or read about any counseling method that is used during client provider counseling.
- Then present the slide of GATHER as counseling method.
- Repeat it again and again so that the participants can pronounce and spell it correctly (as English is not the native language)
- Ask the participants to repeat it after you; tell to think that they are in the primary school and repeating a poem behind their teacher.
- Now explain what each word of GATHER stand for.
- At the end present the slide showing the differences between interpersonal communication and counseling.
Step 3: Summary

- Now summarize the session by redefining counseling, explaining the GATHER method and differences between interpersonal communication and counseling.
- Ask the participants of they have any questions of clarifications.
- Now ask the participants the following questions;
  1. Define counseling
  2. Name the counseling method.
  3. Ask one participant at time to explain each letter of GATHER stands for (one participant should explain just one letter)
- 4. What is difference between interpersonal communication and counseling?

Facilitator’s note:

1. Definition of Counseling

“Face to face communication between two people whereby one person helps another person makes a decision or plan and act on it”.

OR

“Counseling is the process of one person helping another person makes an informed, committed decision or solves a problem with an understanding of the facts and emotions involved.”

This definition features the following:

- The role of one person (counselor) is to help another (client) take action. Final decision making is not the role of counselor.
- Facts include what the client shares such as his or her medical history, family background, future plans and wishes, and partner’s plans and wishes. Facts also include what the counselor shares, particularly accurate Reproductive Health information.
- Feelings of the client include his or her concerns and fears, attitudes and values around sexuality, family planning, contraception and parenting.

2. GATHER as a method of effective counseling:

The word or acronym GATHER consists of six steps of effective counseling which are as fallows

- GREET the clients (establishing rapport)
- ASK clients (gathering information)

Asking is more than medical history because other aspects of a person’s life (life stage, lifestyle, personality, etc.) often impact the client’s post-counseling behavior more than his or her medical history.

- TELL (provide information)

Specific information, organized logically is retained longer and more fully, especially if the client is encouraged to ask questions. Avoid information overload such as reciting details on all the procedures you are discussing because there is a limit to how much information people can retain. Instead, group the information and then check for understanding.

- HELP the client

This is the decision-making or problem-solving moment. The provider is helping the client sort through the medical information and lifestyle and life stage issues to come up with various
alternatives and helping the client consider each alternative for its advantages and disadvantages. The client makes the decision.

- **EXPLAIN to the client**
  Once the client has made a choice; e.g. to use a birth spacing method, the provider uses client education material to help the client remember key information specific to that decision. The provider also uses IEC materials to remind her or him of important discussion points. IEC materials reinforce key information – mention that we will specifically work with these kinds of materials in the next section. One example is Antenatal Care, where this would include:
  - Danger signs in pregnancy
  - The need for Safe Delivery Plan etc.

- **RETURN/REFER**
  Return visits or referrals should be planned. Clients need advice concerning when to return for follow-up or re-supply. Or refer the client to higher center for more services which are not available at your health facility.

3. **Difference between Interpersonal communication and Counseling**

   **Interpersonal communication:** verbal and nonverbal face to face information, opinion and perceptions exchange among individuals and groups.

   **Counseling:** counseling is applies to the art of guiding an individual through educational activities. Given the situation this will lead to voluntary choice by individuals.

   IPC/C will help the client assess his/her vision and improve life. In health, IPC/C is a process of raising the awareness of clients and helping them to make informed choice regarding health care services. IPC is a confidential face to face counseling to enable the clients to make their choice.

   **NOTE:** Not every counseling session consists of all six of these steps are in this order. Some may simply involve repeating certain elements. Every counseling situation should be tailored to the client’s needs. Continuing clients, in particular, have specific needs that should be met with specific responses. Clients often talk with counselors several times before they decide to act. A counselor should be prepared to see the client as often as the situation demands.

**Difference between interpersonal communication and counseling:**

<table>
<thead>
<tr>
<th><strong>Interpersonal communication</strong></th>
<th><strong>Counseling</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face interactions</td>
<td>Face to face interactions</td>
</tr>
<tr>
<td>Could be verbal or non-verbal</td>
<td>Could be verbal or non-verbal</td>
</tr>
<tr>
<td>Use two way communication</td>
<td>Use two way communication</td>
</tr>
<tr>
<td>Provider with and individual or group of clients</td>
<td>Usually between a provider and a client</td>
</tr>
<tr>
<td>May inform, educate and motivate client</td>
<td>Help the client to make an informed decision</td>
</tr>
</tbody>
</table>
Session 3.2: Qualities of a Good Counselor and Principles of Counseling

Duration: 40 minutes

Session objectives:
At the end of the session the participants will be able to;
1. Identify the qualities of a good counselor.
2. Identify the principles of counseling.
3. To know the meaning of ROLES, CLEAR, KISS and how to use in effective counseling.

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
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</tr>
<tr>
<td>2</td>
<td>Qualities of good counselor and principle of counseling</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart and marker</td>
</tr>
<tr>
<td>3</td>
<td>Qualities of good counselor and principle of counseling</td>
<td>20 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process – Methodology

Step 1: introduction
- Introduce the session objectives to the participants.
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step 2: Qualities of good counselor and counseling principles
1. Ask the participants to name some of qualities of good counselor and write their responses on a flip chart.
2. Ask them to name some of the basic principle of counseling.

Step 3: Qualities of a good counselor and counseling principles
- Now present the qualities of good counselor to the participants.
- During the presentation always point towards the right responses noted on the flip chart during the brain storming.
- Tell the participants that good counselor should always keep the pyramid in mind while counseling clients.

Step 4: summary
- Summarize the session by emphasizing that all the IPC skills are required for being caring counselors.
Facilitator’s notes:
Principles of Counseling:

- Counseling should take place in a **private quiet place** where client and Health Worker can hear each other, and with sufficient **time** to ensure that all necessary information, clients concerns and medical requirements are discussed and addressed.
- **Confidentiality** must be ensured, both in the process of counseling and the handling of client records.
- It is essential that counseling takes place in a **non-judgmental, accepting and caring atmosphere**.
- The client should be able to understand the **language** the health worker uses (local dialect, simple culturally appropriate vocabulary, no highly technical medical technology).
- The health worker must use good **interpersonal communication** skills, the ability to question effectively, listen actively, summarize and paraphrase clients comments or problems, and adopt a non-judgmental, helpful manner.
- The client should not be overwhelmed with information. The **most important message should be discussed first** and be brief simple and specific.
- Repeating critical information is the most effective way to reinforce the message. **Repeat, repeat and repeat.**
- Always **verify that the client has understood** what has been discussed. This can be done by asking open-ended question or through observation when they practice the skills.

Qualities of a good Counselor

- Knowledgeable
- Ensures confidentiality
- Good listener
- Shows interest
- Has self-control and tact
- Non-judgmental
- Empathetic
- Honest and acknowledges limitations
- Approachable
- Ability to create rapport

Tell participants that there some acronyms that help providers remember other qualities of a good counselor; these are:

‘**ROLES**’ for Non-verbal communication skills

- **R** = Relax
- **O** = Open and friendly facial expression
- **L** = Lean forward towards client
- **E** = Eye contact
- **S** = Smile and head nodding
Other attending skills are easily represented with the other acronyms such as;
“CLEAR” for verbal communication skills
C = Clarify
L = listen
E = Encourage
A = Acknowledge
R = Repeat/reflect

“KISS” for appropriate use of language
K = Keep
I = It
S = Short
S = Simple &
S=Sensible
Session 3.3: Practicing Steps of Effective Counseling (GATHER)

Duration: 55 minutes

Session objectives:
At the end of the session the participants will be able to;
1. Read the role play prepared based on GATHER approach.
2. Identify different steps of GATHER in the role play.
3. Filled supervisory checklist for role play.

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Read the role play and identifying different steps of GATHER</td>
<td>15min</td>
<td>Pair activity Reading the role play</td>
<td>Participants manual and pencil</td>
</tr>
<tr>
<td>3</td>
<td>Practicing the steps of effective counseling (GATHER)</td>
<td>30 min</td>
<td>Role play</td>
<td>IPCC integrated skills checklist.</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process – Methodology

Step 1: Introduction
- Introduce the session objectives to the participants.

Step 2: Reading the role play and identifying the steps of GATHER
- Divide the participants into pairs
- Ask the participants to read the role play based on GATHER method from their participants manual.
- Then in each sentence written in front of midwife Fariba identify the step of GATHER that has been used by the Fariba with mutual understanding of the your partner in the pair.
- Now ask two participant to read allowed the role play. One participant should read the dialogues of Client Mariam and the other participant reading the dialogues of midwife Fariba.
- Then ask what step of GATHER is used in the first dialogue by the midwife.
- Then the second dialogue and so on and so forth.

Step 3: Practicing the GATHER
- Now ask the participants for two volunteer to perform a role in front of class of the given client provider situation.
- Select the two participants one as health care provider and the other as client.
- Let the two discuss the given situation with each other for 2 minutes.
- Meanwhile ask the other participants to review the integrated skills checklist which they will be filling during the role play.
- Ask the two volunteer to perform the role play and the rest of the class should fill the IPCC integrated skills check list.

**Step 4: summary**
- Summarize the session by emphasizing that constant practice is required to improve counseling and communication skills and only practice makes a person perfect.

