

The **BALANCED** Project

Population, Health and Environment  
(PHE) Community-  
based Distribution and Peer Education  
System:



A Guide for Training PHE Community-based  
Distributors

April 2012



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COASTAL RESOURCES CENTER  
*University of Rhode Island*



PATH Foundation Philippines, Inc.  
ALLEVIATING POVERTY • IMPROVING HEALTH • PROMOTING ENVIRONMENTALLY SUSTAINABLE DEVELOPMENT

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**Cover Lower Photo Credit:** Community-based Distribution Outlet, Philippines  
**Cover Lower Photo Credit:** Dr. Joan Castro

**Cover Top Photo Caption:** Collecting cockles, Tanzania  
**Cover Top Photo Credit:** Klaus Hartung



## FOREWORD

*Population, Health and Environment (PHE) Community-Based Peer Education System: A Guide for Training PHE Community-based Distributors* was developed by the Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project with support from the United States Agency for International Development (USAID).

The BALANCED Project is a five-year, multi-million dollar PHE technical leadership initiative awarded by the USAID Office of Population and Reproductive Health. The Project, which is implemented by the University of Rhode Island's Coastal Resources Center (URI/CRC) and its partners—PATH Foundation Philippines Inc. (PFPI) and Conservation International (CI)—promotes wider adoption and use of effective PHE approaches worldwide by:

- Enabling local communities to become PHE champions by building their capacity to plan, implement and carry out demand-driven integrated programs in health and conservation. BALANCED builds capacity through peer-to-peer mentoring, south-to-south exchanges, and innovative learning techniques.
- Synthesizing and developing state-of-the art PHE knowledge and communicating that knowledge to key audiences. This includes demonstrating the value of integrated approaches for development that take into consideration the environment and the people who live in it.
- Scaling-up, building on, and fostering the implementation of field-based PHE initiatives in areas of high biodiversity, particularly in East Africa and Asia.

This Guide is based on the publication *Population, Health and Environment (PHE) Community-based Distribution and Peer Education System: Train-the-Trainer Guide for Training PHE Community-based Distributors and PHE Adult Peer Educators*, which is geared for training master trainers who will, in turn, train PHE adult peer educators and PHE community-based distributors (CBDs). This PHE CBD Training Guide is only for training new PHE CBDs. Both of these curricula were adapted by the *Community-based Integrated Reproductive Health and Coastal Resource Management Training of Trainers Manual for Community Health Workers* developed by PFPI.

This Guide incorporates the latest in international family planning norms and guidance on sexually transmitted infections (STIs), including HIV, as recommended by the World Health Organization (WHO), including the *Medical Eligibility Criteria for Contraceptive Use (WHO 2004)*, *Family Planning: A Global Handbook for Providers (WHO/RHR and JHU/CCP 2007)*, *Contraceptive Technology (Hatcher et al. 2007)*, and *Sexually Transmitted and Other Reproductive Tract Infections: A Guide to Essential Practice (WHO 2005)*. Some of the information on contraceptive methods was adopted from *The BALANCED Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High STI/HIV Prevalence Settings*, Mullick et al. Washington, DC: The Population Council.



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# INTRODUCTION

This training guide was developed for use in courses to train population, health and environment (PHE) Community-based Distributors (CBDs) who work on integrated PHE activities. Facilitators who use this guide should have participated in the PHE Community-based Distribution and Peer Education System Training-of-Trainers (TOT).<sup>1</sup>

## What is PHE?

PHE is a development approach that recognizes the interconnectedness between people and environment. It focuses on the interactions among population, health and environment dynamics—particularly in biodiversity rich areas—and supports multi-sectoral collaboration and coordination. It works across these three domains in an integrated fashion—resulting in improved outcomes for each section as well as for the community/target population at large. PHE can also be defined as “the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services” (Engelman). Effective PHE interventions are conceptually linked and operationally coordinated and apply multi-disciplinary interventions delivered through private-public partnerships in a coordinated and cost-effective fashion.

## What is a PHE CBD?

While definitions may vary by country, the following is based on the experience of PHE projects that have successfully used PHE community-based distributor/outlets (CBDs) to provide integrated PHE information and services to the community—including information on family planning (FP) and FP methods.

A PHE CBD is a Ministry of Health (MOH) community volunteer, local storeowner, storekeeper, accredited drug dispensary, community village worker, or a member of a people’s organization (PO) or a cooperative, etc. that/who is trained to provide information on PHE, FP methods, and the stocking and sales of FP commodities. In the Philippines for example, PHE CBDs are trained and operated by a local nongovernmental organization (NGO) such as the

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<sup>1</sup> The Training Guide for this TOT can be found at:  
[http://www.crc.uri.edu/download/TOT\\_Manual\\_for\\_PHE\\_CBD\\_and\\_Adult.pdf](http://www.crc.uri.edu/download/TOT_Manual_for_PHE_CBD_and_Adult.pdf)



Silliman University-Angelo King Center for Research and Environmental Management (SUAKCREM), the Coastal Conservation and Education Foundation, the Cullion Foundation Inc., etc. Trainers from these conservation and health nongovernmental organizations identified PHE CBDs from the communities and trained them using this curriculum.

In other countries, such as Tanzania, the MOH has an existing CBD system. MOH CBDs are often trained not only to deliver FP messages, but to deliver as well various health (malaria, maternal and child health, etc.) messages and to provide free FP commodities from the health centers. MOH CBDs are usually trained with specific MOH guidelines. In these cases, program planners can inform the national MOH and arrange to work with the local MOH to include PHE information in CBD training programs, or to provide separate training on PHE. In Tanzania, the BALANCED Project was able to incorporate some of the modules from this curriculum into the standard MOH CBD training guidelines for CBDs working in districts where PHE activities were taking place.

Stores/kiosks, cooperatives, or POs that are willing to carry contraceptive stocks for retail sales to FP clients are also called CBD outlets and serve as physical distribution points for contraceptive products in a community. In the Philippines, these small stores—known locally as sari-sari stores—are referred to as CBD outlets. In some areas of Ethiopia, store owners are also allowed to provide some FP commodities as a result of a direct agreement with the local MOH clinic. In Tanzania, however, the word “CBD” refers strictly to the MOH-trained CBDs. Thus, in circumstances where an established MOH CBD system exists, store owners and other CBD outlets that are able to distribute FP information and commodities can also be referred to as CBD outlets.

The roles of a PHE CBD can be combined with that of a PHE Adult Peer Educator (PE) or vice versa—i.e., the services provided by each of these can be combined and delivered by one individual in the community who has been trained as both a PHE CBD and a PHE Adult PE. As such, they could provide PHE integrated information, education and communication (IEC) messages; engage in motivating individuals to change their behavior; share communication on PHE linkages, FP and other health interventions, including HIV/AIDS; and provide FP commodities.

### **Who should use this guide for training PHE CBDs?**

This training guide should be used to train new PHE CBDs over the suggested two-day period. The training should be followed up with periodic refresher training and exercises and/or on-the-job mentoring during supervisory visits. The same may be true even when training experienced PHE CBDs when new topics or on-the-job tasks related to PHE activities are involved. Facilitators of this training are encouraged to adapt the sessions to the unique context and needs of the participants.



## What is included in this guide for training PHE CBDs?

### Content

This training guide contains 12 modules. These cover the basic topics that PHE CBDs need to know to discuss basic ecology, PHE linkages, and reproductive health/family planning with community members within a PHE context. The modules include the latest in international FP norms and guidance on sexually transmitted infections (STIs) including HIV as recommended by the World Health Organization (WHO). Some of the information on contraceptive methods and STIs was adopted from The Population Council's *"Balanced Counseling Strategy Plus: A Toolkit for Family Planning Providers Working in High HIV/STI Prevalence Settings."*

### Exercises

Each module contains participatory learning exercises for teaching the topic covered in that module. There may be more than one exercise for each topic. The exercises are based on adult learning principles and designed to help participants retain the information learned. Each exercise includes the following:

- |                            |   |
|----------------------------|---|
| <b>Purpose</b>             | States the reason and objective for conducting the exercise and the importance of learning the facts                                |
| <b>Time</b>                | Indicates the time allotted to conduct the exercise, to summarize and to provide feedback   |
| <b>Learning Objectives</b> | Describes what participants will be able to do as a result of completing the exercise and is an indicator of participants' learning |
| <b>Preparation</b>         | Describes the materials needed and the prerequisites to conducting the exercise   |
| <b>Instructions</b>        | Provides step-by-step guidance for conducting the exercises   |

### Resource information for the facilitator

Each module has a 'Facts to Know' section that gives the training team key information to emphasize while conducting an exercise. The trainer can provide the information contained in the 'Facts to Know' through a short lecture either before or after the 'Exercise' to reinforce and strengthen the learning. The guide provides guidance on when to use the lectures, but it is the prerogative of the trainer/training team to decide how to provide this information.

## Figures and pictures

The trainer may choose to use the figures and pictures that accompany the “Facts to Know” or select from other figures and tables included in the ‘Appendices.’ A ‘Glossary of Terms’ included in the appendices clarifies some of the medical terms found in this guide.

When speaking to larger groups, use enlarged versions of the illustrations so they can be clearly seen by everyone in the training room. Trainers may draw the charts on flipchart paper (newsprint), poster boards or chalkboards as part of the lecture or discussion.

### **How should this guide for training PHE CBDs be used?**

This guide should be used to train PHE CBDs over the suggested two-day period.

The PHE CBD training should be followed up with periodic refresher training and exercises and/or on-the-job mentoring during supervisory visits. The same may be true even when training experienced PHE CBDs in those cases when new topics or on-the-job tasks related to PHE activities are involved. Trainers are encouraged to adapt the sessions to the unique context and needs of the training course participants.

### **Making this guide as user-friendly as possible**

Trainers should always assess which of the materials—most often the Facts to Know and Checklists, but possibly other resources as well—should be translated into the local dialect in advance of the training. Translated materials will help ensure the information is clearly understood by all training participants and will be useful in their work in the field as PHE CBDs.

# COURSE PREPARATION

## Planning the Training

Training/course preparation takes careful planning. Planning should begin several days or weeks before the start of the training/course. As you prepare, follow this checklist:

### Identify participants and potential learning needs:

- Determine intended audience and establish criteria for selecting participants.
- Know the learning needs of the participants. Determine the following:
  - Are you training new PHE CBDs? If so, they will need to learn all the modules in this guide.
  - Are you providing refresher training to existing PHE CBDs? If so, you may need to cover only those topics that strengthen the PHE CBDs' skills that have been shown to be weak.
  - Are you adding new tasks to jobs of existing PHE CBDs? If so, you may only need to cover the new topics. Do not cover topics that the PHE CBDs already know well.
- Invite participants either through a letter of invitation or by direct contact.
- Ensure there is follow-up with the participants. Keep a record of their responses and whether or not they have confirmed attendance to the training.

### Make the logistical arrangements:

- Decide on the training date and venue. These should accommodate participants' and facilitators' needs in terms of travel time and potential time off from existing job responsibilities.
- Determine the cost per participant with regard to food, lodging, transportation and materials.
- Identify the training facilitator(s), assistant(s) and other resource person(s). Know their availability, their knowledge on the topics covered in the training, their communication skills and their ability to facilitate large groups.

- If there is a need for external resource person(s) to handle or facilitate more important and technical topics, make a list of possible persons to invite prior to final selection. The list can be narrowed down depending on their availability, eagerness to provide technical assistance, their fees, and the comfort level that the facilitators have with the proposed resource person(s).
- Inform the resource person(s) personally or via letter of invitation about the goals and objectives of the training.
- Confirm participation of resource person(s).
- Determine the cost per resource person, facilitator and assistant with regard to food, lodging and transportation.
- Determine the cost of supplies and materials needed by the resource person(s) and facilitator(s).
- Develop a budget for the training.

**Review this training guide:**

- Decide whether to use the activities and methodologies in the training modules herein or to adapt only those selected activities/methodologies that you find useful.
- Determine materials to be used based on resources available and training needs of the participants.

**Prepare the materials and training kit:**

- Develop and/or collect handouts or reference materials for use in training and/or distribution to participants.
- Prepare flipchart paper (newsprint), marker pens, chalkboard, board markers, nametags, notebooks, ballpoint pens, pencils and other supplies that may be needed.

# COURSE OBJECTIVES

## General Objectives

To increase understanding and general knowledge of the training participants on PHE linkages, reproductive health (RH)/family planning (FP), and on the mechanics and operation of the PHE CBD system that will support community-based, integrated PHE education and FP services.

## Specific Objectives

By the end of the training, participants will be able to:

- Explain the effects of rapid population growth on human health and natural resources,
- Describe the benefits of PHE linkages/integration and explain what PHE is in their context,
- Describe human reproductive anatomy and the fertility process,
- Describe the roles, functions and responsibilities of an effective PHE CBD,
- Discuss how to social market contraceptive information, products and services, and manage PHE CBD outlets, including the effective management of the supply and re-supply of commodities,
- Provide and discuss options regarding the use of contraceptives with sexually-active men and women in communities using correct information,
- Address rumors and gossip about contraceptive methods, and
- Report and monitor PHE CBD activities.



# COURSE CONTENT

Day 1	
<b>Module 1: Introductions</b>	
Registration	15 minutes
<b>Exercise 1-A:</b> Pre-Test	15 minutes
Purpose: To measure participants' baseline knowledge	
<b>Exercise 1-B:</b> Presentation of Participants, Introduction to the Training Course, and House Rules	30 minutes
Purpose: <ul style="list-style-type: none"> <li>• To learn each participant's expectations for the course and their initial understanding of PHE integration</li> <li>• To develop rapport among the participants</li> <li>• To familiarize participants with the training objectives, methodology and schedule</li> <li>• To create an environment conducive to learning</li> </ul>	
<b>Module 2: PHE Integration</b>	
<b>Exercise 2:</b> Our Community	1 hour, 30 minutes
Purpose: To illustrate the effect of rapid population growth on health and natural resources	
<b>Module 3: Ecosystems – The Machinery of Nature</b>	
<b>Exercise 3A:</b> Ecosystems Overview	30 minutes
Purpose: <ul style="list-style-type: none"> <li>• To identify ecosystem(s) present in the community and define the key resources that people depend upon for their living</li> <li>• To map out how human activities and behaviors impact the ecosystem(s) and key resources</li> </ul>	



Day 1		
<b>Module 3: Ecosystems (cont'd) – The Machinery of Nature</b>		
<b>Exercise 3-B:</b>	Link Between Ecosystems Health and Human Well-Being	30 minutes
Purpose:		
<ul style="list-style-type: none"> <li>• To understand impacts of different human activities on ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being</li> <li>• To prioritize environment issues and identify actions that can be taken to address the root causes of ecosystems degradation</li> <li>• To explain the importance of an integrated approach to solve problems/issues related to population, health and environment (PHE) present in the community</li> </ul>		
<b>Module 4: Human Reproductive Anatomy</b>		
<b>Exercise 4:</b>	RH Puzzles	45 minutes
Purpose: To provide participants with information on the different parts and functions of the male and female reproductive systems		
<b>Module 5: Human Fertility</b>		
<b>Exercise 5:</b>	Menstrual Cycle	1 hour
Purpose: To provide the participants with information on the vital processes involved in the fertility of an individual		
<b>Module 6: Overview of the PHE CBD System</b>		
<b>Exercise 6:</b>	PHE CBD System and the PHE CBD Model	45 minutes
Purpose:		
<ul style="list-style-type: none"> <li>• To discuss with the participants the PHE CBD system</li> <li>• To familiarize participants with the roles and functions of the PHE CBDs for integrated PHE projects</li> </ul>		

Day 1	
<p style="text-align: center;"><b>Module 7: Social Marketing of Contraceptives for PHE CBDs</b></p> <p><b>Exercise 7:</b> Overview of the Social Marketing of Contraceptives for PHE CBDs</p> <p>Purpose:</p> <ul style="list-style-type: none"> <li>• To enable participants to understand social marketing of FP commodities</li> <li>• To help participants understand the four “Ps” (place, product, price, promotion) of social marketing</li> <li>• To provide participants with correct information on the different contraceptive methods available to the PHE CBD</li> </ul>	2 hours

Day 2	
<p><b>Recap of Day 1/Review of Day 2 Schedule</b></p>	15 minutes
<p style="text-align: center;"><b>Module 8: Gossips and Rumors</b></p> <p><b>Exercise 8:</b> Gossip and Rumors</p> <p>Purpose: To identify and clarify rumors about different contraceptive methods</p>	1 hour
<p style="text-align: center;"><b>Module 9: Sexually Transmitted Infections, Including HIV</b></p> <p><b>Exercise 9:</b> The Dance</p> <p>Purpose: To demonstrate how sexually-transmitted infections (STIs) are spread and review ways to avoid infection</p>	1 hour
<p><b>Module 10: Communicating PHE and FP Information to PHE CBD Clients</b></p> <p><b>Exercise 10:</b> Role play on how to provide integrated PHE and CBD and FP information to PHE CBD clients</p> <p>Purpose: To practice providing integrated information on PHE and FP methods to PHE CBD clients</p>	1 hour, 30 minutes

Day 2	
<p style="text-align: center;"><b>Module 11: Management Information Systems for the PHE CBD</b></p> <p><b>Exercise 11:</b> PHE CBD Reporting and Monitoring System</p> <p>Purpose: To equip participants with the knowledge and skills in preparing reports needed to monitor and evaluate the CBD program</p>	1 hour
<p style="text-align: center;"><b>Module 12: Evaluation</b></p> <p><b>Exercise 12:</b> Post Test/Course Evaluation</p> <p>Purpose:</p> <ul style="list-style-type: none"> <li>• To measure participants' level of related knowledge post-training</li> <li>• To assess overall conduct of the course</li> </ul>	30 minutes
<p style="text-align: center;"><b>Closing Activities</b></p>	30 minutes

## PROGRAM OF ACTIVITIES

Schedule	Day 1
<b>8:30 – 8:45</b>	Registration
<b>8:45 – 9:00</b>	1-A: Pre-Test
<b>9:00 - 9:30</b>	1-B: Presentation of Participants, Introduction to the Training Course, and House Rules
<b>9:30 – 11:00</b>	2: Our Community
<b>11:00 – 11:15</b>	Break
<b>11:15 – 11:45</b>	3-A: Ecosystems Overview
<b>11:45 – 12:15</b>	3-B: Link between Ecosystems Health and Human Well-Being
<b>12:15 – 1:15</b>	Lunch
<b>1:15 – 2:00</b>	4: RH Puzzles
<b>2:00 – 3:00</b>	5: Menstrual Cycle
<b>3:00 – 3:15</b>	Break
<b>3:15 – 4:00</b>	6. Overview of the PHE CBD System
<b>4:00 – 6:00</b>	7: Social Marketing of Contraceptives for PHE CBDs

Schedule	Day 2
<b>8:30 - 8:45</b>	Recap of Day 1 & Review of Day 2 Schedule
<b>8:45 – 9:45</b>	8: Gossip and Rumors
<b>9:45 – 10:45</b>	9: The Dance
<b>10:45 – 11:00</b>	Break
<b>11:00 – 12:30</b>	10: Communicating PHE and FP Information to PHE CBD Clients (Role Play)
<b>12:30 – 1:30</b>	Lunch
<b>1:30 – 2:30</b>	11: PHE CBD Reporting and Monitoring Forms

Schedule	Day 2
2:30 – 3:00	12: Post Test/Course Evaluation
3:00 – 3:30	Closing Activities

The facilitator may adapt the training schedule based on the amount of time that the majority of the participants have available. It may be difficult for participants to attend the two straight days of training sessions. Also, the process of learning new skills and basic facts everyday may be difficult for some participants. If you must shorten the training, it is important to ensure that you do not compromise the quality of the learning process or the content of the training. Training schedules that allow modules to be conducted on a staggered basis such as every weekend only or every morning only should be explored.