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**Facilitator’s note:**

Role Play: A Good Counseling  
Place = Malalai Hospital Kabul  
Characters: Fariba, midwife of the Malalai Hospital  
Mariam (client)  
Mariam [enters in the center—the Fariba smiles]

Fariba: Hello—please come in and have a seat.

Mariam: I have four children. I want to be able to feed them and by the grace of God, send them to secondary school. The eldest is only six. My husband complains that they are too noisy. I am tired.

Fariba: Your husband and you are tired because your children are young. You would like to be able to take care of them, you don’t want another baby. Are you thinking about using a contraceptive method?

Mariam: Yes, I would like to take pills, but I’m afraid people say that it weakens you and that you can get pregnant even when using it.

Fariba: So, you are afraid that the pill is not an efficient method and that it will make you feel tired.

Mariam: Yes.

Fariba: What else have you heard about pills?

Mariam: They also say that it can give you cancer, but I’m not sure.

Fariba: Many people have the same fears. These fears are however not justified by any medical reason. The pill is one of the most efficient methods we have. If you take your pill every day, you cannot get pregnant. Sometimes people forget to take it, or they take it only when necessary, not every day. Of course they can get pregnant. Also, sometimes, women on pills can be tired for other reasons (they have too many children), but they don’t think of the real reason of their fatigue and they put the blame on the pills. Moreover, the pill doesn’t give cancer—it can even protect you against some cancers. But we also have other methods apart from pills that I can explain. Why do you want to try pills?

Mariam: Well, I’ve heard about IUCD, but I was told that it had to be put inside your body and that it could move from your stomach to your heart, so I’m afraid.
Fariba: I’m glad that you heard about the IUCD, so you know that the pill is not the only choice—you are right when you say that it is put inside the body [shows one to her] but I can assure you that where it is put, it’s completely closed. The IUCD cannot move, it is impossible. (Fariba shows her a diagram of the female reproductive system indicating the uterus and the position of the IUCD.)

Mariam: [nods]

Fariba: Have you heard about any other methods?

Mariam: No, only those.

Fariba: We have several other methods that I’ll explain to you. But since all the methods are not suitable for all women, I will ask you some questions to help you choose the one most suitable for you. [Fariba shows Mariam different methods: the condom, the foaming tablets, implants, Injectable, etc. Fariba also explains the voluntary surgical sterilization procedures: Tubal Ligation and vasectomy].

Mariam: I would like to have the voluntary surgical contraception.

Fariba: Tubal Ligation which means tying the fallopian tubes to prevent the egg travelling from the ovary through the fallopian tubes to meet the male sperm in the uterus. If no egg meets the sperm, conception does not take place.

Mariam: [nods agreement]

Fariba: Why would you like the Tubal Ligation? I thought you indicated earlier you wanted the pill...

Mariam: Because we do not want any more children. Frankly speaking, my husband and I cannot afford a larger family. We have to prevent any risk of pregnancy in future.

Fariba: I am glad you say ‘my husband and I’. This is a joint decision. You might wish to consult your husband and get his views and support before confirming your decision.

Mariam: I know you’re right and I am confident of my husband’s support in the matter.

Fariba: Now that you have chosen this method, let me explain to you how it works. [Fariba explains with the use of a diagram how the procedure is conducted, how it prevents conception].

Mariam: Thank you—the more you explain, the more I am determined it’s the best one for me.

Fariba: Please remember to talk to your husband. I shall give you condoms to use with your husband before both of you reach a decision. May I meet with both of you a week from now...Thursday next week at 2:00 pm, shall we say?

Mariam: That’ll be fine. Thank you and good-bye.

Fariba: Good-bye, Mariam
Session 3.4: Four Types of Family Planning Clients

Duration: 75 minutes

Session Objectives:
At the end of the session the participants will be able to;
1. Identify the four types of family planning clients
2. Know how to counsel different types of family planning clients
3. Practice the GATHER method in counseling the four types of family planning clients

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>The four types of family planning clients and how to counsel them</td>
<td>15 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>The four types of family planning clients and how to counsel them</td>
<td>10 min</td>
<td>Q&amp;A and Group Discussion</td>
<td>Flip chart and Marker</td>
</tr>
<tr>
<td>4</td>
<td>Practicing the steps of effective counseling (GATHER) to counsel four types family planning clients</td>
<td>30 min</td>
<td>Group discussion Role play</td>
<td>IPCC integrated skills checklist.</td>
</tr>
<tr>
<td>5</td>
<td>Getting feedback on the performed role plays</td>
<td>10 minutes</td>
<td>Q&amp;A and Group Discussion</td>
<td>Flip chart and Marker</td>
</tr>
<tr>
<td>6</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants.
- Present the power point presentation.

Step 2 The four types of family planning clients and how to counsel them.
- Ask the participants the following questions;
  1. Name the types of family planning clients visiting health facilities. (Ask four different participants)
  2. Explain the steps to counsel the four types of family planning clients. (Ask four different participants)

Step 3: Practicing the steps of effective counseling (GATHER) to counsel four types family planning clients
- Divide the participant into four different groups.
- Assign each group the one client situation.
- Ask the groups to discuss the steps involved in counseling the given client situation.
- Emphasize that while counseling clients use the six steps of GATHER.
- The groups should identify two persons one as health care provider and another as the client and perform the role play initially in the group.
- Then each group should perform their role play in front of the class.
- Ask the rest of the participants to fill the IPCC checklist for the role plays.
• At the end of each role play ask the participants for feedback based on the integrated skills checklist filled by them.

Step 6: Summary
• Summarize the session by emphasizing that new scientific approaches should be used while counseling family planning clients but the steps of GATHER should always be used during client counseling.

Facilitator’s Notes:

Family planning (FP) clients typically fall into one of the following four categories:
• New clients with a method in mind
• New clients with no method in mind
• Returning clients with no problems or concerns
• Returning clients with problems or concerns

Good family planning can help clients:
• Make better choices about contraceptive methods
• Use their method(s) well
• Continue to use their method(s)

Essential Counseling Tasks for New Clients with a Method in Mind:
1. Check that the client’s understanding of the method is accurate.
2. Support the client’s choice, if the client is medically eligible for the method.
3. Help the client choose another method, if needed.
4. Discuss how to use the method.
5. Tell the client about possible side effects and how to cope with them.
6. Provide the method/supplies.
7. Schedule a return visit.

Example of New Clients with a Method in Mind:
Marina is a first-time family planning user. She comes to the clinic and asks for an IUCD. Because she has a method in mind, the midwife asks her a series of questions to determine what Marina knows about the IUCD and whether she is medically eligible to use this method. From their conversation, the midwife learns that there are some gaps in Marina’s knowledge. So, the midwife gives Marina the essential information she needs to make an informed decision. She does not know that the copper IUCD can cause extra cramping and bleeding during the first three months of use. After hearing this information, Marina determines that she can deal with the possible side effects and decides to go ahead with the IUCD. The IUCD is inserted, and the midwife schedules a follow-up visit for Marina and reminds her that she can come back at any time if she has questions or concerns.

Essential Counseling Tasks for New Clients with No Method in Mind:
1. Discuss the client’s situation, plans, and what is important to her about a method.
2. Help the client consider methods that might suit her. If needed, help her reach a decision.
3. Support the client’s choice.
4. Give key instructions on use.
5. Discuss how cope with any side effects.
6. Mention that methods switching is possible and allowed.
7. Schedule a return visit.

Example of *New Clients with No Method in Mind*
Badam Gul comes to the family planning clinic for the first time. While talking to the midwife, she says that she does not want to get pregnant in the next two years, but she does not know what contraceptive method she wants to use. The midwife asks what methods Badam Gul has heard about, and explains the temporary contraceptive methods that are available at the clinic. Badam Gul expresses interest in the injectable. The midwife supports Badam Gul’s choice, checks her medical eligibility to use the method, and explains how the injectable works. She then tells Badam Gul about the possible side effects and how to deal with them, and informs her that if at any time Badam Gul wants to switch methods, she can do so. Then the midwife gives Badam Gul the injection, schedules a return visit, and tells her to come back if she has any questions or problems in the meantime.

**Essential Counseling Tasks for Returning Clients with No Problems or Concerns**
1. Ask a friendly question about how the client is doing with the method.
2. If needed, answer all clients’ questions.
3. Provide more supplies or routine follow-up.
4. Schedule a return visit.

Example of *Returning Clients with No Problems or Concerns*
Malalai comes to the clinic for a resupply visit. She has been using oral contraceptives (OCs) for three years. During the course of the visit, the midwife asks Malalai how the OCs is working for her: Is she experiencing any problems? Is she satisfied with this method? Malalai says she has not had any problems, and she is very satisfied with the pill. Because Malalai does not have any questions or concerns, the midwife gives her the supplies she needs and schedules Malalai’s next resupply visit for the following year.

**Essential Counseling Tasks for Returning Clients Who Are Experiencing Problems or Have Concerns**
1. Explore and understand the problem.
2. Help the client resolve the problem: Is the problem side effects, or difficulty using the method?
3. If needed, help the client change methods.
4. If needed, help the client understand and manage side effects.
5. Schedule a return visit.