# MODULE 1: INTRODUCTION



## Exercise 1-A: Pre-Test

### Purpose:

- To measure participants' related baseline knowledge

**Time:** 15 minutes

### Learning Objective:

After this exercise, the participants will be able to:

- Determine the level of knowledge on family planning, reproductive health, PHE, and related FP/RH services

### Preparation:

- Make enough copies of the Pre-Test for all participants (see Appendix A)

### Instructions:

1. Distribute the Pre-Test questionnaires to participants.
2. Make sure participants fully understand the instructions.
3. Collect answered test papers after an allocated time. Proceed to the next session.

## Exercise 1-B: Presentation of Participants, Introduction to the Training and House Rules

### Purpose:

- To learn each participant's expectations for the training and their initial understanding of PHE integration
- To develop rapport among the participants
- To familiarize participants with the objectives, methodology and schedule of the training
- To create an environment that is conducive to learning

**Time:** 30 minutes

**Learning Objectives:**

After this exercise, the participants will be able to:

- Know the other participants
- Know the objectives of and methodology used in the training
- Have an initial understanding of PHE

**Preparation:**

- Collect materials needed:
  - flipchart paper (newsprint)
  - masking tape
  - marking pens
  - scissors
  - nametags of participants
  - basket or paper box
- Label three flipchart (newsprint) papers with the words 'Expectations', 'Population, Health and Environment Integration,' and 'House Rules,' respectively.

**Instructions:**

1. Pass around a basket or box with nametags of all participants. Ask each person to pick a nametag of someone they don't know and to then try to find that person amongst the group
2. Once they locate that person, they should interview him/her.
3. Give the participants 10 minutes for the interview, in which they ask the following questions (list these on flipchart paper beforehand):
  - Who are you?
  - What characteristic or personality trait do you have that you are proud of?
  - What do you wish to learn from this training?



- What is your understanding of PHE integration?
4. Ask participants to introduce the person they interviewed to the rest of the group.
  5. Ask participants to state their expectations for the training. List these on the labeled flipchart paper (prepared beforehand).
  6. Review participants' expectations.
  7. Ask them to describe PHE integration.
  8. Review participants' understanding of PHE integration.
  9. Present the objectives of the training course.
  10. Compare participants' expectations to the stated objectives. Discuss which expectations can be met and those that cannot be met by this training course.
  11. Present the course agenda (prepared beforehand).
  12. Discuss house rules that the participants would like to adopt for the duration of the training. List the rules that were agreed upon by the group on the flipchart paper labeled beforehand.
  13. Set the flipchart aside, placing it in a visible location where everyone can see it and refer to it as a reminder.



## MODULE 2: PHE INTEGRATION

### Exercise 2: Our Community

#### Purpose:

- To illustrate the effect of rapid population growth on health and natural resources

**Time:** 1 hour, 30 minutes

#### Learning Objectives:

After this exercise, the participants will be able to:

- Explain the effects of rapid population growth on health and natural resources
- Describe PHE and the benefits of PHE linkages/integration

#### Preparation:

- Collect the materials needed:
  - flipchart paper (newsprint)
  - colored paper
  - masking tape
  - marker pens
  - chalk
  - scissors
- Collect other materials, depending on the venue of the activity.

If activity is held:	Then:
In-doors	<ul style="list-style-type: none"><li>• Prepare pieces of chalk and small cut-outs that depict natural resources (e.g., trees, fish, bananas, water) to represent the resources commonly utilized by residents.</li></ul>

If activity is held:	Then:
Out-doors	<ul style="list-style-type: none"> <li>• Collect dry leaves and twigs to substitute for the cut-outs.</li> <li>• Make sure the participants understand what each material represents.</li> </ul>

- Have an idea of the map of the community, specifying the locations of the settlement, mangroves/trees, grazing lands, water sources and other natural resources found in their community.

**Instructions:**

1. Have the participants stand in a clear area.
2. Draw a map of the community on the ground/floor using chalk or flipchart (newsprint) and marker pen. With the help of the participants, label the areas and mark the boundaries of the agricultural areas, settlements, water-sources/streams, and the sea.
3. Create a story of how the community looked 20–25 years ago. Invite two participants to stand inside the 'settlement' area. These two volunteers will represent the first family who settled in the area.
4. Distribute the cut-outs in the delineated agricultural and coastal areas (e.g., trees and shrubs inside the forest area; fish, seaweed and other coastal resources in the 'sea'; bananas, cows, animals inside the agricultural areas).
5. Ask the volunteers playing the 'first family' what resources they need for household-use (e.g., shelter, food, water). Have them gather what they need by picking-up the cut-outs representing the 'resources.'
6. Ask the volunteers how many children they would like to have, and let them call other participants who they would like to be identified as their 'children.' Have the 'children' stand inside the settlement area with their 'parents.'
7. Divide the settlement between the 'parents' and the number of 'children', and ask them to gather the resources they need (e.g., trees for houses; fish, bananas, cows, goats, shellfish, etc. for food; mangrove trees for firewood).
8. Have the 'children' state the number of children they would like to have, and continue the process until all the 'resources' are depleted (i.e., there are no more cut-outs to gather) and/or a participant says he/she no longer has space to build his/her house (i.e., the settlement has encroached upon the forest/agricultural area or has 'reclaimed' part of the sea).

9. Bring the whole group together and ask them the following questions (related questions could be added):
  - What did you observe during the session?
  - Were the circumstances similar to your experience in your community? In what ways?
  - What could be the possibilities if someone in the family becomes sick? What could be other consequences?
  - What did you learn from the exercise?
10. Write down all answers from the participants on flipchart paper. When all the questions have been answered, read aloud what has been written.
11. Ask participants if all their inputs were recorded. If someone answers “no,” ask what answer(s) were left out and add to the answers on the flipchart paper. If everyone answers “yes,” then proceed to the next activity. Leave the flipchart paper with the answers posted.

**Process “Our Community” Exercise (Option 1) (10 minutes)**

1. Divide participants into small groups (maximum of six individuals per group). Instruct each group to answer the following:
  - Describe the community’s population, its health, and the state of its resources as depicted in the exercise.
  - What kind of community would be ideal (e.g., healthy community, healthy resources)?
  - List ways the community could improve.
  - Describe some PHE linkages (e.g., negative: over-fishing, destructive farming practices or tree-cutting can lead to fewer resources and too little money or food to feed and sustain families; large families need more resources to live; positive: smaller families are healthier, have more resources, and tend to use fewer resources so there are still resources for the future).
  - What will be the benefits of the linkages between population, health and the environment?
  - Choose PHE linkages that can be addressed:
    - as an individual
    - as a family member

- as a community member
  - as a policy-maker at the national and sub-national levels
2. Ask participants to report on their group discussion. Write their outputs on flipchart paper.
  3. Summarize the presentations made by the groups by reading through the outputs listed. Emphasize points contained in the 'Facts to Know' section.

**(Option 2)**

1. Divide the group into two and discuss the following:
  - Identify the best scenario for the community (e.g., healthy community, healthy family, balanced resources).
  - Based on the last scenario of the exercise, what are the possible problems facing the community (e.g., malaria, lack of water, HIV/AIDS)?
  - What are the possible reasons for these problems (e.g., many children, depletion of trees, many sexual partners)?
  - What are the PHE linkages (e.g., negative: too many children, depletion of resources, poor health; positive: family planning, fewer children, decreased use of natural resources)?
  - What family planning, health, or natural resources management programs are available in the community?
  - What are the opportunities for intervention or remediation that can be addressed?
2. Ask participants to report on their group discussion. Write their outputs on flipchart paper.
3. Summarize the presentations made by the groups by reading through the outputs listed. Emphasize points contained in 'Facts to Know'.

## FACTS TO KNOW

### What is PHE?

- P** = Population involves the provision of voluntary FP information and services to address unmet need for contraception and promote birth-spacing and other RH practices
- H** = Health can be a variety of interventions but usually involves water, sanitation, malaria prevention, or child health
- E** = Environment can include but is not limited to protected area management and biodiversity conservation (preserving the abundance and variety of all species including endemic, endangered, microscopic and more complex organisms on land and water). It can include a variety of approaches—watershed management, sustainable agriculture, natural resources management

The terms PHE or integrated PHE refer to a development approach that focuses on the interactions amongst population, health and environment dynamics, particularly in biodiversity-rich areas. This approach facilitates cross-sectoral collaboration and private-public partnerships that enable delivery of multi-disciplinary interventions.

It is also defined as “the linkage, within a community or group of communities, of natural resources management or similar environmental activities and the improvement of reproductive health—always including but not limited to the provision of family planning services” (Engelman).

Most PHE projects are guided by the common belief that integration creates synergies and results not found in single-sector programs. They achieve this goal by being conceptually linked and operationally coordinated. PHE project components may vary depending on the target community's priorities, needs and opportunities for intervention. Some examples of PHE projects include the Integrated Population and Coastal Resource Management (IPOPCORM) Project in the Philippines (family planning, coastal resources management and environmentally friendly enterprise development); the *Pwani* Project in Tanzania (family planning, HIV/AIDS, livelihoods, biodiversity conservation); and the World Wildlife Fund-Nepal Project in the Terai (first-aid, HIV/AIDS, family planning, alternative energy, water and sanitation).

### Why integrate these three sectors?

#### It makes sense

Individuals, families and communities live integrated lives. They don't concern themselves with only with their health, children, growing and/or buying food, clean water, having shelter, etc. These issues are interrelated and part of the larger fabric of their everyday life. Similarly,



people and their environment are closely linked. This is even more true as climate change, natural disasters and ecosystem changes increasingly threaten human health, food security, and sustainable development. For these reasons and more, it only makes sense that projects also take an integrated approach to addressing a community's issues and concerns. PHE projects also bring the community together—from village chiefs to adolescents—to help find solutions to a wide range of everyday issues and concerns. Not only does this engage the entire community, but it also can save time for already busy community members who can attend just one meeting about PHE, which simultaneously addresses health, family planning, environment and/or livelihood issues—instead of multiple, separate meetings on each of these.

Further, integrated projects allow organizations to address the root causes of the threats or situations they face. For example, while there are immediate threats to the biodiversity in many areas, the underlying driver could be unbridled population growth. The PHE approach helps address such root causes in a holistic fashion rather than focusing on a single sector solution, such as a pro-environment activity alone.

#### There is better synergy

Qualitative evidence suggests another benefit of integrating sectors—i.e., the benefit of synergy. Sectors working together on combined and complementary activities can achieve more than if/when they act independently. For example, when natural resources management (NRM) groups also offer health services to the community, they are providing something tangible in exchange for the community's pro-environment actions. This not only builds good community relations, it also provides a good entry point for difficult discussions on health issues, particularly family planning. Alternatively, for health organizations, there are several benefits of linking with NRM groups. NRM groups often work in hard-to-reach, rural communities that many health organizations find impractical or too expensive to reach on their own. By combining resources, both NRM and health organizations can potentially implement their projects more efficiently—sharing transportation, field staff, training and data collection. Combining efforts and resources can lead to better outcomes than those that result from a sector-specific approach that does not consider the multi-faceted life of their target audience(s).

One operations research study attributed improved conditions in coastal resources to the protective management actions taken by collaborating peoples' organizations that were also managing RH activities. This gave communities access to contraceptives, which led to a significant decrease in the average number of children born to women in the study area.

#### Engages a wider variety of audiences

PHE projects also engage a broader range of stakeholders, local leaders and community members in the pursuit of a common goal. For example, integrated projects encourage the active participation of women and youth in natural resources management, livelihoods and health promotion. This is important because women are often the primary users of natural

resources, but they rarely have a say in their management. Also, youth are the future stewards of the environment and their health.

In integrated activities, men participate not only in conservation of natural resources-focused activities, but also in those that focus on health promotion and reproductive health. In fact, in PHE projects, men have played a central role in reproductive health as service providers/educators /advocates and decision-makers—helping increase contraceptive use, address men’s RH needs, and promote more equitable relations between the sexes.

At the policy level, PHE contributes to a number of development goals that address broad development needs. As such, PHE can fit within a wider variety of development frameworks more easily than can single-sector approaches. Integrated projects have a greater chance of success if they build upon existing policies or agendas at any level. Examples include integrating PHE interventions into local development plans, NRM plans, comprehensive land use plans, climate-change adaptation frameworks, etc.

### **What are the advantages in PHE partnerships?**

The PHE approach encourages various sectors to work together toward a shared goal or vision. Partnerships between and among sectors such as health, environment, agriculture, rural development, etc.—whether public or private—can be beneficial in:

- Increasing the scale of effort—bringing together organizations that share the same services or outlook can create the critical mass necessary to tackle a problem.
- Combining complementary skills—bringing together organizations with different skills allows for working on projects that require in-house expertise that either one of the organizations individually might otherwise lack.
- Pooling financial resources—organizations can increase their power and impact by combining financial resources.
- Minimizing overlapping activities—working with multi-sectoral nongovernmental organizations and community groups can help leverage resources, minimize overlapping activities and create stronger programs.
- Building on existing programs and social capital—organizations can contribute to projects that are already established in the field.
- Gaining credibility—organizations may gain credibility by associating with other successful organizations.
- Filling in service gaps—many organizations (especially those working in conservation) reach remote communities that government health systems sometimes cannot. Such partnerships can help in reaching these remote and underserved communities with holistic interventions.

- Building capacity—organizations can gain new knowledge and technical skills by working with partners that have different backgrounds and expertise.
- Increasing sustainability—when organizations partner with local organizations, there is a greater chance that the project will be sustainable.
- Putting the project in the larger context—working with the government, in particular, can help link the project to a number of governmental policies at a variety of levels and enable greater leveraging of resources.

## MODULE 3: ECOSYSTEMS—THE MACHINERY OF NATURE



### Exercise 3-A: Ecosystems Overview

#### Purpose:

- To identify the ecosystem(s) present in the community and define the key resources on which people depend for their living
- To map out how human activities and behaviors impact ecosystem(s) and key resources

**Time:** 30 minutes

#### Learning Objective:

After this exercise, the participants will be able to:

- Identify the ecosystem(s) present in the community, the resources available and the human activities that threaten these resources

#### Preparation:

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - marker pens
  - meta-cards
  - adhesive tape or masking tape
  - scissors
- Prepare an ecosystem matrix.

Ecosystem	Resources	Activities	Problems-Issues
Forest			
Agro-forestry			
Grassland			
Farm/pastoral land			
Stream/river			
Lake			
Mangrove			
Seagrass			
Coral reef			

- Print enough copies of the following reference materials as handouts for all participants:
  - Impact of human activities on different ecosystems in the Philippines (facilitators are encouraged to use local/country situations, if available)
  - Tropical forest ecosystems
  - Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)
  - Selected drawings to help illustrate the different environmental issues and problems affecting the ecosystems:
    - Human intrusion into the water cycle
    - Degradation of uplands
    - Lowland degradation
    - Overgrazing
    - Illegal fishing activities

## **Instructions:**

Introduction – Collecting information on biodiversity present in the community (15 minutes)

1. Introduce the session.
2. Draw a map of the community on flipchart paper (newsprint/manila paper) using a marker with the help of the participants.
3. Divide the participants into four groups:
  - Forest trees and plants
  - Agricultural plants
  - Birds and animals
  - Fish/shellfish/sea plants
4. Ask each group to identify and list the plants/animals/fish present in their community.
5. After they have completed the lists, ask each group to mark on the community map where their plants/animals/fish are located in their community.
6. During this exercise, ask the participants to identify which resources are found in the same areas. For example, you might find that mangroves and fish are found in the same area.
7. Explain that resources together form ecosystems.
8. Define an ecosystem: "Ecosystem is the community of organisms (plants, animals, microorganisms) interacting in a particular location, plus the non-living part of the environment (air, water, soil, light, etc.) including the human-built structures" (Marten 2001).
9. Look at the map together with the participants and identify the ecosystems present in their community (e.g. forest, mangrove, coral reef, and agro-forestry ecosystem).
10. Ask the participants about the importance/significance of each ecosystem.
11. Ask them to describe—to the best of their knowledge—how the resource abundance has changed over the last five to 10 years \*

**\*Note:** Youth might have a difficult time answering this question. If there is time, you can bring in one or two “elder” key informants to describe how resources have changed.

12. Ask participants why the abundance of some resources is increasing and of others is decreasing. If not discussed by participants, mention the following:

- Many resources are in crisis because of the increasing human population.
- When there are too many persons, human activities become unsustainable, leading to overexploitation of resources, overfishing or overgrazing.
- Natural resources management that integrates population aspects can help us prevent overexploitation of the resources upon which people depend.

13. Fill in the first part of the ecosystem matrix by adding the types of ecosystems present in the community, the key plants/animals/fish resources in each system and note with + and – signs those resources that have increased (+) or decreased (-).

Example:

Ecosystem	Resources
Forest	Trees -, birds, antelopes -
Farm/ pastoral land	Agricultural crops +, etc.
Mangrove	Mangroves -, crabs -, fish -, bees -
Coral reef	Corals -, fish -, urchins +

14. End the exercise by asking the participants to determine which ecosystems are most threatened by human overexploitation, overfishing, or overgrazing in their community (e.g. village). Circle the two most threatened ecosystems and tell participants the next exercise will focus on those two priority ecosystems.