Example of *Returning Clients Who Are Experiencing Problems or Have Concerns*
Gul Maakai came to the clinic for the first time last month. During that visit, she decided to use contraceptive implants; the midwife inserted the implants that day. But Gul Maakai has returned the clinic today with a concern: She has been experiencing irregular bleeding for several days. The midwife asks Gul Maakai a few questions about the bleeding and her overall health. She then assures Gul Maakai that irregular bleeding is a common side effect of implants, and it usually goes away after the first year. The midwife asks if Gul Maakai would like to continue with the implants or if she would like to explore other contraceptive methods. Gul Maakai expresses that she would like to continue using the implants. So, the midwife supports Gul Maakai’s decision and they discuss ways to deal with the side effects.
**Client situation 1:**
Taj Bibi has visited you come to the health facility to take oral contraceptive pills as birth spacing method. She has heard from Bubu Gul that oral contraceptive pills are the only and best method for birth spacing.

**Client situation 2:**
Chaman Gul has eight children. She has visited the health facility to consult with you. She does not know anything about birth spacing.

**Client situation 3:**
Parween has come to the health facility after a period of three months get her scheduled dose of Depo-Provera. She has no complains about the birth spacing method.

**Client situation 4:**
Shaista has come to the health facility worried and unhappy. One and half months back she chose oral contraceptive pills as birth spacing method. Now she has developed irregular bleeding. She did not use the oral contraceptive pills regularly but was using it on as per need basis.
## MODULE 4: CLIENTS RIGHTS AND USE OF IEC MATERIALS DURING COUNSELING

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Clients Right and Use of IEC Materials during Counseling</th>
</tr>
</thead>
</table>
| **Target group trainee** | - The IPC & C training is designed for the training of health care providers who are in contact with clients at the facility and community levels.  
- NGOs admin staff |
| **Purpose** | The health providers should know the importance of client rights and use of IEC materials during counseling. |
| **Output** | The participants’ capacity built on client rights and importance of IEC materials during counseling. |
| **Session** | 4.1. Clients Right of Informed Choice during Counseling Clients  
4.2. Drawing a Picture-Individual Exercise  
4.3. Advantage and Use of IEC Materials during Counseling  
4.4. Use of IEC Materials Exercise  
4.5. Conducting Health Education Session |
| **Duration** | 230 minutes |
Session 4.1: Clients Right of Informed Choice during Counseling

Duration: 35 minutes

Session Objectives:
At the end of the session the participants will be able to;
1. Name 5 clients’ right
2. Understand the client’s right of informed choice
3. Name the three dimensions of clients’ right of informed choice
4. Understands the utility of clients’ right of informed choice

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Clients rights</td>
<td>10 min</td>
<td>Brainstorming</td>
<td>Flip chart and Marker</td>
</tr>
<tr>
<td>3</td>
<td>clients’ rights of informed choice</td>
<td>15 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture and Q&amp;A</td>
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</tbody>
</table>

Process – Methodology

Step 1: Introduction
- Introduce the session objective to the participants.
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step 2: Clients rights Informed Choice during Counseling
- Ask the participants to name clients’ rights.
- Write the responses on the flip chart.
- What are the different dimensions of client’s rights of informed choice?
- What do you mean by client’s right of informed choice?
- Why clients should know and practice their rights during client provider interactions?

Step 3: Client’s rights and clients’ rights of informed choice
- Now present the power point presentation to the participants.
- During the presentation always point towards the responses of participants during the brainstorming session.
- During presentation thanks the participants who give the right or the similar answer.
- Presents the study results of countries where clients rights of informed choice is practiced.

Step 4: Summary
- Summarize the session by emphasizing that clients should know their rights and practice them during client provider interactions for sustainable behavior change and better compliance with the services.
- Now ask the participants the following questions.
  1. Name five client rights.(ask five different participants)
2. What do you mean by client right of informed choice?
3. What are the three dimensions of clients’ rights of informed choice?
4. What is importance of clients’ rights of informed choice?

**Facilitator's Notes:**

**Purpose of clients’ rights:**
- The purpose of clients’ rights is that for clients to make informed choices, they must feel empowered.
- Research evidence has demonstrated that clients who exercised their rights were more likely to change their behavior and sustain that change.

**The following are some of the basic clients’ rights:**
1. Right to information
2. Right to access
3. Right of informed choice
4. Right to safety
5. Right to Privacy
6. Right to Confidentiality
7. Right to Dignity
8. Right to Comfort
9. Right to Continuity
10. Right to Opinion

**Informed choice:**
Informed choice is the process used by the clients to make their own decision about the type/method of healthcare services/products they want.

**Dimensions of Informed choice:**
Informed choice has three dimensions;
1. The clients fully understand all the types of available services and products in a given situation.
2. The clients fully understand all the necessary information regarding service/product, such as risks/benefits, potential side effects, mode of action, etc.
3. Then the clients themselves make an informed choice in a stress-free environment and without pressure, coercion or incentives from others.

**Evidence based utility of clients’ rights of informed choice:**
**Indonesian study,** women who received their choice of contraceptive method were far more likely to continue to use the method. Only 8.9% of the women who received their choice (1,679) were discontinued use, whereas 72.2% of the women who were denied their choice (266) discontinued use. The term “choice granted” referred to women who stated that their choice of contraceptive method was the same as the method provided by the health worker. “Choice denied” referred to women who stated that their choice of contraceptive method was different from the method they were given.
Receiving Contraceptive of Choice Increases Continuous Use

Indonesia

Source: Pariani, Heer and Van Arsdol 1991.
Session 4.2: Drawing a Picture – Individual Exercise

Duration: 30 minutes

Session Objectives:
At the end of the session the participants will able to:

1. To understand the importance of health education materials used for effective counseling with clients

Overview of Session Plan

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Drawing an animal (picture)</td>
<td>10 min</td>
<td>Lecture</td>
<td>Paper slips and pencils</td>
</tr>
<tr>
<td>3</td>
<td>Taking feedback</td>
<td>10 min</td>
<td>Q&amp;A and Group Discussion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants.
- Present the power point presentation.

Step 2: Drawing an animal
- Read allowed the instructions write on the paper.
- Ask the participants to draw an animal according to the verbal instructions.
- Four legs and short neck
- A triangular face, the base of the triangle is upward
- It has chin but very short
- The ears of the animal are not so small not so long and are in erected in semi-horizontal way
- It has tail with twisted end
- Allow the participants to draw what they think, observe, interpret the instruction given to them and draw a picture according to their own perception.
- Collect the slips from participant and show every drawings one by one (this is fun) to the rest of the class.

Step 3: Taking feedback from the participants
- Ask them in the end why they drew different pictures in spite of having the same instructions repeated by the facilitator.
- Possible answers:
  - Different drawing skills
  - Different perspectives from instruction
  - Others
- Tell them that they are educated and have more knowledge than their clients, but from the verbal instructions are interpreted in many ways and applied to different skills of drawing and different pictures produced,
In the same way when you are giving counseling and provide just verbal messages clearly and in local language, different people will get different perspectives and they will take different pictures of the messages to their homes and some time these wrong pictures can complicate the situation.

Ask the participants that as health care providers what will help us?

**Answer:** IEC material and visual aids, if these materials are used properly, it will prevent misconceptions, misunderstandings and will help in clarification things; this will also give the opportunity to the clients to ask more questions if there are.

**Step 4: Summary**
- Summarize the session by emphasizing that “a picture is worth a hundred words” so to make the counseling session effective IEC materials should be used frequently.

IEC materials are not only the materials that produced by MOPH and its partner, health providers own drawings, some health products (FP materials, like the oral contraceptive pills packet, or showing a woman an IUCD etc) could be used as visual aids.

**Instruction for drawing a picture:**

Please draw an animal with following characteristics:
- Four legs and short neck
- A triangular face, the base of the triangle is upward
- It has chin but very short
- The ears of the animal are not so small not so long and are in erected in semi-horizontal way
- It has tail with twisted end

We are not going to tell you about the name of the animal please think about it and draw a picture of animal accordingly.
Session 4.3: Advantages and Use of IEC Materials in Counseling

Duration: 45 minutes

Session Objectives:
At the end of the sessions the participants will be able to:
1. Name different types of IEC materials used in health facilities.
2. Know the importance of IEC materials
3. Know different ways of using IEC materials

Overview of Session Plan

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
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<tr>
<td>2</td>
<td>IEC materials</td>
<td>25 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>4</td>
<td>IEC materials</td>
<td>10 minutes</td>
<td>Brainstorming</td>
<td>Flip chart and Marker</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: introduction
- Introduce the session objectives to the participants.

Step 2: IEC materials Use of IEC Materials in Counseling
- Present the power point presentation to the participants.
- Then present the types of IEC materials.
- Then present how to use different types of IEC materials.

Step 3: IEC materials Use of IEC Materials in Counseling
- Now ask the participants to answer the following questions.
  - Name different types of IEC materials
  - What is the importance of IEC materials?
  - Ask the participants to name IEC materials they have in clinics’(3-4 participants)

Step 4: summary
- Summarize the session by emphasizing that “words have no meaning, the golden rule of communication” so IEC material should be used to make counseling and health education session effective.
Facilitator Note:

Ask participants how many interesting stories they read/they listened verbally in their life and how many they still remember the scenarios of these stories, now ask them how many video films and clips they have seen and how many scenarios they remember from these video stuff, if they compare they certainly will have more visual scenarios in minds than the listened and read ones (This is fun!)

Ask them why the books/literature designed for kids and primary schools have many pictures and photos than the one for adult? Get their answers

The correct answer would say “because it helps children to understand issues well and keep it in mind (Remember) for long time”

Why use IEC materials when counseling:
- IEC materials attract the client’s attention
- IEC materials can trigger discussion and help client bring up questions
- IEC materials can make something very small (e.g., ovum or sperm) big enough to be visible
- IEC materials can be used to compare similarities and differences (e.g., types of IUD)
- IEC materials can make complex ideas easy to understand
- IEC materials can show something that people cannot see in real life (e.g., position of IUD in the uterus)
- IEC materials can help when discussing a sensitive topic such as Family Planning or a complicated topic like Child Survival
- People can take print materials home as reminders
- People can share print materials with family members and friends
- Attract the client’s attention.
- Trigger discussion and help bring up questions from clients

IT HELPS CLIENT
- To make the best decision in contraceptive method.
- To remember the accurate usage of contraceptive method.
- To understand how contraceptive method works inside the body.

Different Types of IEC materials:
- Posters (large and small)
- Flip chart (paper and cloth)
- Flip card
- Flash cards
- Demonstrations (preparation of ORS to a group of women)
- Drawings (midwife drawing the reproductive system anatomy to a client to dispel a rumor that IUCD moves from uterus to heart)
- Video films
- Bill boards
- Puppets/Models (passage of the fetus through the birth canal during delivery)
**Flip charts:**
The flipchart is a portable visual teaching aid made up of a series of charts to present ideas sequentially to a group of people. Each chart contains a specific illustration which may or may not have supplemental text.

*How to use flip charts effectively:*
1. Position the flipchart so that everyone can see it.
2. Point to the pictures, not the text.
3. Face the client or audience (for group talks). Move around the room for groups with the flipchart if the whole group cannot see it at one time. Try to involve the group.
4. Ask the client(s) questions about the drawing to check for accurate understanding.
5. If the flipchart has text, use it as guide, but familiarize yourself with the content so that you are not dependent on the text.

**Booklets/Flip cards:**
Booklets are designed to reinforce or support verbal messages of health workers. If used properly, they strengthen the messages you give to clients.

*How to use booklets effectively:*
1. Go through each page of the booklet with the client: This will give you a chance to show and tell the client about a health problem/practice and answer any questions the client has.
2. Point to the pictures, not to the text: This will help the client to remember what the illustrations represent.
3. Observe the client’s reactions: If your client looks puzzled or worried, encourage him/her to ask questions or talk about any concerns. Discussion helps establish a good relationship and builds trust between you and the client. A person who has confidence in his or her health worker will often transfer that confidence to the method or health practice selected.
4. Give the client the booklet: Suggest that he/she share it with others, even if the client makes a decision not to use the method or health practice described.

**Different ways of keeping IEC materials in hands while using it in counseling/education session:**
- Those health workers who have learned the messages by heart may hold it with one hand to their side, showing the illustration to the audience while reciting the messages. (Picture A and B)
- Those health workers who have not yet learned the messages by heart and are able to read can hold it with both hands in front of them, showing the illustration to the audience and using the text to refresh their memory (Picture C and D)
Session 4.4: Use of IEC Materials Exercise

Duration: 55 minutes

Session objectives:
At the end of session the participant will be able to;
1. Properly use different IEC materials during client provider interactions.

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<th>Materials</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Proper use of IEC materials</td>
<td>30 min</td>
<td>Role plays</td>
<td>FP flip card, flip chart, ORS</td>
</tr>
<tr>
<td>3</td>
<td>Feedback on proper use of IEC</td>
<td>15 min</td>
<td>Q&amp;A and Group</td>
<td>FP tablets and female genital are schema</td>
</tr>
<tr>
<td></td>
<td>materials</td>
<td></td>
<td>discussion</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
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</tbody>
</table>

Process - Methodology

Preparation: A Depo-Provera flip card, a jug and four glasses with ORS packet should be present.

Step 1: Introduction
- Introduce the session objectives to the participants.

Step 2: Proper use of IEC materials
- Divide the participants into four groups and assign each group a client situation.
- Ask each group to assign two participants from the group who should perform the role play based on the client situation.
- Emphasize that they should use IEC material during their counseling or communication sessions.
- Ask the rest of participants to fill the IPCC checklist for the performed role plays.

Step 3: summary
- Summarize the session by emphasizing that as providers we should always use printed IEC materials
- If printed materials are not present then we should always be innovative and try to use drawing so that our clients can understand our words in a better way.
- Use demonstration or the blister of oral contraceptive pills or showing IUCD to a client who has not seen it before.
Client situation 1:
Taj bibi and her husband come to the health facility for family counseling. Now counsel her by using flip card ....... She will opt for Depo-Provera. Use the flip card specifically printed for Depo-Provera counseling.

Client situation 2:
A mother has brought her son who is suffering from diarrhea. The mother during her interaction tells you that she do not how prepare ORS so by demonstrating the preparation of ORS interact with mother so that she should learn how to prepare the ORS.

Client situation 3:
Bubu Gul wants to use IUCD as birth spacing method but she is still concerned about the rumors that she had heard ....... IUCD moves from uterus to the heart as it placed inside her body. Now draw a picture of the female reproductive system insure Bubu Gul that uterus is closed and heart is far from the uterus and also separated from the uterus.

Client situation 4:
Ramzia has visited you for family counseling and opted for oral contraceptive pills. She is unable to understand how to use the pills. You as good counselor use the blister of oral contraceptive pills counsel her how to use and from where she should start the tablets.
Session 4.5: Conducting Health Education Session

Duration: 65 minutes

Session Objectives:
At the end of the sessions the participants will able to:
1. Define health education
2. Know the importance of health education
3. Conduct a Health education session
4. Understand the difference between health education and counseling

Overview of Session Plan

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<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Conducting health education session in health facilities</td>
<td>30min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides Flip chart and Marker</td>
</tr>
<tr>
<td>3</td>
<td>Conducting health education session</td>
<td>20min</td>
<td>Role play</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Feedback on the role play</td>
<td>5min</td>
<td>Q&amp;A and Group Discussion</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
<td>5min</td>
<td>Lecture and Q&amp;A</td>
<td></td>
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</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step 2: Conducting Health Education session in the Health facilities
- What are health educations?
- What is the impotence of health educations?
- What are the difference between of health educations and consoling?
- Ask following questions from the participants and write the answers on the flip chart for better participation.

Step 3: Conducting health education session
- Present different objectives and step of health educations and different between health education and counseling
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step 4: Conducting health education session
- Now ask one volunteer to come to the front of the class and conduct a health education session.
- Now select 10 participants as clients.
- Ask the clients to bring their chair together in front of the class.
The volunteer should conduct a health education session.
The rest of the participants should observe if all the steps of conducting health session were followed or not.

Step 4: Feedback on health education session
- Now ask a few to give their feedback about the health education session conducted.

Step 5: Summary
- Summarize the session by emphasizing that health education is one of the strategies for behavior change in Afghanistan and it should be properly used to bring about behavior change in the communities.
- After answering the participants' questions, ask them about the session objectives.

Facilitator’s Notes:

Definition of Health education:
Health Education is a process that informs, motivates and helps people to adopt and maintain healthy practices and life styles.

Purpose of Health Education:
Health education is a tool which enables people to take more control over their own health, and over the factors which affect their health.

Steps in conducting health education session:
1. Greets and welcome all the clients.
2. Tell the clients that today we are going to discuss about a certain topic (Family planning)
3. Give the clients enough information about the topic
4. Encourages the clients to ask questions
5. Uses IEC materials to explain about the health issue to the clients
6. Uses simple and easy to understand language with the clients.
7. Explains to the clients about the particular issues of concerns
8. At the end thanks the clients for paying attention and giving the time.

These are the two pictures that should be used in the presentation.
Ask the participants what this picture mean to them? Write the answers on the flip chart and lead the discussion on the importance of the health education.
Ask participants for the second picture and get their answers on the flip chart and finalize the discussion that educating people mean that giving ability to people to overcome on those factors which lead their normal lives to the abnormalities and to manage the abnormalities if occur in a right way to get back to the healthy lives soon and un-affected

![Image](81x413 to 495x687)

GIVE A MAN A FISH... AND YOU FEED HIM FOR A DAY.

TEACH A MAN TO FISH... AND HE’LL FEED HIMSELF FOR LIFE.