Example:

Ecosystem	Resources
Forest	Trees -, birds, antelopes -
Farm/ pastoral land	Agricultural crops +, etc.
Mangrove	Mangroves -, crabs -, fish -, bees -
Coral reef	Corals -, fish -, urchins +



Ecosystem Matrix Exercise – Problems and Issues (15 minutes)

- Now, roll out columns three and four of the ecosystem matrix from the previous exercise (Activities and Problems-Issues).

Example:

Ecosystem	Resources	Human Activities	Problems-Issues
Mangrove	Mangroves -, crabs -, fish -, bees -		
Coral reef	Corals -, fish -, urchins +		

- Divide the participants into two groups (one for each priority ecosystem) and, ask each group to list the following:
  - Human activities that impact the resource abundance in the ecosystem
  - The problems-issues besetting the ecosystem assigned to them

Example:

Ecosystem	Resources	Human Activities	Problems-Issues
Mangrove	Mangroves -, crabs -, fish -, bees -	Collection of mangrove wood to make charcoal, to use as fuel wood for cooking, and to use as construction material. Use of mangrove area as garbage dump.	Depletion of mangroves, loss of habitat for juvenile fish, crabs, and bees. Waste problem.

- Distribute meta-cards and pens to the groups.
- Ask the groups to write their answers on the meta-cards. Tell them to write one idea per meta-card.
- Ask the groups to post their answers to the ecosystem matrix.
- When the two groups are done, bring the whole group together.
- Read aloud the list. Ask participants if they would like to provide additional inputs.

8. You may use the drawings to help explain the different human activities and problems/issues affecting the ecosystems.
9. If not discussed by participants, mention some of the examples of human activities and problems/issues affecting each ecosystem.

Examples (more examples are illustrated in the hand-outs):

Activity	Problem
Cutting trees for fuel wood and building materials	Over-harvesting of trees, leading to decrease in forest cover, loss of habitat for certain animals and the protection that forests provide (e.g., storm protection, erosion protection, etc.)
Fishing Catching juvenile fish	Overfishing and depletion of fish stocks Depletion of fish stocks, exacerbated by fish not having time to reproduce
Clearing of land for agriculture	Loss of habitat, loss of protection that certain habitats provide (e.g., storm and erosion protection)

10. Distribute the handouts.
11. Leave the course output (Ecosystem Matrix) for the next exercise on the Link between Ecosystem Health and Human Well-being.

## **Exercise 3-B: Link between Ecosystem Health and Human Well-being**

### **Purpose:**

- To understand the impacts of human activities on the ecosystems and the subsequent impacts of ecosystem degradation on human health and well-being
- To prioritize environmental issues and identify actions that can be taken to address the root causes of ecosystem degradation
- To explain the importance of an integrated approach to solve problems/issues related to population, health and environment present in the community

**Time:** 30 minutes

### **Learning Objectives:**

After this exercise, the participants will be able to:

- Explain the link between increasing population and ecosystem degradation
- Explain the impacts of ecosystem degradation on human well-being
- Identify integrated PHE actions that can be implemented to address the threats to the environment and to people's health

### **Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint/manila paper)
  - marker pens
  - meta-cards (Index cards)
  - adhesive tape or masking tape
  - scissors
- Prepare an outline of a tree for the problem tree analysis.
- Post the output from the previous exercise (Ecosystems Overview).

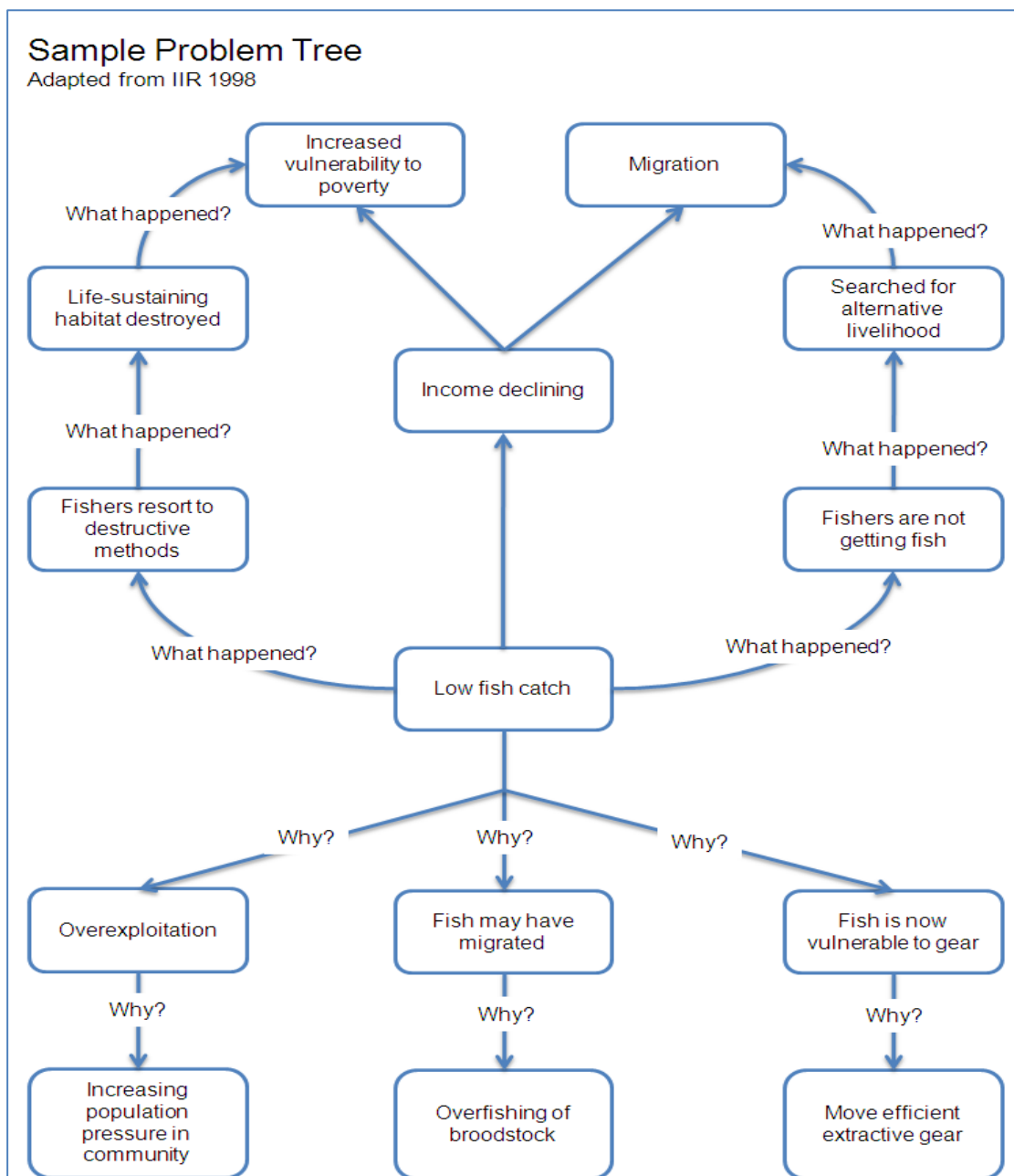
## Instructions:

### Problem, cause, impact (15 minutes)

1. Review the ecosystem matrix prepared by the group in the previous exercise.
2. Depending on the number of participants, ask them to identify one to three critical environmental/ecosystem problems/issues from the ecosystem overview exercise that are affecting their community. \*  
  
**\*Note:** You may wish to use a preference- or problem-ranking matrix to help the participants prioritize the problems they have identified from the previous session. The problem or issues should be clearly recognizable by the majority of the community.
3. If they have identified more than one environmental problem/issue, divide the participants into groups—one group per problem/issue.
4. If there is more than one group, tell the participants that while you mentioned previously that ecosystems do not have distinct boundaries, for the purposes of this exercise, each group will focus on one selected ecosystem.
5. As an example, using one of the prioritised problems, define clearly the "problem," the "cause" and the "effect." Using the sample chart, show a tree with leaves. Written within the trunk of the tree is a problem. Explain that your tree is sick. Point out the problem from which it is suffering. Point out that often a tree is sick because there are problems in the roots from which it feeds. Explain that to understand why the tree is sick, we must follow the problem back to the roots. Let the participants brainstorm over the causes of the problem by asking the question "why?" Draw a root for each cause and write a cause on the root.
6. Repeat the question "why?" for each cause identified in step 5. This will help identify secondary causes. Write these secondary causes lower down the roots, i.e., below the primary causes identified. Tell the participants that for the purposes of this exercise they have to continue asking the question "why?" until they can identify no more secondary causes.
7. Then ask participants to identify effects or impacts of the problem by asking "what would happen if the problem continues without any intervention?" Draw a branch for each effect/impact, and write the effect/impact on the branch.
8. For each effect/impact identified, repeat the question "what happened?" to reveal secondary effects. Place these higher up the branch above the primary effects. Tell the participants that for the exercise they have to continue asking the question "what happened?" until they can identify no more effects of the problem. You may also show the sample problem tree adapted from the International Institute for Rural Reconstruction (see Figure 1).

9. After this example demonstration, give each group one problem from the prioritised list and ask them to follow the same process—i.e., identifying the root cause of the problem and its effect/impact on their community.
10. Once the groups have completed their problem trees, have them present the results and discuss.

Figure 1 of Module 3: Sample Problem Tree



Lecture-Discussion: Impact on human well-being (15 minutes)

1. Look at the problem trees and ecosystem matrix. For the two priority problems selected, identify and discuss the connection between the priority problem and people's health and well-being.
2. Point out that increasing population pressure leads to overexploitation of ecosystem resources, which then leads to decline or loss of resources and ultimately affects the human population that is dependent on the resources.
3. Close the session.

## **Hand-outs for Module 3**

**Ecosystem:** Biological environment consisting of all organisms living in a particular area, as well as all non-living (abiotic) physical components of the environment with which the organisms interact, such as air, soil, water, and sunlight; a biological community and its physical environment.

**Ecology:** Science of relationships and interactions between living organisms and their environment.

**Impact of human activities on different ecosystems:**

Ecosystem	Activities	Problems-Issues
<b>Forest ecosystem</b>	Clear-cut logging Mining Slash-and-burn activities Forest harvesting of wood/non-wood products Varied activities of forest dwellers	Continuous loss of forest cover Loss of soil nutrient Loss of soil fertility Loss of biodiversity (plant and animal resources)
<b>Grassland ecosystem</b>	Forest fires Slash and burn practices Harvesting of non-timber products Mining activities Herbivore production (grazing) Human activities aggravating conditions of watershed areas	Grassland areas further degrade Soil erosion/increased surface runoff Loss of biodiversity (plant and animal resources)
<b>Freshwater ecosystem</b>	Mining Operations of mini-hydropower plants Establishment of swimming resorts using natural springs	Loss of critical watersheds Erosion Increased silt-load and sedimentation of freshwater bodies and adjoining zones

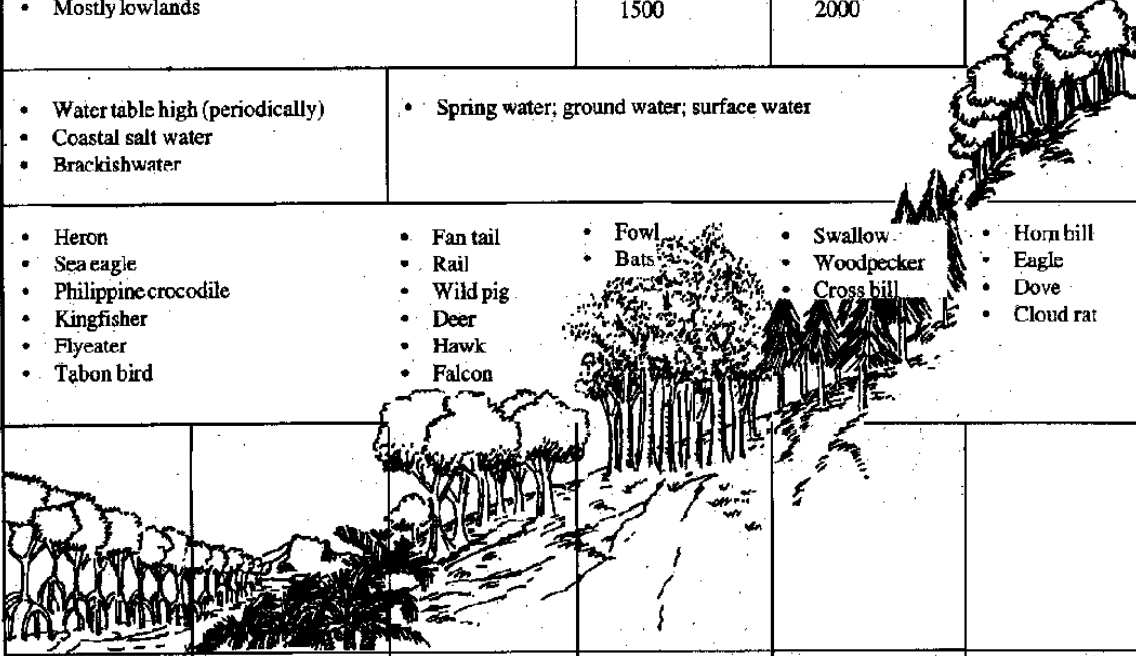


Ecosystem	Activities	Problems-Issues
	<p>Ecotourism activities</p> <p>Domestic agro-residential-industrial sites of water</p> <p>Aquaculture</p> <p>Navigation</p> <p>Open fisheries</p> <p>Drainage and conversion to agriculture</p>	<p>Degraded water quality</p> <p>Affects yield regulation service for diminishing water agro-industrial-domestic uses; power generation capability</p> <p>Loss of ecotourism value</p> <p>Encroachment of exotic species</p> <p>Loss of native plants/animals</p> <p>Eutrophication of lakes</p> <p>Biologically dead rivers; drainage channels</p> <p>High levels of organic pollutants and other contaminants</p>
<b>Mangrove ecosystem</b>	<p>Mangrove harvesting</p> <p>Trading/commerce</p> <p>Conversion of mangrove areas into impoundments for fish/shrimp</p> <p>Conversion of 100,000 ha mangrove swamps into salt beds, industrial and agricultural areas for coconut and rice production</p>	<p>Affects mangrove productivity</p> <p>Decreasing yield of fishery resources</p> <p>Loss of habitat</p> <p>Loss of nutrients</p> <p>Loss of biodiversity</p> <p>Erosion/sedimentation</p>
<b>Seagrass ecosystem</b>	<p>Gleaning</p> <p>Reclamation/conversion</p>	<p>Affects seagrass productivity</p> <p>Decreasing yield of fishery resources</p> <p>Loss of habitat</p> <p>Loss of nutrients</p>

Ecosystem	Activities	Problems-Issues
		Loss of biodiversity Erosion/sedimentation
<b>Coral reef ecosystems</b>	Open fisheries Dynamite fishing Coral reef harvesting Scuba diving Sea-ranching	Affects coral reef productivity Depletion of economically important fishing ground Pollution Destruction of coral reefs Loss of habitat Loss of biodiversity
<b>Coral reef ecosystems</b>	Open fisheries Dynamite fishing Coral reef harvesting Muro-ami activities Scuba diving Sea-ranching	Affects coral reef productivity Depletion of economically important fishing ground Pollution Destruction of coral reefs Loss of habitat Loss of biodiversity

Source: IIRR. 1992. Basic Concepts in Environment, Agriculture and Natural Resources Management: An Information Kit. International Institute for Rural Reconstruction, Silang, Cavite, Philippines.

## Tropical forest ecosystem

<b>Distinct characteristics</b>	<ul style="list-style-type: none"> <li>Floral species have stilt and knee rooting system.</li> </ul>	<ul style="list-style-type: none"> <li>Plants are salt tolerant.</li> </ul>	<ul style="list-style-type: none"> <li>Often found on limestone</li> </ul>	<ul style="list-style-type: none"> <li>Multilayered forest structures: high diversity</li> </ul>	<ul style="list-style-type: none"> <li>Relatively pure homogeneous pine species: low diversity</li> </ul>	<ul style="list-style-type: none"> <li>Stunted growth forest structure; trees covered with mosses.</li> </ul>
<b>Elevation meters above sea level (asl)</b>	<ul style="list-style-type: none"> <li>Mostly lowlands</li> </ul>			<ul style="list-style-type: none"> <li>Range: 1200-1500</li> </ul>	<ul style="list-style-type: none"> <li>Range: 1500-2000</li> </ul>	<ul style="list-style-type: none"> <li>Above 3050</li> </ul>
<b>Water</b>	<ul style="list-style-type: none"> <li>Water table high (periodically)</li> <li>Coastal salt water</li> <li>Brackishwater</li> </ul>		<ul style="list-style-type: none"> <li>Spring water; ground water; surface water</li> </ul>			
<b>Representative wildlife</b>	<ul style="list-style-type: none"> <li>Heron</li> <li>Sea eagle</li> <li>Philippine crocodile</li> <li>Kingfisher</li> <li>Flyeater</li> <li>Tabon bird</li> </ul>	<ul style="list-style-type: none"> <li>Fan tail</li> <li>Rail</li> <li>Wild pig</li> <li>Deer</li> <li>Hawk</li> <li>Falcon</li> </ul>	<ul style="list-style-type: none"> <li>Fowl</li> <li>Bats</li> </ul>	<ul style="list-style-type: none"> <li>Swallow</li> <li>Woodpecker</li> <li>Cross bill</li> </ul>	<ul style="list-style-type: none"> <li>Horn bill</li> <li>Eagle</li> <li>Dove</li> <li>Cloud rat</li> </ul>	
						
	<b>Mangrove forest</b>	<b>Beach forest</b>	<b>Molave forest</b>	<b>Dipterocarp forest</b>	<b>Pine forest</b>	<b>Mossy forest</b>

(IIRR 1992)

Tropical forest ecosystems are situated in the equatorial belt of the earth. This portion of the earth is called the tropical zone. It accounts for about 40 percent of earth's surface; within this zone are two major types of tropical forest ecosystems: (1) the rainforest; and, (2) the monsoon or seasonal forest. Both types of forest ecosystems exist in the Philippines. The latter occupies 6.7 million hectares of the available land area.

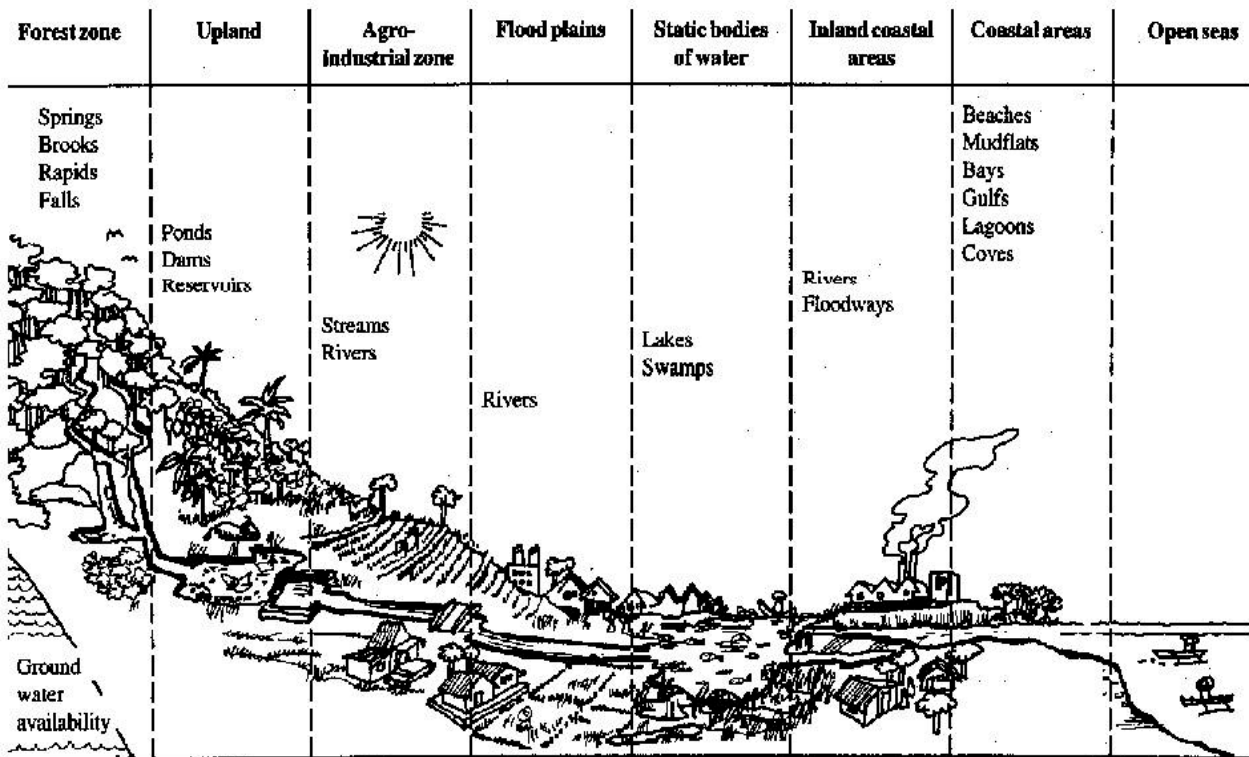
The rainforest is one of the oldest and most complex ecosystems on earth. Tropical forests are ecologically important for their role in:

- Maintaining well-balanced local, regional and or global climates—vegetation can affect climate in several different ways, via heat balance, surface roughness, the hydrological cycle (precipitation and evapo-transpiration) and carbon storage.
- Serving as a living storehouse of biodiversity—reduction in structural diversity inevitably follows from human interaction with tropical rainforests, as they are progressively

simplified by increasing degrees of interference, e.g., timber utilization. The most deleterious effects would be to see the trees and not the animals or vice versa. Biodiversity has a life-sustaining effect on human beings.

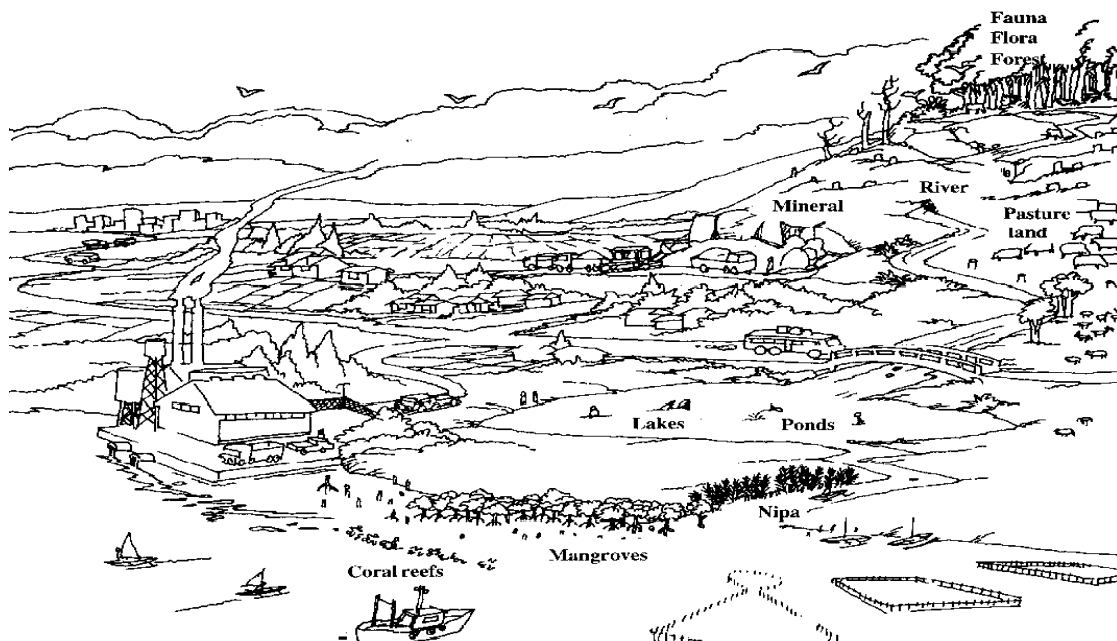
- Acting as natural protection against human impoverishment. Human populations located in the tropics depend on the forest resources base for basic sustenance. Thus, the disappearance of the forest due to massive disturbances in the forest ecosystem would mean loss of human lives.

**Input-output of freshwater from one ecosystem to another (interconnectedness of ecosystems)**



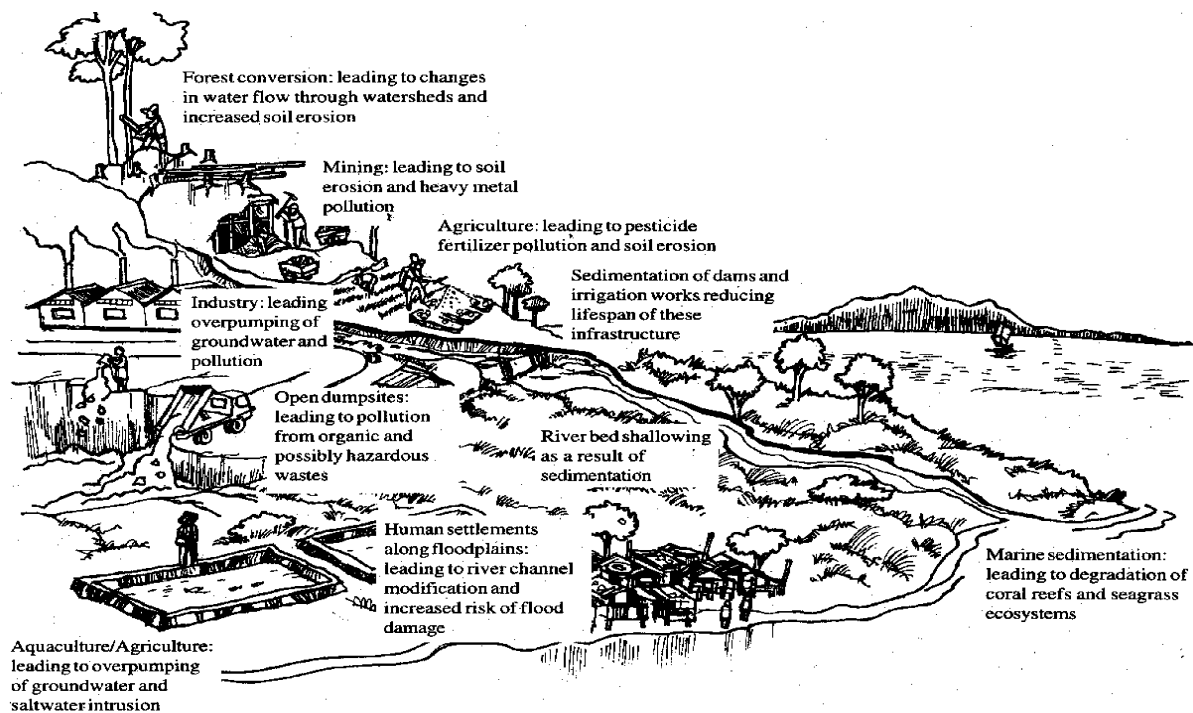
(IIRR 1992)

## Common property resources in crisis



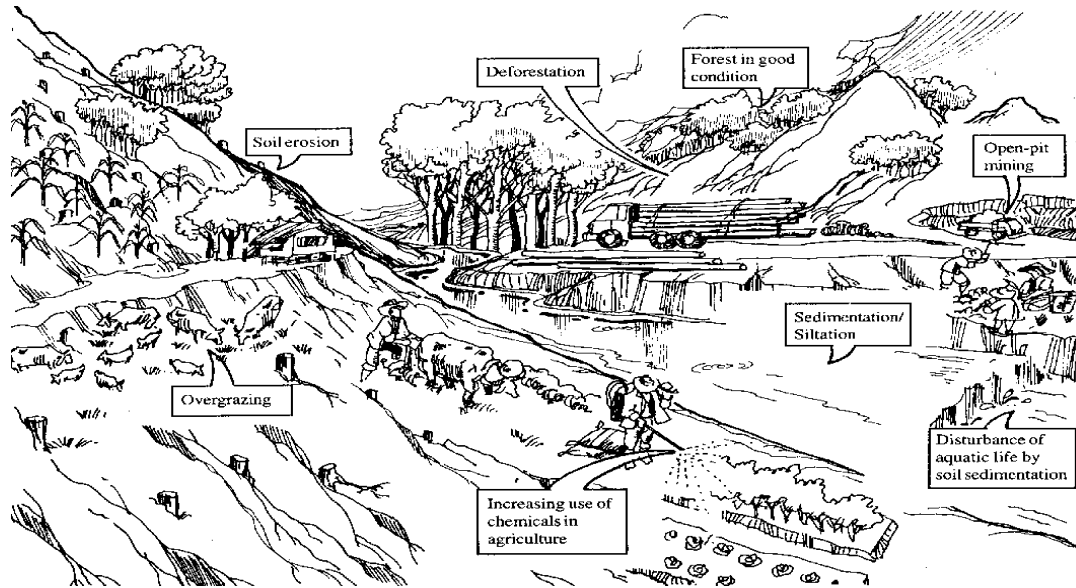
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## Human intrusion into the water cycle



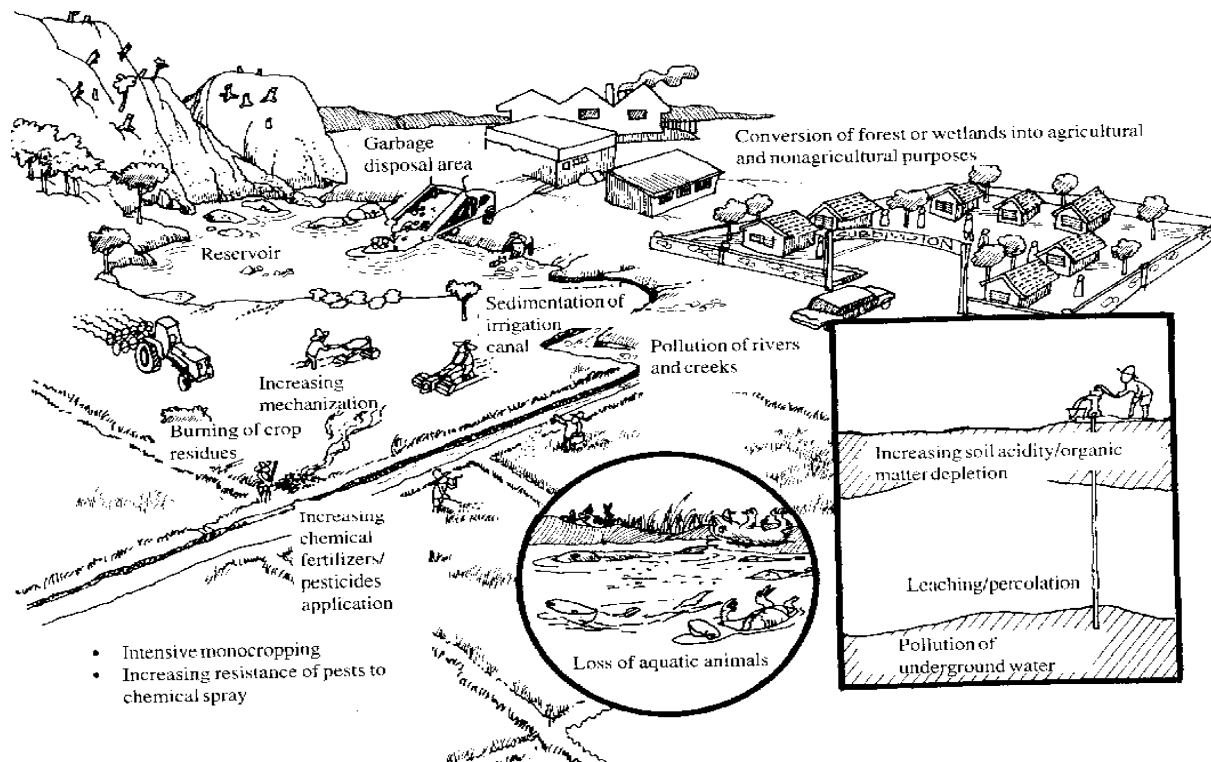
(IIRR 1992)

## Degradation of uplands



(IIRR 1992)

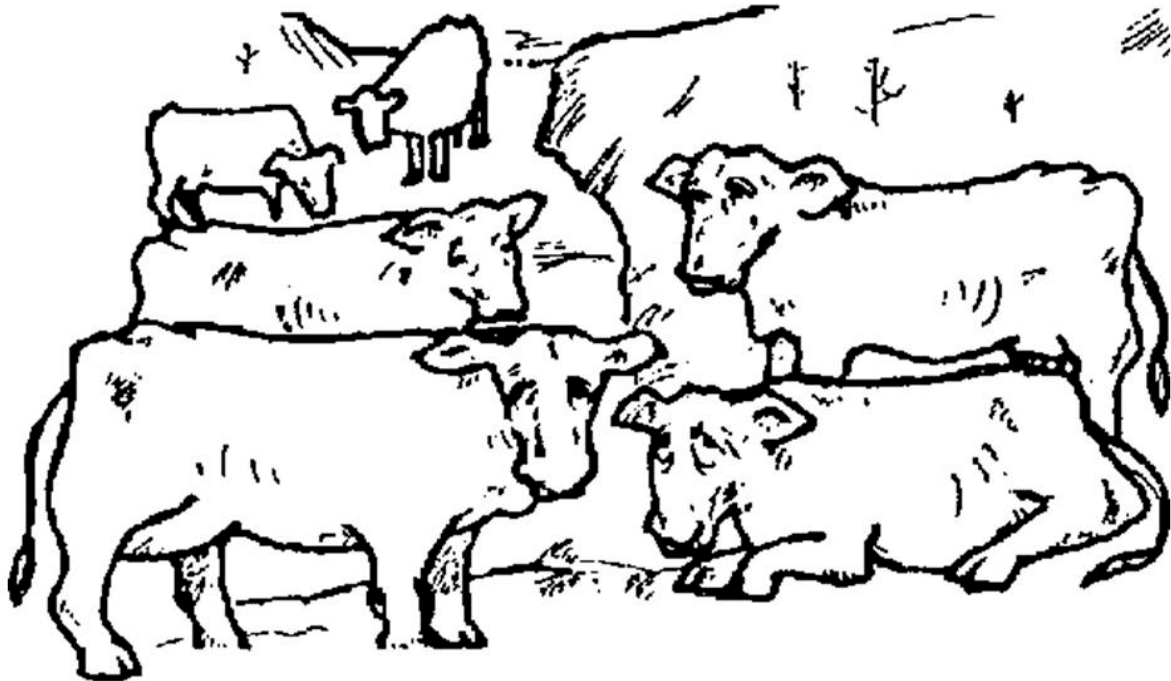
## Lowland degradation



(IIRR 1992)

## Overgrazing

### Browsing/overgrazing



can lead to erosion and soil compaction

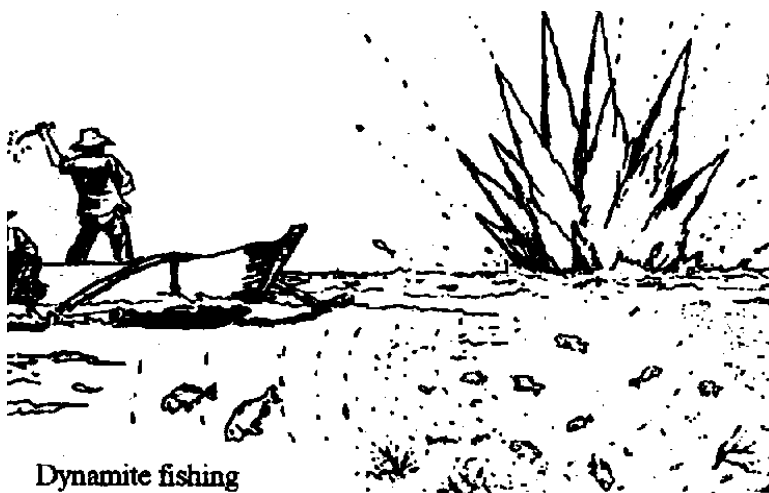
(IIRR 1992)

Insufficient fodder—especially during dry periods and droughts—forces animals to forage on available fodder growing in the distant grazing areas. Overgrazing on the earth's natural cover contributes to land degradation and soil erosion.