<table>
<thead>
<tr>
<th>Health Education</th>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Offers health related information to a group of people</td>
<td>- Offers health related messages to one person or with a small group of people with similar health problems.</td>
</tr>
<tr>
<td>- Focuses on community health problems (diarrhea, water and sanitation, hygiene, prevention, awareness).</td>
<td>- Focuses on an individual’s problems.</td>
</tr>
<tr>
<td>- Raises awareness and knowledge among group of people.</td>
<td>- Focuses on awareness raising and knowledge, but more so on enhancing skills of an individual to deal with the problem. To do something better.</td>
</tr>
<tr>
<td>- Health education is done in the communities, such as under the trees, in the clinics, on the stage, where a large number of people can attend.</td>
<td>- Counseling is done in the clinics, a client’s home on a one on one basis.</td>
</tr>
<tr>
<td>- Does not require confidentiality</td>
<td>- Requires confidentiality most of the time.</td>
</tr>
<tr>
<td>- Different methods are used to do health education such as role plays, street dramas, use of video, films, flip charts, campaigns, etc.</td>
<td>- Counseling is more like an informal chat between a client and an advisor or health worker. You could use visual aids, storytelling, and flip charts as additional aids.</td>
</tr>
<tr>
<td>- Health education is not always two ways.</td>
<td>- Counseling must be two ways.</td>
</tr>
</tbody>
</table>
# MODULE 5: CLIENTS SATISFACTION

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Clients Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target group trainee</strong></td>
<td>The IPC &amp; C training is designed for the training of health care providers who are in contact with clients at the facility and community levels. These providers need to acquire good interpersonal communication skills for their day to day interaction with clients for whom they should provide quality services.</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>The health providers used effective tool to monitor the quality from the client point of view to find the gap and find the gap accordingly</td>
</tr>
<tr>
<td><strong>Output</strong></td>
<td>The participants’ capacity built on development and implementation monitoring tool (Matrix 01 and 02) for client satisfaction, analysis the responses and plan based on monitoring result</td>
</tr>
</tbody>
</table>
| **Session**        | 5.1. Clients Satisfaction Monitoring  
5.2. Clients Satisfaction Monitoring (CSM) Group Work                                                                                           |
| **Duration**       | 85 minutes                                                                                                                                           |
Session 5.1: Client Satisfaction Monitoring

Duration: 40 minutes

Session Objectives:
At the end of the sessions the participants will able to answer the following questions:
1. Objectives to the participants
2. Know the importance of client satisfaction monitoring
3. Know how to monitor client satisfaction?
4. Know the link between client satisfaction and quality of health services.

Over view of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>slides</td>
</tr>
<tr>
<td>2</td>
<td>Client Satisfaction</td>
<td>30min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point</td>
</tr>
<tr>
<td></td>
<td>Monitoring</td>
<td></td>
<td></td>
<td>slides</td>
</tr>
<tr>
<td>3</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td>Lecture, Q&amp;A</td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants
- Emphasize that at the end of session we will review the session objectives.
- Participants should answer questions regarding each objective.

Step 2: Client satisfaction monitoring
- Write the following questions from the participants and write them on the flip chart.
  1. Objectives to the participants?
  2. What is the link between client satisfaction and quality of health services?
  3. How to monitor client satisfaction?

Step 3: Summary
- Summarize the session by asking session objectives.

Facilitator s’ Note:

1. Client satisfaction is it important to monitor?
Client satisfaction is defined as “the extent to which the needs and expectations of clients are met”.

OR
The Client’s perceived acceptability of the system.

OR
Client satisfaction means the client’s perceptions of the health services as high quality and is satisfied with quality of health care.

Satisfaction comes in real meanings when the entire situation is acceptable to the clients.

2. Importance of Client satisfaction monitoring
It is important to monitor client satisfaction;
- To know whether those who are served by health providers are satisfied with the service or not.
- Mostly the health providers perceive that they are working day and night to serve their clients but in the meantime they might ignore some minor issues which might be so valuable to the clients based on their religion, culture and social values which can affect all the hard work of the health unit and their performance and loyalty is questioned by the communities.
- Client satisfaction monitoring is the very good way to ask people coming to health facilities and get their comments on how they need and want health services for themselves.
- This process will enable the health providers to see their performance from the community perspective that they serve.

3. Link between client satisfaction and quality of health services
- There is a direct link between quality of health services and client satisfaction.
- To clients quality means the health services which can respond to their needs, are cheap (cost effective), relevant to their cultures and beliefs and are accessible.

Therefore the health services perceived of high quality by the clients are of the perfect quality than the one we as health care providers perceives, that is why by repeating the client satisfaction monitoring we will have the opportunity to check the quality of the health service delivery from the real communities’ perception.

4. How can we monitor client satisfaction
We can monitor our clients’ satisfaction by meeting them and asking them about their comments on health service delivery, by using two methodologies.

A. PATIENT EXIT INTERVIEWS:
- To conduct such interviews, one member of medical staff stands at the exit from the health facility and interviews patients as they leave after their consultation(s).
- Please note here that people may answer more openly in a private situation.
- USER SATISFACTION QUESTIONNAIRE may be useful for this purpose, but should be modified to fit the exact needs of the health facility.
- Interviewees may be selected randomly (for example by interviewing every 4th person leaving).
- An attempt should also be made to interview members of the different target groups in the population (such as pregnant women, children, men etc.)
- The questions should be addressed to the parent when enquiring about the satisfaction with services provided to a young child.

B. FOCUS GROUPS DISCUSSION:
- Focus groups are discussion groups in which members of different service user groups from the population take part. (For example there may be a group of pregnant women, a group of women using family planning services, a group of men etc). Because the group members are
discussing within their own peer group they are more likely to speak freely.

- The broad topic of discussion will be the good and bad aspects of health care services provided at the health facility.
- The staff member leading the group allows the discussion to flow naturally but also suggests certain specific topics of particular interest to the health facility, for example waiting times or opening times to obtain the group members’ opinions.
- The staff member leading the group, makes a record of what was discussed, taking care to record what the group members actually said rather than his or her interpretation.
- A tape recording is ideal if available.
- When organizing a focus group it is important to carefully choose a quiet private location and to arrange a time when the members of that specific group are able to attend.

C. Steps of client satisfaction monitoring

1. Conduction exit interview with client or focus group discussion:
Refer to the previous page, the documents (exit interviews forms and FGD report) should be stored in filling system

2. Analysis of the information found in the interviews/FGD
For this task you can use Matrix 01 USER SATISFACTION ANALYSIS Which is a table, each question of the exit interview form is written in the first column and if you have x number of clients interviewed you can put the response of each question in the corresponding field of the related questionnaire, the table could be used to analyze the information of maximum 9 questionnaire, this table will help you to bring all the data to one page and then you can decide which area is poor than other and why? The analysis table and the sheet of conclusions are the documents to be kept in files to support the process in QA assessments

Frequency of client satisfaction monitoring
The process should repeated once every three months
The frequency of monitoring client satisfaction is not the issue to be pre determined and health providers can decide when they should do it and then they should have a space of time to cover the gaps found by doing planned actions and then they again assess clients perspectives to recheck if they have improvement and find some new gaps for next step.

3. Developing action plan to cover the gaps/integration of action plan in the annual work plan of the health facilities

For this activity you can use Matrix 02 USER SATISFACTION ANALYSIS ACTION PLAN This action plan should be the part of facility annual work plan and a support document for the visitors of the QA process
MATRIX 01: USER SATISFACTION QUESTIONNAIRE

We would like to ask you some questions about your satisfaction with the services you have received at this health facility. Your answers will be confidential.

Date: __________________________ Health Facility location Code: ____________________________

Interviewee Number: __________________________

1. Age: (years) __________________________

2. Gender: Male ☐ Female ☐

3. How long did it take to get to the H/F from your home? Days _____ Hours ______ Minutes ______ Doesn’t know ______

4. What was the reason for your visit today? Vaccines ☐ ANC/PNC ☐ Family. Planning ☐ Visit for illness ☐ Other ☐

5. How did you feel about the waiting time? Short ☐ Acceptable ☐ Too long ☐

6. How did you feel about the length of the consultation? Short ☐ Acceptable ☐ Too long ☐

7. Who delivered health care to you today? Doctor ☐ Nurse ☐ Midwife ☐ Vaccinator ☐ Other ☐ Specify ___________

8. Were you given another appointment or told to return? YES ☐ NO ☐

9. Did the person who assisted you pay attention to your complaints? YES ☐ NO ☐

10. Did the person who assisted you examine you? YES ☐ NO ☐

11. Did the person who assisted you explain the problem you had? YES ☐ NO ☐

12. Did you understand the recommendations given to you? YES ☐ NO ☐
13. Was your privacy respected during the visit?  
   YES ☐  NO ☐

14. Were you treated kindly during the visit?  
   YES ☐  NO ☐

15. How many medicines were you prescribed?  
   One ☐  Two ☐  Three ☐  > than three ☐

16. Were you able to find all the medicines prescribed?  
   YES ☐  NO ☐

17. Did you receive instructions about how to use the medicines?  
   YES ☐  NO ☐

18. Can you tell me how you will use the medicine(s) you received today?  
   Described correctly?  YES ☐  NO ☐

19. Did you feel that your problem was solved?  
   YES ☐  NO ☐

20. How would you rate the attention you received at this Health Facility?  
   Excellent ☐  Good ☐  Fair ☐  Bad ☐

21. What do you think of the cleanliness of the Health Facility?  
   Excellent ☐  Good ☐  Fair ☐  Bad ☐

22. Have you received health care service each time you have requested it?  
   YES ☐  NO ☐  N/A ☐

23. Would you return to this Health Facility for assistance?:  
   YES ☐  NO ☐

24. On your next visit would you like to receive assistance from the same person who assisted you today?  
   YES ☐  NO ☐