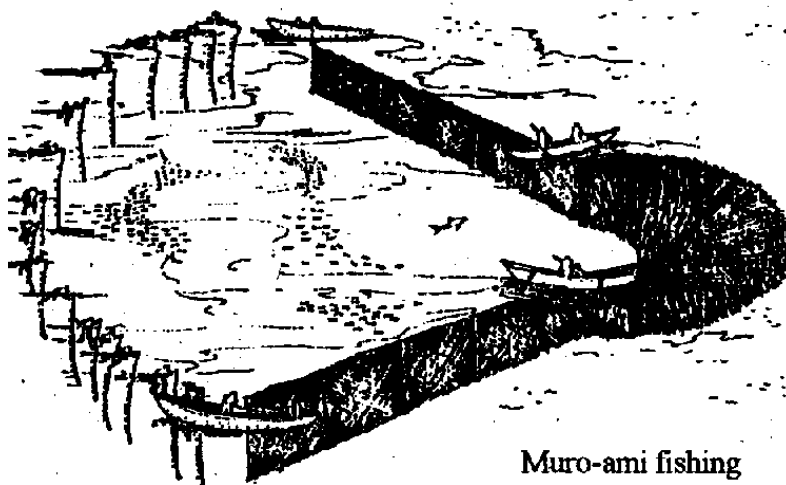
Massive herding of animals creates gullies that contribute to soil erosion, soil compaction, marching of wetlands and dust storms in dry, windy areas.

Free-grazing of animals destroys both less-valued and high-valued grass, crops, plants and trees that can lead to loss of various plant resources.

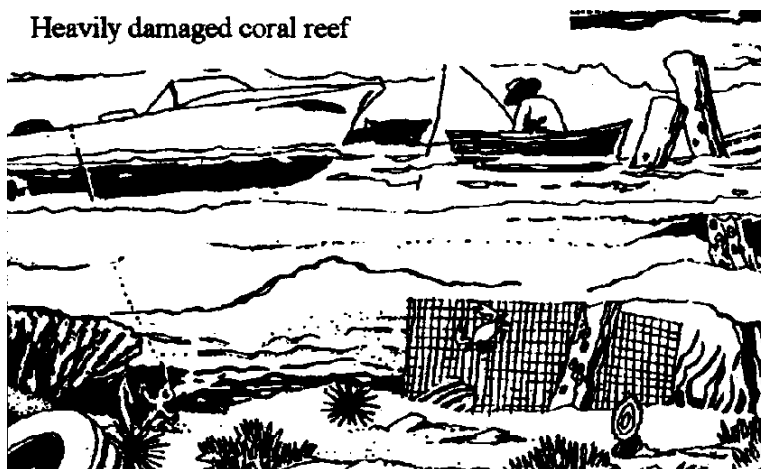
## Illegal fishing activities



Dynamite fishing



Muro-ami fishing



Heavily damaged coral reef

(IIRR 1992)



## MODULE 4: HUMAN REPRODUCTIVE ANATOMY

### Exercise 4: Reproductive Health (RH) Puzzles

#### Purpose:

- To provide participants with information on the different parts and functions of the male and female reproductive systems

**Time:** 45 minutes

#### Learning Objectives:

After this exercise, the participants will be able to:

- Identify the principal male and female reproductive organs
- Name a function for each part of the reproductive system

#### Preparation:

- Collect materials needed:
  - masking tape
  - scissors
  - box or basket
  - puzzles of the female and male reproductive systems
- Draw or make a photocopy of an existing drawing of the male and female reproductive systems. Cut each drawing into four to five pieces (like for a puzzle)—make sure each piece includes one part of the reproductive system. See drawings of the male and female genitalia in the ‘Facts to Know’ section for guidance.

#### Instructions:

1. Put the pieces of the puzzles in a box or basket. Pass the basket/box around and ask each participant to take one piece.
2. Explain that the pieces are from drawings of the male and female reproductive systems.
3. Ask participants to look at their respective piece of the puzzle and decide if it belongs to the male or female reproductive system.

4. Tell participants to look for other participants who have pieces from the same system they have so they can put their pieces together to form a complete drawing.
5. Ask the first group that completes the drawing to identify the parts of the system.
6. Tell the group that finished first that they get to quiz the other participants about the functions of the reproductive system in their drawing. They should ask about each part of their drawing's system and be sure that different participants respond so that all will have a chance to participate.
7. Add any functions that were missed and quickly review, as needed, any part and/or function. Make use of the information in the 'Facts to Know.'

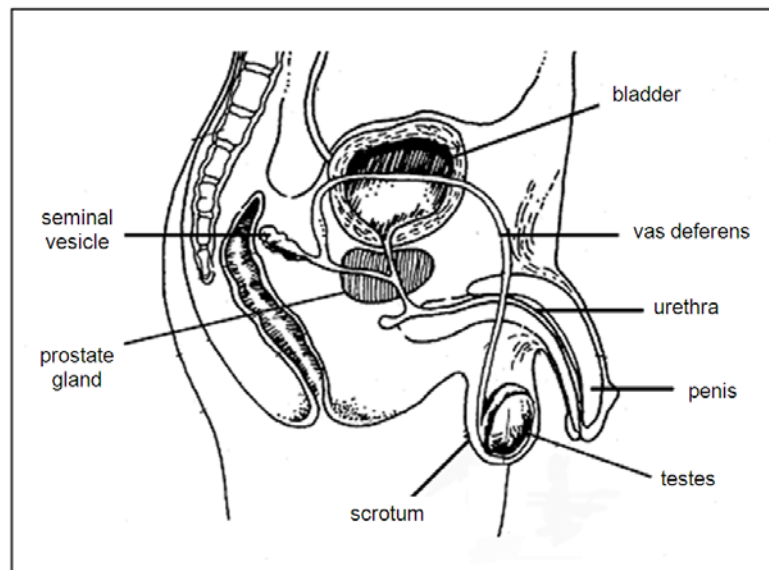
**Evaluation:**

1. Divide the participants into two groups and form lines that face each other.
2. Ask the first person in line to name a function of a reproductive organ (but not to reveal the name of the organ).
3. Have the first person of the opposite team name the organ that corresponds to the function that was just mentioned. If the answer is incorrect, ask the other members of the opposite team if there is anyone who knows the correct answer. If nobody knows, the facilitator should give the correct answer.
4. Ask the second person in the opposing team to name a function. The second person in the first team should name the organ. Continue until all functions and organs have been named.
5. Clarify any doubts and/or answer any remaining questions.

## FACTS TO KNOW

What are the important parts of the male reproductive system? What are the functions of these parts?

### Male Reproductive Anatomy



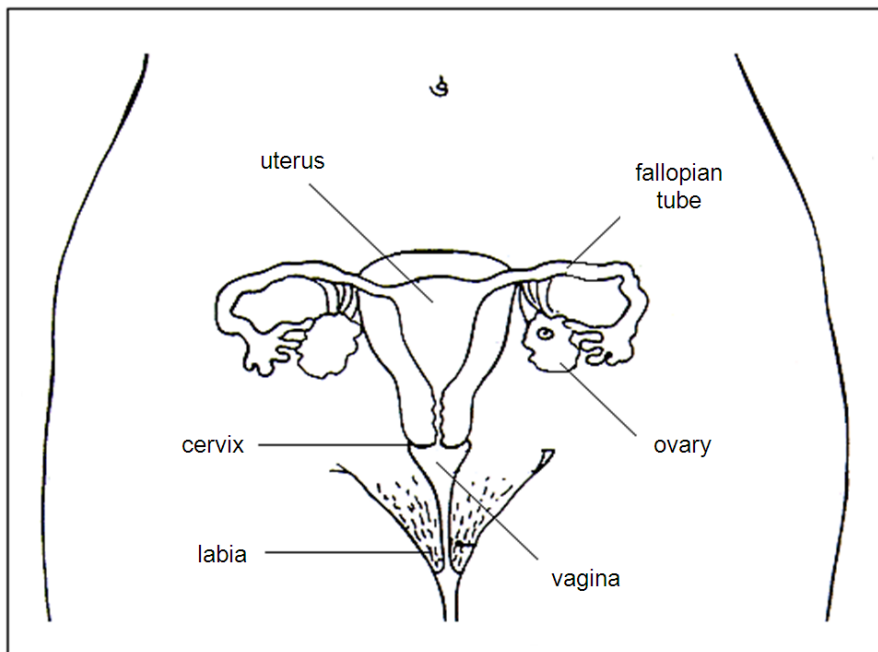
### Parts and Functions of the Male Reproductive System

Parts	Functions
<b>Penis</b>	Male organ for sexual intercourse, for urinary excretion and ejaculation of sperm
<b>Scrotum</b>	Sac below the penis that holds the testes. The scrotal muscle contracts or relaxes to regulate the temperature of the testes to make it compatible with the viability of the sperm
<b>Urethra</b>	Tube that provides passage for urine and semen
<b>Testes</b>	Site of the production of sperm and the male hormone, i.e., testosterone

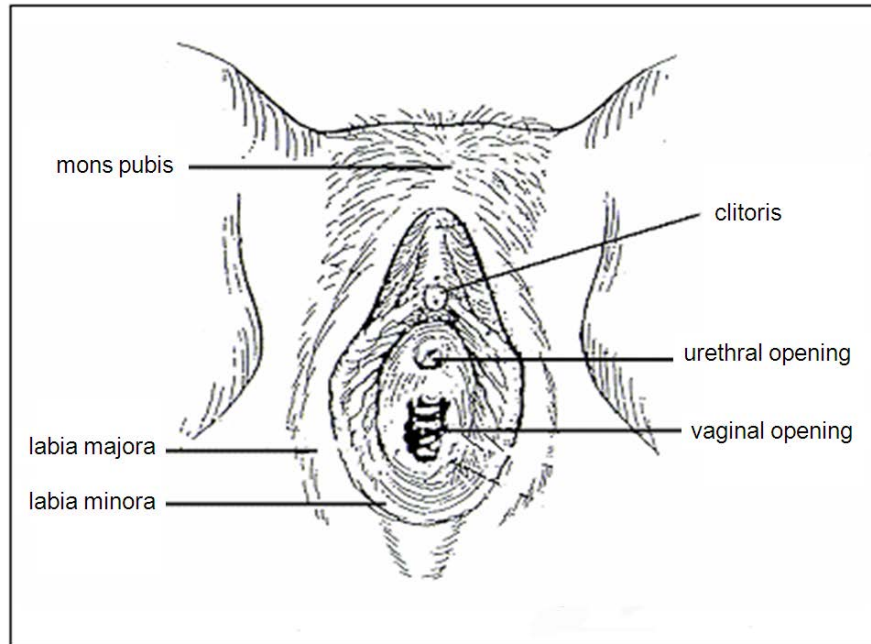
Parts	Functions
<b>Epididymis</b>	Serves as storage for sperm
<b>Vas deferens</b>	Tubes that provide passage for sperm from epididymis to the urethra during ejaculation
<b>Seminal vesicles</b>	Glands that produce the sugar- and protein-containing fluid that provides nourishment for the sperm
<b>Prostate gland</b>	Round-shaped body located below the urinary bladder that secretes fluids that aid in the motility of the sperm

**What are the important parts of the female reproductive system? What are the functions of these parts?**

Internal Female Reproductive Anatomy



## External Female Reproductive Anatomy



### **Parts and Functions of the Female Reproductive System**

<b>Parts</b>	<b>Functions</b>
<b>Mons pubis</b>	A soft fatty tissue which lies over the prominent pubic bone
<b>Labia</b>	The outer and inner folds covering the vagina: <ul style="list-style-type: none"> <li>• Labia majora: outer, rounded folds of fatty tissue with overlying skin and covered with hair</li> <li>• Labia minora: inner folds of tissue covered with mucous membrane</li> </ul>
<b>Clitoris</b>	A small projection which contains tissue that becomes erect during sexual stimulation; counterpart of the penis
<b>Vagina</b>	An elastic, muscular canal that provides passage for menstrual flow, for birth of babies, and receives the penis during sexual intercourse
<b>Cervix</b>	The neck of the uterus where cervical mucus is secreted; entrance between the vagina and the uterus

Parts	Functions
<b>Uterus</b>	A thick-walled hollow organ that houses and protects the fetus during pregnancy; commonly called the womb; inner lining of the uterus (endometrium) undergoes thickening in the ovulatory and early post-ovulatory stages of the menstrual cycle to prepare the uterus for possible implantation of the fertilized egg
<b>Fallopian tubes</b>	Two tubes that extend from the uterus to the ovaries; sperm travels through the tubes to reach the egg; fertilization of the egg takes place in the tubes, which then travels to the uterus where further growth takes place
<b>Ovaries</b>	Two round-shaped structures responsible for the development and expulsion of the egg and the development of female hormones, i.e., estrogen and progesterone

# MODULE 5: HUMAN FERTILITY



## Exercise 5: Menstrual Cycle

### Purpose:

- To provide the participants with information on the vital processes involved in the fertility of an individual

**Time:** 60 minutes

### Learning Objectives:

After the exercise, the participants will be able to:

- Identify the normal range of the menstrual cycle
- Identify the processes involved in the menstrual cycle
- Name at least two signs and symptoms of fertility

### Preparation:

- Collect the materials needed:
  - flipchart paper (newsprint)
  - masking tape
  - marking pens
  - scissors
- Prepare lecture materials and/or visual aids with itemized points of the topic.

### Instructions:

1. Present and discuss the topic of human fertility.
2. Focus only on the menstrual cycle, fertile/infertile phases, and signs and symptoms of fertility. Be guided by the contents of the 'Facts to Know' (see below).

## **FACTS TO KNOW**

### **What is human fertility?**

- Ability to reproduce
- Ability to achieve pregnancy and achieve live birth within a single menstrual cycle
- Closely linked to age
  - a. begins in puberty:
    - female—when she begins to menstruate (menarche)
    - male—when he begins to produce sperm (spermarche)
  - b. ends in:
    - female—menopause
    - male—later age

### **What is the menstrual cycle?**

- A monthly (approximate) cycle of ovulation and shedding of the lining of the uterus (endometrium)
- Cycle responds to changing levels of two main hormones of the body, estrogen and progesterone
- Menstrual period (menstruation) marks the start of the menstrual cycle
- The cycle's normal range is 25 – 35 days; the average cycle of 28 days is often used as a model for the discussion of the cycle and for some hormonal contraceptive cycling
- First day of the cycle = first day of menstrual bleeding
- Last day of the cycle = the day before the first day of the next menstrual cycle

### **What is menstruation or menstrual bleeding?**

- Result of the shedding of the endometrium or the lining of the uterus
- Average menstrual blood loss: 25 - 75 ml during a cycle



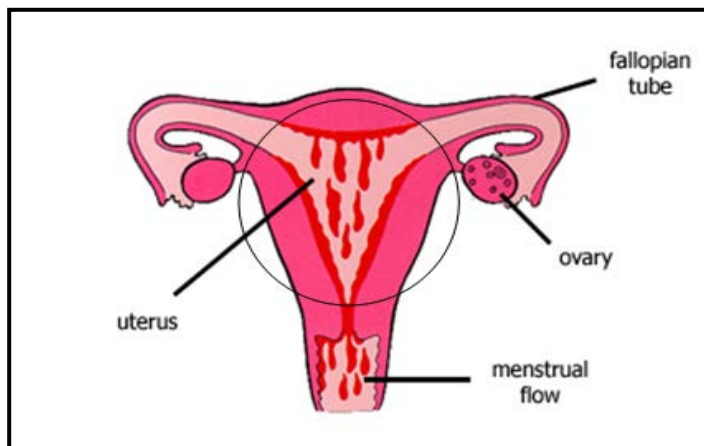
- Average duration of menstruation: three to seven days
- First day of menstruation marks the start of the menstrual cycle
- Several factors influence the length and regularity of menstruation such as:
  - Poor nutrition
  - Obesity or low body weight
  - Emotional trauma
  - Stress
  - Hormonal problems
  - Problems in the uterus or ovary (e.g., endometriosis or ovum)
- The above factors can lead to hormonal changes (low thyroid levels, elevated cortisol levels, hormonal imbalance) in the body that can affect menstrual bleeding

**What are the three stages of the menstrual cycle?**

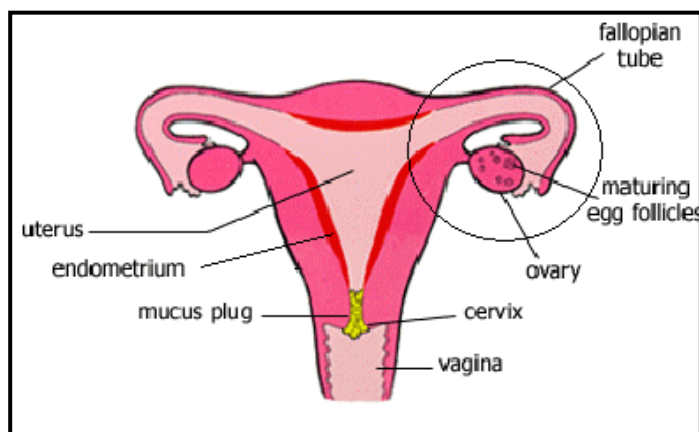
Stages	Description
<b>Pre-ovulatory</b>	<ul style="list-style-type: none"> <li>• Length of this phase is the most variable</li> <li>• Phase when menstruation occurs; usually occurs in the first three to seven days of this phase</li> <li>• After menstruation begins, estrogen steadily increases during this phase in preparation for the release of the mature egg/ovum</li> <li>• Follicles in both ovaries start to mature; only one egg/ovum will be released from an ovary during the next phase</li> </ul>
<b>Ovulatory</b>	<ul style="list-style-type: none"> <li>• Release of the mature egg from the ovary</li> <li>• Occurs approximately 14 days before a woman begins to menstruate again</li> <li>• Can happen at different times in different cycles</li> <li>• Period when a woman is most fertile and most likely to conceive if she has unprotected sex</li> </ul>

Stages	Description
	<ul style="list-style-type: none"> <li>• Ovaries are the source of eggs and the hormones that regulate female reproduction: <ul style="list-style-type: none"> <li>– At birth, there are one million egg follicles in the ovaries</li> <li>– During puberty there are +/- 100,000 egg follicles</li> <li>– In adulthood, one mature egg is released from the ovaries every 28 days (ovulation) until menopause</li> </ul> </li> <li>• Can be identified through changes in the cervical mucus, body temperature, and by being aware of the changes in the woman's body</li> </ul>
<b>Post-ovulatory</b>	<ul style="list-style-type: none"> <li>• Last phase of the menstrual cycle</li> <li>• Lining of the uterus (endometrium) thickens to prepare the uterus for possible implantation of the fertilized egg</li> <li>• If no fertilization occurs, shedding of the endometrium occurs—resulting in menstruation</li> </ul>