25. Would you recommend this Health Facility to a person you care for very much?  
   YES ☐  NO ☐

26. In general, what do you think was the greatest problem with the attention you were given today?
   The waiting time ☐  treatment by health staff ☐  Lack of medicines ☐  Lack of equipment at the Facility ☐  Other ☐  Specify: ________________________

THANK YOU VERY MUCH FOR YOUR TIME
<table>
<thead>
<tr>
<th>NO</th>
<th>Questions</th>
<th>CLINET QUESTIONER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age of client (Which Age is mostly coming as clients?)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Sex of client (Which sex is mostly coming as clients?)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How long it takes to get to the HF from home?</td>
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<td>4</td>
<td>Services for which clients coming for?</td>
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<tr>
<td>5</td>
<td>How did you feel about the waiting time?</td>
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<tr>
<td>6</td>
<td>How did you feel about the length of the consultation?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Who delivered health care to you today?</td>
<td></td>
</tr>
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<td>Were you given another appointment or told to return?</td>
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</tr>
<tr>
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<tr>
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</tr>
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<tr>
<td>19</td>
<td>Did you feel that your problem was solved?</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>How would you rate the attention you received at this Health Facility?</td>
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<tr>
<td>21</td>
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<td></td>
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<td>Would you recommend this Health Facility to a person you care for very much?</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>In general, what do you think was the greatest problem with the attention you were given today?</td>
<td></td>
</tr>
</tbody>
</table>
## MATRIX 03 USER SATISFACTION ANALYSIS ACTION PLAN

<table>
<thead>
<tr>
<th>PROBLEM THAT PRIORITIZED FROM USER SATISFACTION ANALYSIS</th>
<th>SUGGESTED SOLUTION</th>
<th>RESPONSIBLE PERSON</th>
<th>SUPPORT PERSON OR ORGANIZATION</th>
<th>STARTING DATE FOR ACTIVITIES</th>
<th>END OF DATE FOR ACTIVITIES</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Session 5.2: Client Satisfaction Monitoring (CSM)—Group work

Duration: 45 minutes

Session Objectives:
At the end of the sessions the participants will able to:
1. To know about clients satisfaction monitoring tools.
2. Do exit interviews with few clients (some participants will mimic like clients)
3. Analysis of the information from exit interviews
4. Include the actions to address the gaps found in CSM in the annual action plan of the health facility (in the training participants should develop a plan just to cover the gaps found)

Overview of Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>5 min</td>
<td></td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Client satisfaction monitoring</td>
<td>20 min</td>
<td>Group exercise</td>
<td>Flip chart, marker, hard copies of exit interview forms, hard copies of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Role play</td>
<td>client satisfaction analysis.</td>
</tr>
<tr>
<td>3</td>
<td>Client satisfaction monitoring in health</td>
<td>15 min</td>
<td>Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>facilities</td>
<td></td>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture, Q&amp;A</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology

Step 1: Introduction
- Introduce the session objectives to the participants.
- Explain the steps involved in the client satisfaction monitoring.

Step 2: Client satisfaction monitoring
- Presents the clients satisfaction monitoring tools which include user satisfaction questioner, user satisfaction analysis form and user satisfaction analysis action plan.
- Ask the participants if they have any questions.

Step 3: Client satisfaction monitoring
- Divide the participants into three groups (if the number of the participants are more than 25 divide them into three groups)
- Each group represents a supposed health facility consisting of a facility in charge, vaccinator, midwife, guard and 6-8 clients.
- Ask the group to assign the different roles to different participants.
- Now the health facility in charge/midwife/ vaccinator will provide the services to the supposed clients.
- Some of the participants should play the role of supposed clients.
- Each client when getting out the supposed health facility should be interviewed by facility in charge, midwife, vaccinator or guard respectively.
- At the end all the exit interview forms should be collected by the group.
- The data from the exit interview should be transferred to the analysis matrix.
• Then all the group should jointly analyzed the problems and prioritize the problems to be solved.
• Then each group should make an action plan to address the problems using the action plan matrix.
• At the end all the groups should present their presentation to the rest of the participants.

Step 3: Summary
• Summarize the session by emphasizing that after every three months they should monitor the client satisfaction at their facility level and address all the gaps in order to improve the quality of health services.
Session 5.3: Counseling checklists exercise:

Duration: 120 hours

Session objectives:
At the end of the session the participants will be able to:
1. To know about observation checklist, peer supervisory checklist and self-assessment checklists

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>50min</td>
<td>Lecture</td>
<td>Computer, LCD projector and power point slides</td>
</tr>
<tr>
<td>2</td>
<td>Proper use observation checklist</td>
<td>40min</td>
<td>Role plays, lecture Q&amp;A</td>
<td>Flip chart and Marker</td>
</tr>
<tr>
<td>3</td>
<td>Peer and self-assessment checklists</td>
<td>15min</td>
<td>Role plays Q&amp;A</td>
<td>Flip chart and Marker, FP chart</td>
</tr>
<tr>
<td>4</td>
<td>Summary</td>
<td>5 min</td>
<td>Lecture</td>
<td></td>
</tr>
</tbody>
</table>

Process - Methodology


Step 1: Introduction
- Introduce the session objectives to the participants.
- Present the power point presentation.

Step 2: providing counseling
- Give a copy of observation checklist to the participants.
- Chose two volunteers from the participants to play the rule of counselor and clients
- Ask the counselor to use observation checklist and provide counseling to the client
- As the client to provide the answer according the question asked by counselor
- Ask the other participants to note the missed points during counseling
- Change the counselor and clients’ role and fill the peer supervisory checklist, self-assessment checklists.

Step 3: Feedback on the counseling
- Now ask the participants to provide feedbacks at the end of role play.
- Emphasize that participants should use the checklist properly and give feedback based on the observation checklist.

Step 4: summary
- Summarize the session by emphasizing that as providers we should consider On those issues which:
  - Gathering and providing information
  - Planning, decision-making, problem solving
  - Next steps (know support/referral resources, summarizes)

Facilitator Note:

1. Exercise on supervisory observation checklist:
This is a key session for integrating learning skills during the training. Emphasize that participants should know the answers which are mentioned at the end of sessions before returning to their work and also the mentioned skills should be cleared for them.
During the training participants exercise the different skills for being a good counselor. In fact they have to integrate all skills and practice them in their work. Therefore, we have to help participants for the importance of integration of the different skills. For example:

Think about driving. For the first time, while you seat at the back of the chattering, you must coordinate all activities which are required specifically if you drive gear cars. Clutch, accelerator, steering and gear should be in a balance with the things that you can see at the mirror. If you focus on changing the gear, your attention may convert. However, more experience and practices enable you to manage these skills automatically without paying attention to them. You will be able to control everything outside the car. To be expert in an individual skill leads you to achieve your goals. If you don’t follow a single step in driving, you won’t be a good driver.

Likewise, in counseling all the mentioned skills are important and you will be expert in counseling if you integrate all skills in working areas practically.

**Facilitator’s note:**

**Observation Checklist: Integrated Skills**

Instructions to Observer: You have the opportunity to help your colleague improve their counseling skills. Please watch the provider-counselor carefully. Take special note of those behaviors that are to be practiced. For now, focus on the process NOT the solution, the advice or the answer. Tick (Τ) the behavior that occurred or did not occur. Use the notes section to write specific examples to help you give the best, most specific feedback possible to the provider.

<table>
<thead>
<tr>
<th>OBSERVED BEHAVIOR</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. ESTABLISHING RAPPORT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pays attention to physical environment (ensures privacy, that is attractive and comfortable for the client)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains appropriate eye contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial expression, posture, gestures (smiling, leaning forward, communicates warmth)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of speech, tone communicates warmth, is easy to understand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assures confidentiality</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Asks reason for visit</td>
<td></td>
<td></td>
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<tr>
<td>Uses encouragers and praise to foster dialogue</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Uses open-ended questions to foster dialogue</td>
<td></td>
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</tr>
<tr>
<td>Asks about feelings</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>II. GATHERING &amp; PROVIDING INFORMATION</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Follows client’s issues or concerns</td>
<td></td>
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<tr>
<td>Only talks about self if the information is directly pertinent</td>
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<td></td>
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<tr>
<td>Doesn’t interrupt</td>
<td></td>
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<tr>
<td>Asks one question at a time</td>
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<tr>
<td>Refrains from leading questions or “cross-examining”</td>
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<td></td>
</tr>
<tr>
<td>Legitimates client’s concerns</td>
<td></td>
<td></td>
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<tr>
<td>Knows client-group’s issues or where to find out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks about health issues and risks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>III. Planning, Decision-making, Problem solving</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Let’s client do most of the talking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflects content</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflects feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfortable discussing sensitive health-related issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps client identify decision areas or problems</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Assists client to develop options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assists client to examine consequences of each option</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Let’s client make the decision</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>IV. Next steps</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows support/referral resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarizes</td>
<td></td>
<td></td>
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</tbody>
</table>
Peer Supervisor's Checklist for IPCC

**Instruction:** As a peer supervisor, you have seen the interaction of the client and the counselor. How well did the counselor do with each of the following communication behaviors? Tick on the appropriate column.