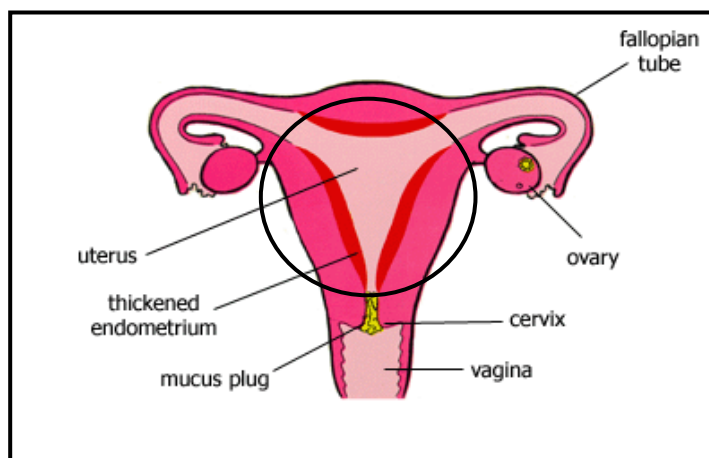
## Menstruation



## Maturation of the Follicles



## Ovulation



### **What are the changes in a woman's body associated with the ovulatory stage?**

- Cervical Mucus
  - egg-white in appearance and texture
  - can be stretched between thumb and finger
- Body Temperature
  - rises about 12-24 hours before ovulation and extends throughout post-ovulation; temperature should be taken first thing in the morning with a basal body thermometer
  - other factors can also cause a rise in temperature
- Body Awareness
  - increase in sex drive
  - occurrence of mild degree of lower pelvic pain or discomfort

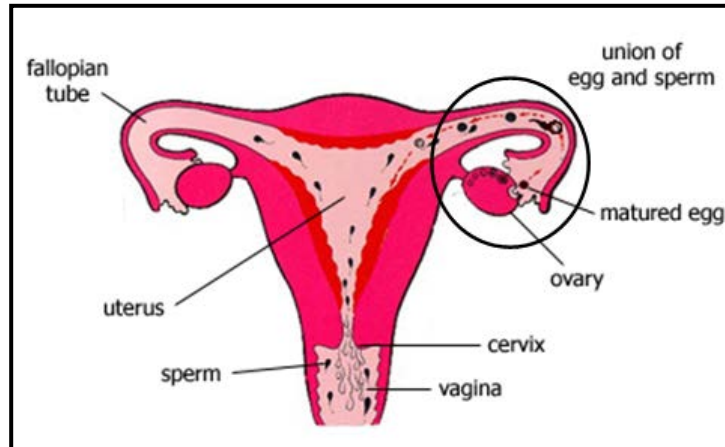
### **What are the possible events that could happen after ovulation?**

- Two events can happen to the egg/ovum after being released from the ovary and picked up by the fallopian tube (see Figure 1: Schematic Diagram of the Fate of the Egg/Ovum on the following page):
  - egg could be fertilized and then implanted in the uterus, resulting in pregnancy
  - egg is not fertilized, resulting in menstruation

### **What is fertilization?**

- Union of the egg and the sperm—usually occurs in the middle third of the fallopian tube
- Sperm will take minutes to hours to travel through the six to seven inch length of the fallopian tube to reach the egg
- More than 100 million sperm cells are ejaculated and start the journey; approximately 500 will reach the correct fallopian tube; only one will fertilize the mature egg
- Sperm may remain viable inside the reproductive tract for three days

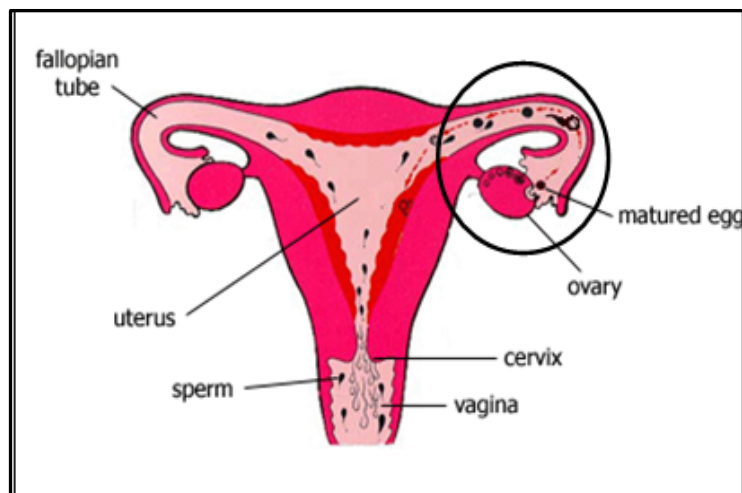
## Fertilization



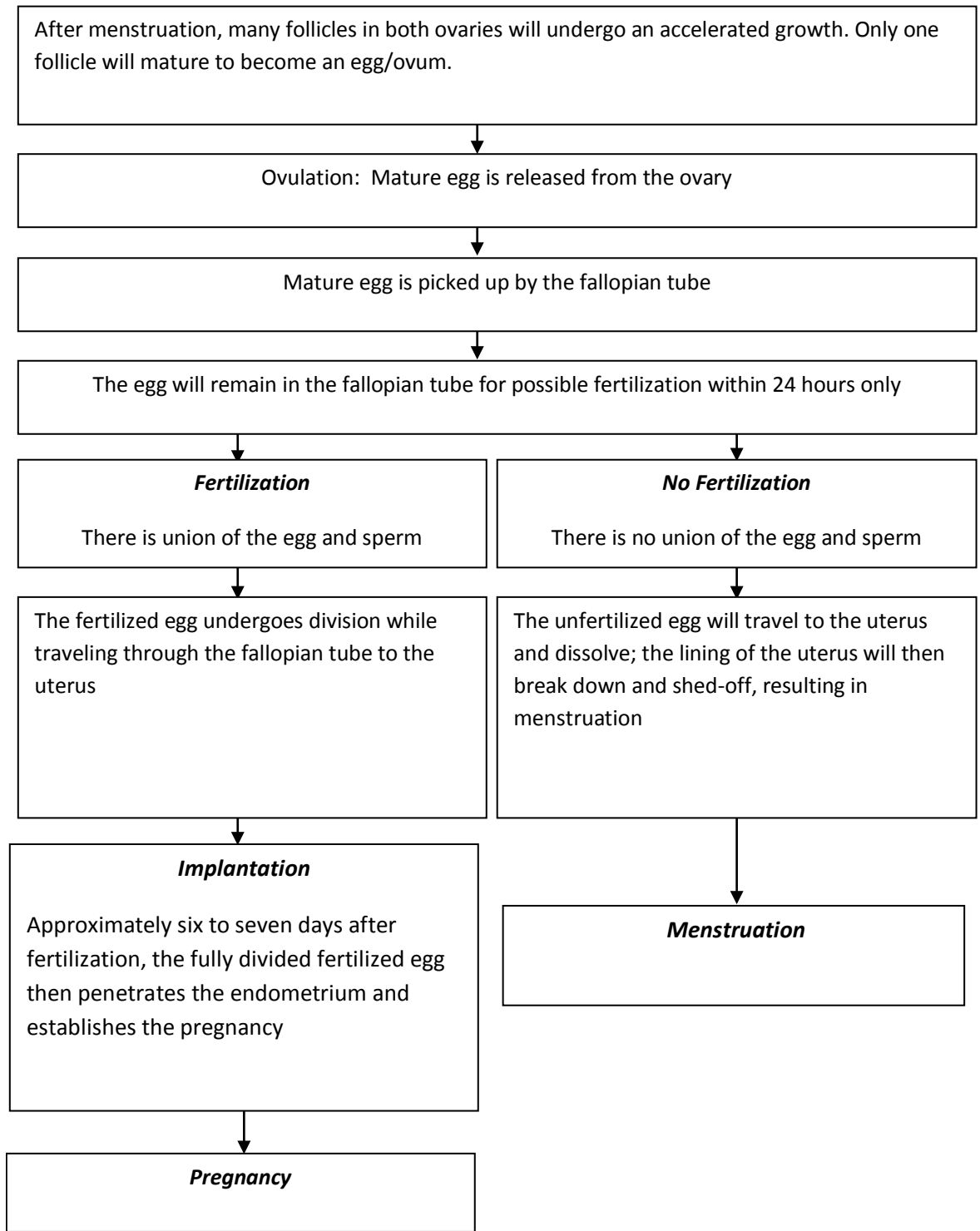
## What is implantation?

- Process in which the fertilized egg penetrates and is embedded into the uterine lining (endometrium) to establish contact with the mother's blood supply for nourishment
- Event that establishes pregnancy
- Takes six to seven days for the fertilized egg to travel from the fallopian tube to the uterus and implant itself into the uterine lining

## Implantation



**Figure 1 of Module 5: Schematic Diagram of the Fate of the Egg/Ovum (see diagram below)**



### **What are the reasons for changes in the menstrual cycle?**

- Changes in the menstrual cycle are due to changing levels of many essential hormones of the body, but especially estrogen and progesterone

### **What is estrogen?**

- Hormone responsible for female sexual development
- Primarily the cause of the signs and symptoms observed during the pre-ovulatory phase
- Surge or sudden increase in the level of estrogen is the reason ovulation occurs
- Other effects: reduces bone resorption, helps maintain healthy blood vessels and skin, helps regulate salt and water retention, increases cholesterol in bile, reduces muscle mass, increases vaginal lubrication, stimulates growth of uterine lining, increases platelet adhesiveness, increases high density lipoprotein (HDL)

### **What is progesterone?**

- Hormone that prepares the uterine lining (endometrium) for possible implantation of a fertilized egg
- Protects the embryo and enhances the development of the organ (placenta) that nourishes the growing baby
- Also aids in preparing the breasts for nursing the infant
- Other effects: thickens cervical mucus, decreases contractility of the uterine smooth muscle, increases core temperature during ovulation, relaxes smooth muscle, reduces gallbladder activity





## MODULE 6: OVERVIEW OF THE PHE CBD SYSTEM



### Exercise 6: PHE CBD System Overview and the PHE CBD Model

#### Purpose:

- To discuss with participants the PHE CBD program
- To familiarize participants with the roles and functions of PHE CBDs for integrated PHE projects

**Time:** 45 minutes

#### Learning Objective:

After this exercise, the participants will be able to:

- Describe the PHE CBD system
- Identify the roles and functions of a PHE CBD

#### Preparation:

- Prepare visual aids on the salient points of the lecture on newsprint. Be guided by the information contained in the 'Facts to Know.'
- Collect the materials needed:
  - flipchart paper (newsprint)
  - marker pens
  - masking tape
  - scissors
- Refer to information about PHE CBDs in the 'Facts to Know'.

#### Instructions:

1. Introduce the topic. State the purpose of the session.
2. Post the visual aids prepared beforehand. Proceed first with the short lecture-discussion.

3. Explain the PHE CBD system to participants. Answer participants' questions or clarify information as needed.
4. When there are no additional questions or clarifications, proceed by asking the participants the following question:  
  
"What do you think are the functions and roles of a PHE CBD?"
5. Divide participants into groups of three. Give each group 10 minutes to answer the above question and print their answers on newsprint. Ask a representative of each group to present their list of answers.
6. After their presentations, summarize the lists presented.
7. Process the groups' responses guided by the list on the topic provided in the 'Facts to Know.' The structure of the project's PHE CBD model can also be used to demonstrate that the roles and functions of the PHE CBD are vital to the implementation of the PHE CBD system.
8. If there are no further questions or clarifications needed, proceed to the next activity.

## **FACTS TO KNOW**

### **PHE Community-Based Distribution (CBD) System:**

#### **What is it?**

CBD is a system established to make use of existing resources within the community to distribute, deliver, and promote the use of family planning (FP) information, products and services as well as information on environmental protection/conservation and integrated population, health and environment (PHE) messages. It is called community-based because it uses the existing infrastructure within the community. It does not install new distribution systems. For example, convenience stores or other commercial stalls or organizations are existing structures that can be used to distribute FP information, products and services. These existing resources are effective distribution points of FP commodities, as are existing Ministry of Health (MOH) distributors. Other resources include the PHE Adult Peer Educator (PE)—if the local MOH has given them permission to carry and distribute FP commodities.

While definitions may vary by country, the following definition is based on the experience of PHE projects that have successfully used PHE CBDs to provide integrated PHE information and services to the community—including information on family planning, and FP methods.

A PHE CBD system involves an FP commodity distribution agent (CBD) and a PHE PE, who is in charge of informing, educating, communicating, and motivating clients on FP as well as other PHE interventions. These volunteer agents can also carry free contraceptive commodities for clients who have no capacity to pay for them.

The PHE CBD can be a storeowner, storekeeper, community village worker, member of a people's organization or a cooperative that is willing to carry contraceptive stocks for retail to FP clients. These "CBDs" are also referred to as CBD outlets and serve as physical distribution points for contraceptive products in a community. In the Philippines, small stores, known as sari-sari stores are CBD outlets. However, in Tanzania, the word "CBD" refers strictly to the MOH-established and trained CBDs—volunteers who perform tasks related to maternal and child health, tuberculosis, malaria, etc. as well as provide FP information and commodities. If these MOH CBDs are trained on PHE, then they can be referred to as PHE CBDs as well.

A PHE CBD is trained on PHE, linkages between environment and population, as well as on reproductive health, family planning, community-based distribution, counseling on PHE information, and the stocking and sales of FP commodities. PHE Adult PEs usually refer most eligible men and women to these trained PHE CBDs for FP products. However, first time users of contraceptives are first sent to the health center for a thorough screening.

## **Why do it?**

The PHE CBD system is a convenient, cost-effective mechanism for distributing FP/RH information, products and services to communities in areas where access to family planning is scarce. It utilizes product/service distribution mechanisms in the community because these:

- already exist and people in the community know their location
- already have established relationships with the members of the community
- are often trusted by people around them
- are managed by entrepreneurs who know how to distribute and/or sell, keep inventory, and monitor and record sales/products distributed

## **How do you implement a PHE CBD system?**

A program planner works with the community to identify a community volunteer, local storeowner, storekeeper, accredited drug dispensary, community village worker or a member of a people's organization or a cooperative, etc. and trains them to provide information on conservation, PHE linkages, family planning methods and the stocking and sales of FP commodities. In the Philippines for example, PHE CBDs are trained and operated by local nongovernmental organizations (NGOs) such as the Silliman University-Angelo King Center for Research and Environmental Management (SUAKCREM), the Coastal Conservation and Education Foundation, the Culion Foundation Inc., etc. The trainers from these conservation and health NGOs identified and trained PHE CBDs from the communities. In areas of Ethiopia, some store owners are also allowed to provide FP commodities as a result of a direct agreement with the local MOH.

In other countries, such as Tanzania, the MOH has an existing CBD system. These MOH CBDs are trained not only to deliver FP messages, but to deliver as well various health (malaria, maternal and child health, etc.) messages and to provide free FP commodities from the health centers. MOH CBDs are usually trained with specific MOH guidelines. In these cases, program planners will need to inform the national MOH and work with the local MOH to include PHE information in CBD training programs, or provide separate training on PHE. Some of the modules from this curriculum have been incorporated into the Tanzania MOH standard training guidelines for CBDs working in selected districts where PHE activities are being implemented.

## **What are the roles and functions of the PHE CBD?**

The roles and functions of a PHE CBD are to:

- Provide integrated PHE messages, including those FP and environmental issues
- Provide for free or sell FP products (pills and/or condoms) to qualified clients
- Maintain regular and consistent stock of FP products (pills and condoms)
- Ensure that contraceptives are properly displayed and visible
- Ensure that contraceptive products are stored properly
- Ensure the price of these products is set according to the suggested price guidelines
- Ensure proper display of posters, product dispensers and other point-of-sale materials
- Maintain good relationships with community members, PHE Adult PEs, and MOH workers (i.e., CBDs, health extension workers, etc.) in the community
- Keep a good record of contraceptive sales
- Maintain a buffer stock of contraceptives at all times
- Remit proceeds to the responsible person in a timely manner as these funds are needed to purchase additional stock
- Refer clients to the health centers for other health services—especially important when the client is a first time user of the pill

## **Types of FP acceptors/clients**

**There are three types of clients:**

1. A client with no capacity and no willingness to pay for FP services and commodities
2. A client with the capacity to pay for FP services and commodities, but not willing to pay
3. A client with capacity to pay for FP services and commodities and is willing to pay

**\*Note:** For more information, refer to Roles and Functions of the PHE CBDs on the previous page and Roles and Responsibilities of a PHE Adult PE in point #2 of 'Facts to Know,' Module 11)

## MODULE 7: SOCIAL MARKETING OF CONTRACEPTIVES FOR PHE CBDS

### Exercise 7: Overview of the Social Marketing of Contraceptives for PHE CBDs

#### Purpose:

- To enable participants to understand social marketing of family planning (FP) commodities
- To enable the participants to understand the four Ps in marketing (place, product, price and promotion)
- To provide participants with correct information on the different contraceptive methods available at the PHE CBD outlets

**Time:** 2 hours

#### Learning Objective:

After this exercise, participants will be able to:

- Describe social marketing of FP commodities
- Identify the four “P”s in social marketing

#### Preparation:

- Prepare on newsprint the salient points of the lecture. Be guided by the information contained in the ‘Facts to Know.’
- Collect the materials needed:
  - flipchart paper (newsprint)
  - marker pens
  - masking tape
  - scissors
  - sample pricing scheme
  - FP product samples

- sample promotional/information, education, communication (IEC) materials
- maps showing locations of PHE CBD
- Refer to the information contained in the 'Facts to Know' in Module 5 for the different FP products to be discussed.

**Instructions:**

1. Introduce the topic of social marketing. State the purpose of the exercise.
2. Ask the group to state their understanding of 'social marketing.'
3. List their inputs on newsprint.
4. After all have contributed, review the list.
5. Discuss the definition of social marketing as defined in the 'Facts to Know.'
6. If no other clarification is needed, proceed to the next step.
7. Explain the relevance of social marketing's four Ps (place, product, price, promotion) to a CBD.
8. Emphasize that the four Ps are relevant and important in accomplishing the tasks of the PHE CBDs as they allow the development of a good marketing strategy.

The Four Ps of Social Marketing

**Place:**

1. Emphasize the relevance of knowing the place. Point out that it is important to identify a place that is strategically located and very accessible to the community, i.e., marketplace, near transportation area, etc.
2. It is important to show the map of locations of the PHE CBDs. Point to each site on the map, emphasizing those areas where the participants are assigned.
3. Clarify the target audience for pills, condoms and emergency contraceptive pills (ECPs).
4. After discussing these, proceed to a discussion of the next 'P.'