Note: Be objective in answering the questions. It will help in improving the quality of communication.

1. **Listening Skills**

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actively listened to the client</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Waited for client to answer one question before asking another question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assured confidentiality of information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Summarized what the client said before moving to another topic</td>
<td></td>
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</tr>
<tr>
<td>5. Interrupted client while she/he was speaking</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Tried to find out the reason for client's visit</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. **Being responsive to Clients**

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Responded to client's questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gave attention to client's fears and anxieties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Respected client's opinions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Gave accurate information</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. scolded the client for his/her belief in rumors</td>
<td></td>
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</tr>
</tbody>
</table>

3. **Expressing positive Emotions**

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Expressed sympathy with client's situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Asked the client about her/his feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Said something nice to client for speaking up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Eliciting Information**

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Asked for further details in client's problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Asked open ended questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Checked whether client understood and remembered the information provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Asked about client's opinion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **Verifying Client's decision**

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Asked client what s/he would do?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Made sure that the client understood the consequences of the decision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Asked whether client would change the decision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Non-verbal behavior

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Used IEC materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Was writing all the time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Used technical language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Was anxious/hurried while answering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Did not pay much attention to the client</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Encouraging Client Participation

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>Done</th>
<th>Not done</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Invited client to speak freely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Asked for more information on a particular topic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Asked to come again in case of need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Applied the skills of counseling</td>
<td></td>
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</tbody>
</table>
Self-Assessment Checklist for IPCC

Think about the interaction you just had with your client. How well did you do with each of the following communication behaviors? Tick on the appropriate column.

1. Listening Skills

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Actively listened to the client</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Waited for client to answer one question before asking another question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assured confidentiality of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Made the counseling setting comfortable</td>
<td></td>
<td></td>
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<tr>
<td>5. Body posture was appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. interrupted client while she/he was speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client's Behavior</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Client asked many questions (Majority of them were related to: .........................)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The client had low interest in talk</td>
<td></td>
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<tr>
<td>9. How did the client finish the IPC: ................................................</td>
<td></td>
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</tr>
</tbody>
</table>

2. Being responsive to Clients

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Responded to client’s questions and statements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Gave accurate information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client's Behavior</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Client asked for clarification (Majority of them were related to: .........................)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The client was relaxed after IPC</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. Expressing positive Emotions

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Expressed sympathy with client’s situation</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15. Asked the client about her/his feelings</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Client's Behavior</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Client was uneasy / calm most of the time.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17. Client volunteered in providing information</td>
<td></td>
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</tr>
</tbody>
</table>
4. Eliciting Information

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Asked open ended questions (starting with how / what)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Checked whether client understood and remembered given information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Client's Behavior</strong></td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>20. Client gave brief answer to the question.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Client was hesitant to answer the questions.</td>
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</tr>
</tbody>
</table>

5. Verifying Client's decision

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Asked client what would he/she do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Asked whether client would change the decision.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Client's Behavior</strong></td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>24. Client explained what he/she is going to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Client did not seem to understand the given information.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

6. Non-verbal behavior

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Used IEC materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Provided technical information in a simple way</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Client's Behavior</strong></td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>29. Client seemed more worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Encouraging Client Participation

<table>
<thead>
<tr>
<th>Provider Behavior</th>
<th>I could have done better</th>
<th>I did OK</th>
<th>I did very well</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Invited client to speak freely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Asked to come again in case of need.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Client's Behavior</strong></td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>32. Client asked too many irrelevant questions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>33. Client was hesitant to share information.</td>
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</table>
POST TEST

Duration: 30 minutes

Session Objectives
At the end of the session facilitator will be able to:
1. Know how much participants got hold of the training contents or know how much he/they able to transfer the ideas to the participants.
2. Know areas for improvement to tailor the contents of the training sessions based on the lessons learned.

Overview of the Session Plan

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post test</td>
<td>30 minutes</td>
<td>Individual activity</td>
<td>• Posttest questionnaire • Pen</td>
</tr>
</tbody>
</table>

Process and Methodology

Step 1: Post test
- Let participants know we will have posttest and answers to the listed questions will help us to know how much participants got hold of the training contents or know how much he/they able to transfer the ideas to the participants and know areas for improvement to tailor the contents of the training sessions based on the lessons learned.
- Distribute the posttest questionnaire to every participant and make sure all participants received it.
- Let participants know posttest is same with the pre-test but encourage them to ask if they need further information/clarification.
- Let participants know they have 25 minutes to complete the questionnaire.
- After 25 minutes collect the posttest questionnaires and thank participants for having the pretest.
TRAINING EVALUATION

**Duration:** 15 minutes

**Session Objective**
At the end of the session participants will be able to:

1. Evaluate the training contents, methodology, quality of facilitation and logistic facilities.

**Overview of the Session Plan**

<table>
<thead>
<tr>
<th>No</th>
<th>Content</th>
<th>Time</th>
<th>Method</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Final evaluation</td>
<td>15 minutes</td>
<td>Individual activity</td>
<td>• Final evaluation form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pen</td>
</tr>
</tbody>
</table>

**Process and Methodology**

**Step 1: Final evaluation**

- Let participants know we will have final evaluation of the training and answers to the listed questions will help us know regarding participants evaluation of the training contents, methodology, quality of facilitation and logistic facilities. This information will be used to improve the identified gaps in the next batches of the training.
- Distribute the final evaluation form to every participant and make sure all participants received it.
- Read the final evaluation form loudly and provide the guidance on each section.
- Ask the participants if they need further information/clarification.
- Let participants know they have 10 minutes to complete the evaluation.
- After 10 minutes collect the evaluation forms and thank participants for filling the evaluation forms.
ANNEXE A. PRE/POST TEST QUESTIONNAIRE:

Health Services Support Project
Interpersonal communication and counseling for health providers
Pre and post test questionnaire

Name: 	 Father Name: 	 Designation:

Health facility: 	 Province: 	 Date:

Providing answers to the following questions will help us to prepare the contents of the sessions according to the needs of the participants, we appreciate every effort you are making to respond to the question

First part

*Multiple choice questions: following questions have more than one answers, select the right one, every correct answer gets 4 marks*

1. Healthy behaviors are important in health as:
   a. It has role in maintaining health of a person
   b. It guarantees to be healthy
   c. Behaviors have no link with health
   d. ‘a’ and ‘b’ are the correct answers

2. A person who changes his/her behavior:
   a. Changes it in stepwise manner
   b. He cannot change his/her behavior
   c. He may change his/her behavior stepwise or spontaneously

3. The characteristic of effective interpersonal communication:
   a. Emphasizing on one’s own ideas
   b. Backbiting of a third person with the partner
   c. Praising the good performance and giving courage
   d. Greeting the person after he has greeted you

4. Most of the patients do not understand what a provider said to them because:
   a. Providers use medical terms in conversation
   b. Provider listen to the client and just node
   c. Providers do not know/talk the local language
   d. All of the above are correct

5. Which one of the following is your client’s right
   a. Providing correct and up to date information
   b. Facing the client
   c. Greeting
   d. Sitting close to the client
6. Following are the best ways to monitor client satisfaction
   a. Interviewing a client after he/she leave the facility
   b. Focus group discussion
   c. Using a box for collecting written complains and concerns
   d. ‘a’ and ‘b’

7. Provider should used the following type of question during his counseling:
   a. Short and long questions
   b. Close ended and open ended questions
   c. Simple and difficult questions

8. Are clients’ values and norms important in counseling?
   a. Yes, I must respect clients’ values
   b. No, fact is fact, I should tell them what ever factual
   c. Yes, but only the values of educated clients not of illiterate ones
   d. My (provider) values important as I know more than the client

9. The mother who has given his diarrhea child homemade liquids at home before bringing him to the clinic should be;
   a. Counseled that its dangerous practice to give liquid home remedies to diarrhea child
   b. Praised her for the good practice and thanked her for bringing the child to health facility
   c. No liquids except ORS should be given to the diarrhea child

10. Rumors about some health services developed among people when:
    a. When people receive some incorrect and incomplete information
    b. When some health services come in contradiction with social and cultural values
    c. Health providers do not talk about side effects of a medicine or product
    d. All responses are correct

11. Use of IEC materials in counseling is important because:
    a. It gives the opportunity to client to ask questions
    b. It gives the opportunity to client to see the providers words in a picture form
    c. It helps the counselor and reminds him/her what he/she forgot
    d. All responses are correct

12. Counseling and education are the same process with a difference:
    a. Counseling focuses on individual concerns
    b. Privacy is not definitely necessary in education
    c. Education can happen everywhere but counseling should happen in home or clinic
    d. All responses are correct
Part two

Comparative questions: following are the two columns ‘A’ and ‘B’ every sentence in column ‘B’ has a link with a sentence in column ‘A’, please find the link and write the respective letter of every sentence of column ‘B’ in related bracket of sentence in column ‘A’, every correct answer has 2 marks

13.
Column A
1. Posters and videos ()  
2. Probing questions ()  
3. client select a choice of health service for himself ()  
4. counseling ()  
5. Language barriers and Differences ()  
6. Closed ended questions ()

Column B
a. Skill of providing information to resolve a problem  
b. Very helpful when client is reluctant to give specific information  
c. Visual aids which help clients in understanding  
d. Basic right of client  
e. Cause of not using IEC materials  
f. Cannot help in getting appropriate information from client

Part three

Detailed questions: A full answer to question has 4 marks

14. List 4 IPC Skills essential for effective client/provider interaction?
   a.  
   b.  
   c.  
   d.  

15. List any 5 rights of the client?
   a.  
   b.  
   c.  
   d.  
   e.  

16. What is the importance of receiving feedback from clients?
   a.  
   b.  
   c.  
   d.  

17. What are some of the stages one may follow when changing our behavior?
   a.  
   b.  

18. Write two advantages of using IEC materials.
   a. ____________________________________________________________________________
   b. ____________________________________________________________________________
   c. ____________________________________________________________________________

19. Write at least four examples of nonverbal communication?
   a. ____________________________________________________________________________
   b. ____________________________________________________________________________
   c. ____________________________________________________________________________
   d. ____________________________________________________________________________

20. What is the difference between Interpersonal Communication and Counseling?

   **Part four**
   
   *Right and wrong questions: following sentences might be right or wrong, please mark it as appropriate by taking mark (T/F) every correct answer gets 2 marks*

   21. Client should follow the decision of provider as he knows better than client. _____
   22. Socio-economic differences between health provider and client may affect interpersonal communication. _____
   23. Communication reduces uncertainty and increases affinity. _____
   24. One way communication is the best way to be used at the health facility level between client and provider. _____
   25. Satisfied clients are the advocates for health programs. _____
   26. Health education is a process which helps to improve the social lives of the people. _____
ANNEXE B. PRE/ POSTTEST QUESTIONNAIRE KEY:

Health Services Support Project
Interpersonal communication and counseling for health providers
Pre and posttest questionnaire

Name: __________________ Father Name: ______ Designation: ____________

Health facility: __________ Province: ______ Date: ______

Providing answers to the following questions will help us to prepare the contents of the sessions according to the needs of the participants, we appreciate every effort you are making to respond to the question.

First part
Multiple choice questions: following questions have more than one answers, select the right one, every correct answer gets 4 marks

1. Healthy behaviors are important in health as:
   a. It has role in maintaining health of a person
   f. It guarantees to be healthy
   g. Behaviors have no link with health
   h. ‘a’ and ‘b’ are the correct answers√

2. A person who changes his/her behavior:
   a. Changes it in stepwise manner
   b. He cannot change his/her behavior
   c. He may change his/her behavior stepwise or spontaneously√
   d. All of the above are correct

3. The characteristic of effective interpersonal communication:
   e. Emphasizing on one’s own ideas
   f. Backbiting of a third person with the partner
   g. Praising the good performance and giving courage√
   h. Greeting the person after he has greeted you

4. Most of the patients do not understand what a provider said to them because:
   e. Providers use medical terms in conversation
   f. Provider listen to the client and just node
   g. Providers do not know/talk the local language
   h. All of the above are correct√

5. Which one of the following is your client’s right
   e. Providing correct and up to date information√
   f. Facing the client
   g. Greeting
   h. Sitting close to the client

Interpersonal Counseling and Communication 112
6. Following are the best ways to monitor client satisfaction
   c. Interviewing a client after he/she leave the facility
   f. Focus group discussion
   g. Using a box for collecting written complains and concerns
   h. ‘a’ , ‘b’ and ‘c’

7. Provider should use the following type of question during his counseling:
   d. Short and long questions
   e. Close ended and open ended questions
   f. Simple and difficult questions
   b. ‘a’ , ‘b’

8. Are clients’ values and norms important in counseling?
   e. Yes, I must respect clients’ values
   f. No, fact is fact, I should tell them what ever factual
   g. Yes, but only the values of educated clients not of illiterate ones
   h. My (provider) values important as I know more than the client

9. The mother who has given his diarrhea child homemade liquids at home before bringing him to the clinic should be;
   d. Counseled that its dangerous practice to give liquid home remedies to diarrhea child
   e. Praised her for the good practice and thanked her for bringing the child to health facility
   f. No liquids except ORS should be given to the diarrhea child

10. Rumors about some health services developed among people when:
    e. When people receive some incorrect and incomplete information
    f. When some health services come in contradiction with social and cultural values
    g. Health providers do not talk about side effects of a medicine or product
    h. All responses are correct

11. Use of IEC materials in counseling is important because:
    c. It gives the opportunity to client to ask questions
    f. It gives the opportunity to client to see the providers words in a picture form
    g. It helps the counselor and reminds him/her what he/she forgot
    h. All responses are correct

12. Counseling and education are the same process with a difference:
    e. Counseling focuses on individual concerns
    f. Privacy is not definitely necessary in education
    g. Education can happen everywhere but counseling should happen in home or clinic
    h. All responses are correct
Part two

Comparative questions: following are the two columns ‘A’ and ‘B’ every sentence in column ‘B’ has a link with a sentence in column ‘A’, please find the link and write the respective letter of every sentence of column ‘B’ in related bracket of sentence in column ‘A’, every correct answer has 2 marks

13. Column A
   1. Posters and videos (c)
   2. Probing questions (b)
   3. Client select a choice of health service for himself (d)
   4. Counseling (a)
   5. Language barriers and Differences (e)
   6. Closed ended questions (f)

   Column B
   g. Skill of providing information to resolve a problem
   h. Very helpful when client is reluctant to give specific information
   i. Visual aids which help clients in understanding
   j. Basic right of client
   k. Cause of not using IEC materials
   l. Cannot help in getting appropriate information from client

Part three

Detailed questions: A full answer to question has 4 marks

14. List 4 IPCC Skills essential for effective client/provider interaction?
   e. Acknowledge and reflect feelings
   f. Paraphrasing
   g. Summarizing
   h. Feedback on time
   Or any other four IPPC skill

15. List any 5 rights of the client?
   f. Right to information
   g. Right of informed choice
   h. Right to safety
   i. Right to Opinion
   j. Right to Confidentiality
   OR any another client Right

16. What is the importance of receiving feedback from clients?
   a. To ensure that clients have understood all the messages correctly.
   b. To ensure if the clients have missing we can provide them the miss information again.
   c. To ensure if the clients have missing we can provide them the miss information again.

17. What are some of the stages one may follow when changing our behavior?
   c. Knowledge
   d. Acceptance
   e. Intention
   f. Practice
g. Advocacy

18. Write two advantages of using IEC materials.
   27. IEC materials attract the client’s attention
   28. People can take print materials home as reminders

19. Write at least four examples of non-verbal communication?
   e. Open and non-judgmental facial expression
   f. Eye contact
   g. Relaxed and friendly manner
   h. Leaning towards the client
   i. OR any other list by the respondent

20. What is the difference between Interpersonal Communication and Counseling?

Part four
Right and wrong questions: following sentences might be right or wrong, please mark it as appropriate by taking mark (T/F) every correct answer gets 2 marks

21. Client should follow the decision of provider as he knows better than client. ——F——
22. Socio-economic differences between health provider and client may affect interpersonal communication. ——T——
23. Communication reduces uncertainty and increases affinity. ——T——
24. One way communication is the best way to be used at the health facility level between client and provider. ——F——
25. Satisfied clients are the advocates for health programs. ——T——
26. Health education is a process which helps to improve the social lives of the people. ——T——
ANNEX C. FINAL EVALUATION:

IPCC Training Final Evaluation

Name of the participant (Optional):

Date:

Please write your answers clearly.

1. Please rate the training as a whole by circling your answer.
   
<table>
<thead>
<tr>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

2. Please rate the following items by circling your answer:
   
   a. Course content:
      
      | Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent |
      |------|---|---|---|---|---|---|---|---|---|-----------|
      |      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10         |

   b. Quality of facilitation:
      
      | Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent |
      |------|---|---|---|---|---|---|---|---|---|-----------|
      |      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10         |

   c. Group Work /Exercises during Sessions:
      
      | Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent |
      |------|---|---|---|---|---|---|---|---|---|-----------|
      |      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10         |

3. In the next training which sessions need to be included?

4. How do you evaluate the methodology of the training?

5. How do you evaluate daily schedule of the training? Please circle one of the following:
   
   a. Very good
   b. Good
   c. Poor
6. Please rate the training facilities and accommodations by circling your answers:

a. **Participants accommodation:**

| Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | 10 |

b. **Training Venue:**

| Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | 10 |

c. **Daily meals and tea breaks:**

| Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | 10 |

7. Please provide additional comments you think will help make this a better learning experience.

Thank you
ANNEX D. REFERENCES:

1. W.H.O.: Counseling Skills Training in Client Sexuality, and Reproductive health; a Fact Guide
3. Management Sciences for Health: IPCC training manual
4. Engender Health: Counseling the Post abortion Client-A Training Curriculum
5. IPC/C Guidebook for Nepal
6. Ministry of Health Ethiopia: Training in Interpersonal Communication and Counseling
7. JHU/CCP: Training Manual for Advances in Health Communication and Advocacy
10. Community Worker Training Manual developed by Dr. Salahuddin Ahmed for the Healthy Fertility Study in Bangladesh
Project Name:
Health Services Support Project (HSSP)

Cooperative Agreement Number:
306-A-00-06-00523

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