**Product:**

1. Emphasize why it is important to know the product.
2. Mention that the products that will be promoted are the following:
  - condoms
  - combined oral contraceptive (COC) pills
  - progestin-only pills (POP)
  - ECPs
3. Discuss the following products most commonly available from PHE CBDs: condoms, COCs, POPs, and ECPs. Refer to “Facts to Know” regarding the specific methods. Cover the following points for each contraceptive method
  - What the method is
  - How the method works
  - Effectiveness of the method
  - Advantages of the method
  - Disadvantages of the method
  - When the method is not advised
4. During the lecture on condoms, demonstrate proper use and have participants practice putting the condom on a penis model.
5. Clarify myths, misconceptions and inquiries for each product.

**Price:**

1. Emphasize the importance of price.
2. Show and explain to the participants the proposed pricing scheme for COCs, POPs, condoms and ECPs and their corresponding incentives.
3. When all clarifications have been made, proceed to a discussion of the next 'P'.

**Promotion:**

1. Emphasize why promotion is necessary.
2. At this point, emphasize the role of an Adult PHE PE and discuss with participants the plan for the PHE CBD.
3. Show some point-of-sale and PHE IEC materials, if available.
4. If no further clarifications are required, proceed to the next session.

## FACTS TO KNOW

- Social marketing is the use of commercial marketing principles and techniques to advance a social issue, idea or behavior.
- Marketing involves more than just selling a product. It refers to a much larger set of activities that must occur from the time a product is conceived to the time it is consumed. For example, social marketing is the principle used in selling the message “plan your families and help conserve your natural resources.” The set of activities includes identifying and train population, health and environment (PHE) Adult Peer Educators (PEs) as “agents” who promote/deliver the PHE message and train and establish PHE CBD as “outlets” where family planning (FP) commodities are easily accessible, affordable and of good quality.
- Four P’s of Social Marketing:
  1. Place
  2. Product
  3. Price
  4. Promotion
- Knowing where PHE CBDs are located is important for a number of reasons; a) it may indicate how best to reach the clients and gain their trust and eventually counsel effectively; and b) it can help in understanding people’s problems, needs and preferences.
- Knowledge of the product features can facilitate use; knowledge regarding resistance is helpful in changing attitudes.
- Price is a strong selling point; incentives will attract outlets to participate.

## SAMPLE PRICING SCHEME

Contraceptive Product	Actual Cost in the Commercial Market	Cost for Clients
		PHE CBD (Suggested Retail Price given to FP Clients)
COC		
POP		
CONDOM		
ECP		

- Having a plan for the promotion of the products can attract FP acceptors to try the product, and effective use of point-of-sales materials can attract buyers.

### Family Planning Methods

Family planning is planning when and how many children to have, and what contraceptive methods to use. Methods and plans include sexuality education, prevention and management of sexually transmitted infections (STIs), pre-conception counseling and management, infertility management, etc.

While the family planning products most available at PHE CBD outlets are male condoms and oral contraceptives pills. PHE CBDs should be able to talk to clients and potential clients on all types of contraceptive methods.

### Most common FP methods distributed by PHE CBDs are:

- Condoms: male and female
- Combined oral contraceptive pills (COCs)
- Progestin-only contraceptive pills (POPs)
- Emergency contraception pills (ECPs)

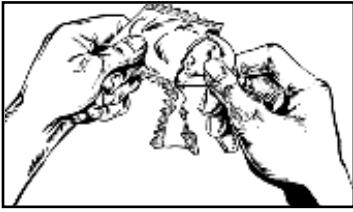
A description of all these methods follows

## Male Condoms

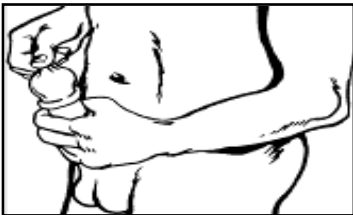


Male Condom	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• A latex (rubber) sheath worn over the erect penis during sex</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Prevents sperm from entering the vagina</li> </ul>
<b>How effective is it?</b>	Pregnancy rate in first year of use is: <ul style="list-style-type: none"> <li>• When used correctly with each act of sex—2 pregnancies per 100 women</li> <li>• When not used consistently/frequently used—15 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Can be used without seeing a health provider</li> <li>• Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method</li> <li>• Protects against pregnancy and STIs, including HIV</li> <li>• Increases male participation in family planning</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Interrupts sex and may decrease sensation</li> <li>• Can break easily if not stored properly a dry, dark place away from light, moisture, and heat</li> <li>• One-time use only</li> <li>• Requires partner cooperation</li> </ul>
<b>Method <u>not</u> advised if:</b>	<ul style="list-style-type: none"> <li>• Allergic to latex rubber</li> </ul>

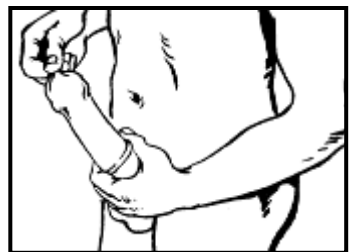
## Proper Use



- Carefully open the package so the condom does not tear.



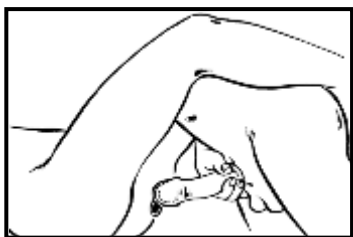
- Squeeze tip of condom and put it on end of hard penis.



- Continue squeezing tip while unrolling condom until it covers all of penis.



- Always put on condom before entering partner.















- After ejaculation (coming), hold rim of condom and pull penis out before it gets soft.



- Slide condom off without spilling liquid (semen) inside vagina.

## Proper Care

		<ul style="list-style-type: none"> <li>• Do not use condoms that are dry, dirty, brittle, yellowed, sticky, melted or damaged.</li> <li>• Store in dark, dry place, away from sunlight, moisture and heat.</li> <li>• Do not keep your condom in a tight pocket or in your wallet for a long period—it is too warm.</li> </ul>
		<ul style="list-style-type: none"> <li>• Do not use grease, oils, lotions, or petroleum jelly to lubricate condoms—these oils cause the condom to break.</li> <li>• Use only water-based lubricants.</li> </ul>
		<ul style="list-style-type: none"> <li>• Do not use your teeth or other sharp objects to open the package—it may tear the condom.</li> <li>• Tear the condom package, and then open carefully using the guides in the package.</li> </ul>
		<ul style="list-style-type: none"> <li>• Do not pull the condom tight over the head of the penis—it may cause the condom to burst.</li> <li>• Squeeze the air out of the tip of the condom before you put it on to leave space for the semen to collect.</li> </ul>

 	<ul style="list-style-type: none"> <li>• Do not unroll the condom to check for tears before putting it on.</li> <li>• Unroll the condom directly onto an erect penis.</li> </ul>
 	<ul style="list-style-type: none"> <li>• Do not wash out and attempt to re-use a condom—it may break.</li> <li>• Use condoms one at a time and properly dispose of it after use. Keep new supplies available.</li> </ul>



## Female Condom



Female Condom	
<b>What is it?</b>	<ul style="list-style-type: none"><li>• A sheath made of a thin, transparent, soft, plastic film or latex rubber with flexible rings at both ends placed into the vagina before having sex</li></ul>
<b>How does it work?</b>	<ul style="list-style-type: none"><li>• Prevents sperm from entering the vagina</li></ul>
<b>How effective is it?</b>	<p>Pregnancy rate after first year of use is:</p> <ul style="list-style-type: none"><li>• When used correctly with each act of sex—5 pregnancies per 100 women</li><li>• When not used consistently or as frequently—21 pregnancies per 100 women</li></ul>

<b>Female Condom</b>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Woman can initiate their use</li> <li>• Woman is in control of their use</li> <li>• Can be used without seeing a health provider</li> <li>• Can serve as temporary or back-up method if a woman misses a pill or has to abstain when using a fertility awareness method</li> <li>• Protects against pregnancy and sexually transmitted infections, including HIV</li> <li>• Preserves feeling of sex for men and women</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Interrupts sex and may decrease sensation</li> <li>• Can break easily if not stored properly</li> <li>• Re-use is not recommended</li> <li>• Requires partner cooperation</li> <li>• May be relatively expensive</li> <li>• May make noises during intercourse</li> </ul>
<b>Method <u>not</u> advised if:</b>	<ul style="list-style-type: none"> <li>• Allergic to latex rubber</li> </ul>

## Oral Contraceptive Pills (COCs)



Combined Oral Contraceptive Pills (The Pill)	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• A pill that a woman takes every day to prevent pregnancy</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• A woman takes one pill every day—with the pill being most effective when taken at the same time every day</li> <li>• The pill contains small amounts of the hormones estrogen and progestin</li> <li>• Estrogen and progestin make the mucus around the cervix thick, which stops sperm from meeting the egg</li> <li>• The hormones also stop the release of eggs from the ovaries (ovulation)</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> <li>• With no missed pills—less than 1 pregnancy per 100 women</li> <li>• With some missed pills—8 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Woman can control the method</li> <li>• Can be stopped at any time without a provider's help</li> <li>• Do not interfere with sex</li> <li>• Help prevent cancer of the uterus and ovaries</li> </ul>

<b>Combined Oral Contraceptive Pills (The Pill)</b>	
	<ul style="list-style-type: none"> <li>• Help prevent pelvic inflammatory disease (PID)</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Woman must remember to take a pill once a day, every day</li> <li>• May cause irregular bleeding during first few months of use</li> <li>• May also cause absence of periods or other side effects</li> <li>• Do not protect against sexually transmitted infections (STIs), including HIV</li> </ul>
<b>Method <u>not</u> advised if a woman:</b>	<ul style="list-style-type: none"> <li>• Is breastfeeding a baby less than six months old</li> <li>• Smokes cigarettes</li> <li>• Has high blood pressure</li> <li>• Has cirrhosis of the liver, a liver infection, or liver tumor</li> <li>• Has diabetes</li> <li>• Has had a stroke, blood clot in legs or lungs, heart attack, or other serious heart problems</li> <li>• Has gallbladder disease or takes medication for gall bladder disease</li> <li>• Has or has had breast cancer</li> <li>• Has migraine aura (sometimes seeing a growing bright spot in one eye)</li> <li>• Has migraine headaches without aura (a type of severe headache)</li> <li>• Is taking medication for seizures or is taking Rifampicin</li> </ul>

## Progestin-Only Contraceptive Pills (POPs)



Progestin-Only Pills (Mini-pill)	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• A pill that a woman takes every day to prevent pregnancy</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Woman takes one pill every day and is most effective when taken at the same time every day</li> <li>• Contains small amounts of hormone (progestin)</li> <li>• Progestin makes the mucus around the cervix thick, which stops sperm from meeting the egg</li> <li>• Also stops the release of eggs from the ovaries (ovulation)</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> <li>• With no missed pills—less than 1 pregnancy per 100 women</li> <li>• With some missed pills—3 to 10 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Safe for women who are breastfeeding—may begin the mini-pill six weeks after giving birth</li> <li>• Woman controls the method</li> <li>• Can be stopped at any time without a provider's help</li> </ul>

<b>Progestin-Only Pills (Mini-pill)</b>	
	<ul style="list-style-type: none"> <li>• Do not interfere with sex</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• May cause irregular monthly bleeding and for breastfeeding women may cause delayed return of monthly bleeding</li> <li>• Woman must remember to take a pill once a day, every day</li> <li>• Do not protect against STIs, including HIV</li> </ul>
<b>Method <u>not</u> advised if a woman:</b>	<ul style="list-style-type: none"> <li>• Is breastfeeding a baby less than six weeks old</li> <li>• Has a blood clot in the legs or lungs</li> <li>• Has or has had breast cancer</li> <li>• Has severe cirrhosis of the liver, liver infection, or liver tumors</li> <li>• Is taking medication for seizures or is taking Rifampicin</li> </ul>

### **Emergency Contraception Pills (ECP)**

<b>Emergency Contraception Pills</b>	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• The only method that can help prevent pregnancy after a woman has had unprotected sex</li> <li>• Must be used within five days of having unprotected sex</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• ECPs contain the same hormones as combined and progestin-only oral contraceptive pills, but in higher doses</li> <li>• These hormones prevent the release of eggs from the woman's ovaries</li> </ul>
<b>How effective is it?</b>	When taken within five days of having unprotected sex:

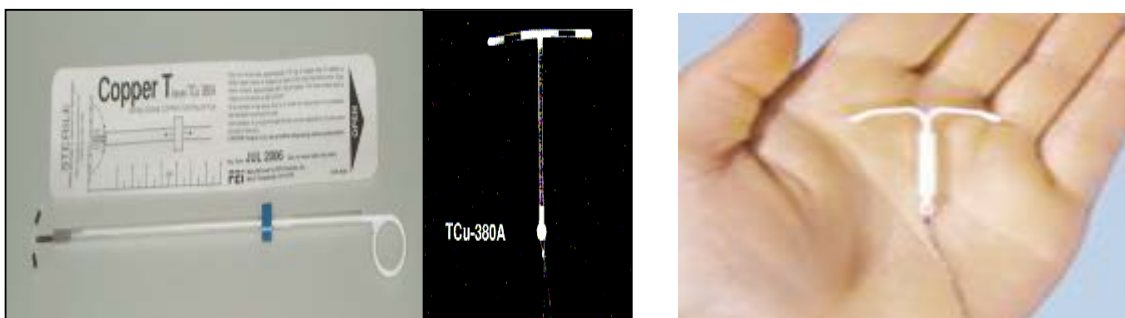
<b>Emergency Contraception Pills</b>	
	<ul style="list-style-type: none"> <li>• With ECPs—1 to 2 pregnancies per 100 women</li> <li>• With no ECPs after unprotected sex during fertile days—8 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Safe for women who cannot use hormonal contraceptive methods</li> <li>• Women can use ECPs if there has been forced sex (rape)</li> <li>• Can be used if there has been contraceptive mistakes or failures, such as: <ul style="list-style-type: none"> <li>– Condom broke, slipped or was not used correctly</li> <li>– Woman missed three or more combined oral contraceptive pills</li> <li>– Woman started a new packet of pills three or more days late</li> <li>– Woman is more than seven to 14 days late for a repeat injection of injectable contraception</li> <li>– Woman used the Standard Days Method incorrectly</li> </ul> </li> <li>• Reduces the need for abortion</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> <li>• Woman controls the method</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Not recommended for regular use as it is not effective as a continuous method of contraception</li> <li>• Do not protect against STIs, including HIV</li> </ul>
<b>Method <u>not</u> advised if a woman:</b>	<ul style="list-style-type: none"> <li>• Most women can use ECPs</li> </ul>

**Other modern FP methods that prevent the union of the egg and sperm are:**

- Intra-Uterine Device (IUD)
- Voluntary Surgical Contraception (VSC): Vasectomy and Bilateral Tubal Ligation
- Natural Family Planning Methods (NFP): Standard Days Method

A description of all these methods follows:

**Intrauterine Devices (IUD)**

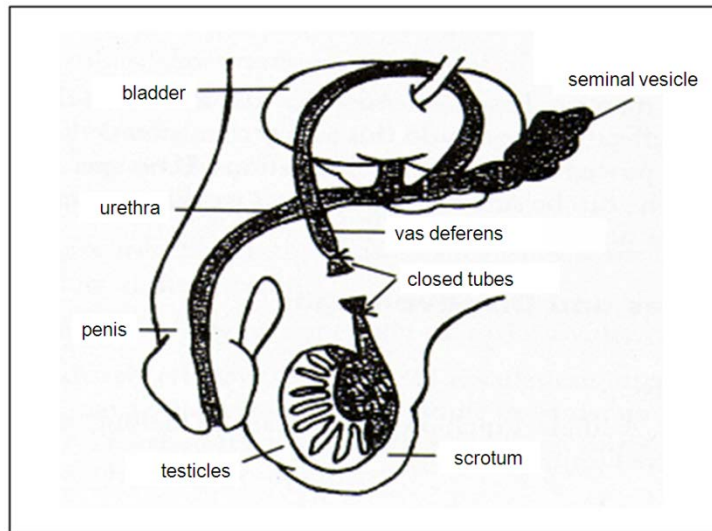


	<b>Copper-bearing IUD</b>	<b>Levonorgestrel IUD (Mirena)</b>
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• Small plastic and copper device inserted into the uterus by a trained provider</li> <li>• Most IUDs have one or two thin strings that hang from the cervix into the vagina</li> </ul>	<ul style="list-style-type: none"> <li>• Small T-shaped plastic device that contains the hormone levonorgestrel</li> <li>• Has two thin strings that hang from the cervix into the vagina</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Prevents sperm from meeting the egg</li> </ul>	<ul style="list-style-type: none"> <li>• Suppresses growth of lining of uterus and prevents egg from implanting</li> </ul>
<b>How effective is it?</b>	<ul style="list-style-type: none"> <li>• In first year of use—less than 1 pregnancy per 100 women</li> <li>• More than 10 years of use—2 pregnancies per 100 women</li> </ul>	<ul style="list-style-type: none"> <li>• In first year of use—less than 1 pregnancy per 100 women</li> <li>• More than five years of use—less than 1 pregnancy per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• One of the most effective and long-lasting methods</li> </ul>	<ul style="list-style-type: none"> <li>• One of the most effective and long-lasting methods</li> </ul>



	<b>Copper-bearing IUD</b>	<b>Levonorgestrel IUD (Mirena)</b>
	<ul style="list-style-type: none"> <li>• Does not require woman to do anything once inserted</li> <li>• Does not interfere with sex</li> <li>• Immediate return to fertility after removal</li> <li>• Safe for a woman with HIV or on anti-retroviral (ARV) medicines and is clinically well</li> </ul>	<ul style="list-style-type: none"> <li>• Does not require woman to do anything once inserted</li> <li>• Does not interfere with sex</li> <li>• Immediate return to fertility after removal</li> <li>• Safe for a woman with HIV or on anti-retroviral (ARV) medicines and is clinically well</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Slight pain and bleeding during the first few days after insertion</li> <li>• Typically causes longer and heavier bleeding and pain during menstruation especially in the first 3 to 6 months</li> <li>• Does not protect from sexually transmitted infections (STIs), including HIV (use condoms if at risk)</li> <li>• Needs to be inserted by a trained health care provider</li> </ul>	<ul style="list-style-type: none"> <li>• Slight pain and bleeding during the first few days after insertion</li> <li>• Changes in bleeding patterns—usually lighter or less frequent menstruation</li> <li>• Does not protect from STIs, including HIV (use condoms if at risk)</li> <li>• Needs to be inserted by a trained health care provider</li> </ul>
<b>Method <u>not</u> advised if a woman:</b>	<ul style="list-style-type: none"> <li>• Is pregnant or thinks she might be pregnant</li> <li>• Has unusual vaginal bleeding</li> <li>• Has pelvic infections</li> <li>• Has AIDS and is NOT taking anti-retroviral (ARV) medicine</li> <li>• Is at high risk of having an STI, i.e., has or has had multiple sex partners</li> </ul>	<ul style="list-style-type: none"> <li>• Is pregnant or might be pregnant</li> <li>• Has given birth in last four weeks</li> <li>• Has current blood clot in veins of legs or in the lungs</li> <li>• Has or has had breast cancer</li> <li>• Has severe liver disease, liver infection, or liver tumor</li> <li>• Is at high risk of having an STI, i.e., has or has had multiple sex partners</li> </ul>

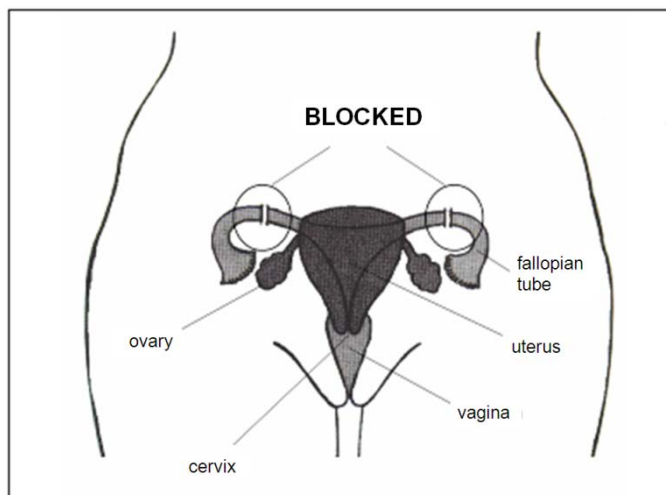
## Voluntary Surgical Contraception (VSC) Methods Vasectomy



<b>Vasectomy</b>	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• A simple, safe surgical procedure for men who do not want more children</li> <li>• Requires informed consent</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• A trained provider makes a simple cut and closes off the tubes from the testicles to the penis</li> <li>• Closing off the tubes keeps sperm out of the semen</li> <li>• A man can still have erections and ejaculate semen—but with no sperm</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate after procedure is:</p> <ul style="list-style-type: none"> <li>• In first year—1 to 3 pregnancies per 100 women whose partner has had a vasectomy</li> <li>• After first three years—4 pregnancies per 100 women whose partner has had a vasectomy</li> </ul>

<b>Vasectomy</b>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Highly effective, but still has a small risk of failure</li> <li>• Safe and convenient</li> <li>• Increased enjoyment of sex because no worries about getting partner pregnant</li> <li>• Safe for a man with HIV/AIDS, whether or not he takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Not fully effective until three months after the procedure—as such, the couple must use condoms or another method for first three months after the surgical procedure</li> <li>• Permanent—can no longer have children</li> <li>• Requires trained provider</li> <li>• Does not protect against STIs, including HIV</li> </ul>
<b>Method <u>not</u> advised if:</b>	<ul style="list-style-type: none"> <li>• Partner is not sure if s/he wants more children</li> <li>• Has a medical condition where it may be necessary to delay the procedure</li> </ul>

## Bilateral Tubal Ligation

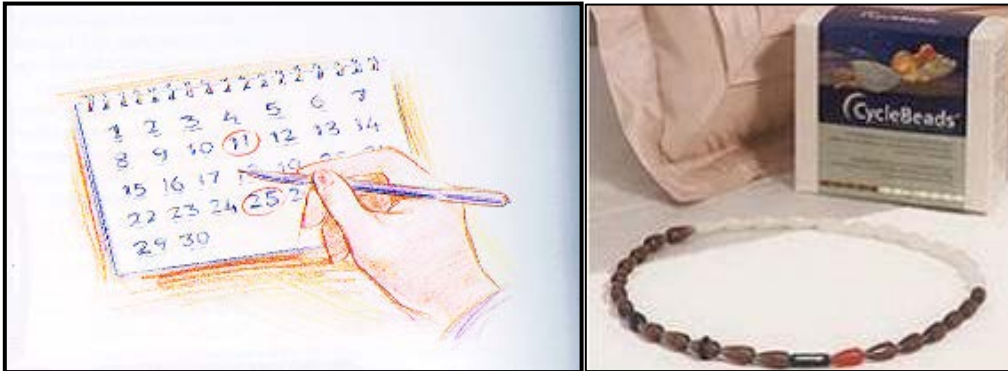


Bilateral Tubal Ligation	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• Permanent method for women who do not want more children</li> <li>• Requires informed consent</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• A trained provider makes a small incision in the woman's abdomen</li> <li>• S/he ties off (or cuts) the two fallopian tubes that carry eggs from the ovary to the uterus</li> <li>• The eggs can never join with the sperm</li> </ul>
<b>How effective is it?</b>	Pregnancy rate after the procedure is: <ul style="list-style-type: none"> <li>• In first year—less than 1 pregnancy per 100 women</li> <li>• More than 10 years—2 pregnancies per 100 women</li> </ul>

<b>Bilateral Tubal Ligation</b>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Highly effective</li> <li>• No need to worry about contraception anymore</li> <li>• Does not affect sexual desire</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Requires trained provider</li> <li>• Permanent—can no longer have children</li> <li>• Complications from surgery and anesthesia are possible</li> <li>• Special arrangements are needed for a woman with AIDS</li> <li>• Does not protect against sexually transmitted infections (STIs), including HIV</li> </ul>
<b>Method <u>not</u> advised if:</b>	<ul style="list-style-type: none"> <li>• Woman is pregnant</li> <li>• Woman is depressed</li> <li>• Woman has certain medical conditions that make it necessary to delay the procedure</li> </ul>

## Natural Family Planning Methods

### Standard Days Method®



Standard Days Method	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• The woman keeps track of her menstrual cycle to know the days that she can get pregnant (fertile days)</li> <li>• Ideal for women whose menstrual cycle is usually between 26 to 32 days long</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Mark a calendar or use Cyclebeads® to track the days a woman can get pregnant and the days she is not likely to get pregnant</li> <li>• The days a woman can get pregnant are days 8 through 19 of her menstrual cycle</li> <li>• On those days, the woman must abstain from having vaginal sex to avoid getting pregnant, or she can use a condom or other barrier method</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate in the first year of use:</p> <ul style="list-style-type: none"> <li>• With consistent and correct use and no unprotected sex on fertile days—5 pregnancies per 100 women</li> <li>• When not used consistently and correctly or as commonly used—12 pregnancies per 100 women</li> </ul>

<b>Standard Days Method</b>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Allows couple to adhere to religious or cultural norms about contraception</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Woman needs counseling on how to correctly use the method</li> <li>• Requires partner cooperation</li> <li>• During the 12 days when the woman can get pregnant, the couple must abstain from unprotected sex or use a barrier method (condoms)</li> <li>• Does not protect against sexually transmitted infections (STIs), including HIV</li> </ul>
<b>Method <u>not</u> advised if a woman:</b>	<ul style="list-style-type: none"> <li>• Does not have menstrual cycles that are between 26 to 32 days long</li> <li>• Is not willing or able to abstain from unprotected sex or use a barrier method (condom) during the days she can get pregnant</li> <li>• Cannot keep track of the days of her menstrual cycle</li> <li>• Has not had at least three consecutive menstrual cycles since giving birth</li> <li>• Has not resumed menstruation after discontinuing a hormonal method</li> </ul>

**Other FP methods that basically prevent ovulation:**

- Lactational Amenorrhea Method (LAM)
- Progestin-only Injectables (DMPA and NET-EN)
- Combined Injectable Contraceptives (CICs)
- Hormonal Implants (i.e. Norplant®, Implanon™, Jadelle® and Sinoplant (II) ®)

A description of all these methods follows



## Lactational Amenorrhea Method (LAM)



Lactational Amenorrhea Method	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• LAM is the use of full or nearly full breastfeeding to delay the return to fertility after having a baby</li> <li>• LAM requires that the following three conditions be met:               <ul style="list-style-type: none"> <li>– The woman’s monthly menstruation has not returned since giving birth, and</li> <li>– The baby is fully or nearly fully breast-fed and is fed often—day and night, and</li> <li>– The baby is less than six months old</li> </ul> </li> <li>• It is a temporary family planning method</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Fully or nearly fully breastfeeding stops the release of hormones that cause a woman to release eggs from her ovaries (ovulate)</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate in first six months after childbirth is:</p> <ul style="list-style-type: none"> <li>• When all three conditions are met—less than 1 pregnancy per 100 women</li> <li>• When less than three conditions are met—2 pregnancies per 100 women</li> </ul>

<b>Lactational Amenorrhea Method</b>	
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Allows couple to adhere to religious or cultural norms about contraception</li> <li>• Does not interfere with sex</li> <li>• No costs and no supplies needed</li> <li>• Safe for mothers with HIV, whether or not she takes anti-retroviral (ARV) medicines. Breastfeeding will not make their condition worse. There is a chance, however, of transmitting HIV to the infant through breastfeeding.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Effectiveness after six months postpartum is not certain</li> <li>• Fully or nearly fully breastfeeding may be inconvenient or difficult for some women</li> <li>• Mothers with HIV could pass HIV to their infants through breastfeeding</li> <li>• Does not protect against sexually transmitted infections, including HIV</li> </ul>
<b>Method <u>not</u> advised if:</b>	<ul style="list-style-type: none"> <li>• Woman last gave birth more than six months ago</li> <li>• Woman's monthly menstruation has returned</li> <li>• Woman has begun to breastfeed less often, and the majority of feedings are no longer breast milk</li> <li>• Your health care provider advises against breastfeeding (e.g., if you are HIV positive with advanced disease or newly infected and if replacement feeding is acceptable, feasible, affordable, sustainable and safe)</li> </ul>

## Hormonal Injectables

### Progestin-Only Injectables (DMPA & NET-EN)



Progestin-Only Injectables (DMPA & NET-EN)	
<b>What is it?</b>	<ul style="list-style-type: none"><li>• Injectable contraceptive that contains progestin that is given every two to three months, depending on which of the two types of injectable are used:<ul style="list-style-type: none"><li>- DMPA (known as Depo-provera, Depo, Megestron, and Petogen)</li><li>- NET-EN (known as Noristerat and Syngestal)</li></ul></li></ul>
<b>How does it work?</b>	<ul style="list-style-type: none"><li>• Contains the hormone progestin</li><li>• Progestin makes the mucus around the cervix thick, which prevents the sperm from meeting the egg</li><li>• Stops the release of eggs from the ovaries (ovulation)</li><li>• DMPA injections (every three months) and NET-EN injections (every two months) are types of progestin-only injectables</li></ul>

<b>Progestin-Only Injectables (DMPA &amp; NET-EN)</b>	
<b>How effective is it?</b>	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> <li>• With no missed or late injections—1 pregnancy per 100 women</li> <li>• With some missed or late injections—3 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Safe for women who are breastfeeding</li> <li>• Private, i.e., no one can tell you are using an injectable</li> <li>• Does not interfere with sex</li> <li>• Helps prevent against certain cancers of the uterus and pelvic inflammatory disease (PID)</li> <li>• Safe for women with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• May cause irregular or no menstrual bleeding</li> <li>• There is a delay in fertility after woman stops the injection—it takes about four months longer than with most other methods to return to fertility</li> <li>• Does not protect from STIs, including HIV</li> </ul>
<b>Method <u>not</u> advised if woman:</b>	<ul style="list-style-type: none"> <li>• Is breastfeeding a baby less than six weeks old</li> <li>• Has high blood pressure</li> <li>• Has blood clot in the legs or lungs</li> <li>• Has unexplained vaginal bleeding</li> <li>• Has or has had breast cancer</li> <li>• Has severe liver disease, liver infection or liver tumor</li> <li>• Takes medication for seizures or takes Rifampicin</li> </ul>

## Combined Injectable Contraceptives (CICs)



<b>CICs (Monthly Injectables)</b>	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• Injectable contraceptive that contains two hormones—progestin and estrogen—and is given every 30 days</li> <li>• Commonly known as Cyclofem, Cyclo-provera, Lunelle and Novafem</li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• Progestin and estrogen make the mucus around the cervix thick, which stops the sperm from meeting the egg</li> <li>• The hormones also stop the release of eggs from the ovaries (ovulation)</li> <li>• Woman needs an injection every four weeks (30 days) to prevent pregnancy</li> </ul>
<b>How effective is it?</b>	<p>Pregnancy rate in first year of use is:</p> <ul style="list-style-type: none"> <li>• With no missed or late injections—1 pregnancy per 100 women</li> <li>• With some missed or late injections—3 pregnancies per 100 women</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• More regular monthly bleeding than with DMPA or NET-EN injectables</li> <li>• Private, no one can tell you are using an injectable</li> <li>• Does not interfere with sex</li> </ul>

<b>CICs (Monthly Injectables)</b>	
	<ul style="list-style-type: none"> <li>• Does not require any daily action, such as taking pills</li> <li>• Safe for women with HIV/AIDS, whether or not she takes anti-retroviral (ARV) medicines</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• There is a delay in fertility after a woman stops the injection—it takes about one month longer than with most other methods</li> <li>• Does not protect from STIs, including HIV</li> </ul>
<b>Method <u>not</u> advised if woman:</b>	<ul style="list-style-type: none"> <li>• Is breastfeeding an infant less than six months old</li> <li>• Smokes 15 or more cigarettes a day</li> <li>• Has high blood pressure</li> <li>• Has blood clot in the legs or lungs</li> <li>• Has or has had breast cancer</li> <li>• Has severe liver disease, liver infection or liver tumor</li> <li>• Has migraine headaches (a type of severe headache)</li> <li>• Has migraine aura (sometimes seeing a growing bright spot in one eye)</li> </ul>

## Hormonal Implants (Jadelle®, Implanon™, Norplant®, Sinoplant II®)



Hormonal Implants	
<b>What is it?</b>	<ul style="list-style-type: none"> <li>• Small plastic rods or capsules—each about the size of a match stick—are inserted under the skin of a woman’s upper arm and slowly release progesterone into the woman’s blood</li> <li>• There are many types of implants: <ul style="list-style-type: none"> <li>– Jadelle®: two rods, effective five years</li> <li>– Implanon™: one rod, effective three years</li> <li>– Norplant®: six capsules, effective five to seven years</li> <li>– Sinoplant (II) ®: two rods, effective five years</li> </ul> </li> </ul>
<b>How does it work?</b>	<ul style="list-style-type: none"> <li>• A trained provider inserts the implants under the skin, usually on the inside of a woman’s upper arm</li> <li>• The implants slowly release a hormone (progesterone)</li> <li>• Progesterone thickens the mucus around the cervix, which stops sperm from meeting the egg</li> <li>• The hormones also stop the release of eggs from the ovaries (ovulation)</li> </ul>

<b>Hormonal Implants</b>	
<b>How effective is it?</b>	<p>Pregnancy rate in the first year of use is:</p> <ul style="list-style-type: none"> <li>• Less than 1 pregnancy per 100 women</li> <li>• Long-term effectiveness by type, depending on weight of user: <ul style="list-style-type: none"> <li>– Jadelle—over five years of use, less than 1 pregnancy per 100 women</li> <li>– Implanon—after three years use, less than 1 pregnancy per 100 women</li> <li>– Norplant—after seven years use, approximately 2 pregnancies per 100 women</li> </ul> </li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Provide long-term protection from pregnancy for three to seven years—length of protection depends on implant</li> <li>• Safe for women who are breastfeeding—may get implants six weeks after giving birth</li> <li>• Safe for a woman with HIV/AIDS, whether or not she takes anti-retro viral (ARV) medicines</li> <li>• Do not interfere with sex</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Often cause changes in monthly bleeding (menstrual irregularities/spotting)</li> <li>• A trained provider must insert and remove implants</li> <li>• Do not protect against sexually transmitted infections including HIV</li> <li>• May be difficult to obtain locally</li> </ul>



### Hormonal Implants

Method not advised if a woman:

- Is breastfeeding a baby less than six weeks old
- Has a blood clot in the legs or lungs
- Has unexplained vaginal bleeding
- Has or has had breast cancer
- Has severe liver disease, liver infection or liver tumor
- Takes medicine for seizures or takes Rifampicin



## MODULE 8: GOSSIP AND RUMORS



### Exercise 8: Gossip and Rumors

#### Purpose:

- To identify and clarify negative rumors about different contraceptive methods

#### Time:

- Activity 1: 15 minutes
- Activity 2: 45 minutes

#### Learning Objectives:

After this exercise, the participants will be able to:

- Experience how rumors or gossips start
- Refute three common rumors about contraceptive methods

#### Activity 1:

##### Preparation:

- Collect the materials needed:
  - flipchart paper (newsprint)
  - bond paper
  - marking pens
  - masking tape
  - scissors
  - strips of paper with written statement
- Have prepared two strips of paper with the following statement written on each:
  - “Did you know, according to George, he heard that Jim is fooling around, has ‘falling hair,’ and has already been ligated?”

**Instructions:**

1. Divide participants into two groups with an equal number of members in each. If there is an extra participant, let her/him act as an observer.
2. Instruct the groups to form a straight line according to height. The two groups should be two meters away from each other. The members of each group should be equidistant from each other.
3. Next, give the first person at the front of the two different lines a message to read silently. Tell them they have one minute to read the message and remember it.
4. After one minute, collect the written messages.
5. Explain that the first member of each group will whisper the message to the second member of their respective group. The second member then whispers the message to the next person, and so on. It is very important that as the messages are relayed, they cannot be overheard by the rest of the group. Remind participants that this activity is not a contest of speed in relaying the message.
6. The last member of the group to receive the message should proceed to the front of the line. Wait until both groups have finished before moving to the next step.
7. Ask the last member of each group (they have now proceeded to the front of the line) to recite the message s/he received and remembered. Next, ask their respective groups if the message that was just recited was complete or understandable. If not, ask the groups what was missing or incorrect in the final message(s).
8. After the groups have answered, read aloud the original written message. Compare it to what the last member presents—pointing out any information that was wrong and/or excluded.
9. Mention to the whole group that what they have just experienced is an example of how gossip and rumors are started and how real information can get distorted.
10. Point out that gossip and rumors are unverified information or opinions that are widely disseminated with no discernible source. As this activity illustrated, the original written message received by the first members was already unverified information coming from a person who also heard it from an unverified source. The first members then relayed what s/he remembered to another person, creating even more gossip since the original message was already distorted.

## **Activity 2:**

### **Preparation:**

- Collect the materials needed:
  - flipchart paper (newsprint)
  - bond paper
  - marker pens
  - masking tape
  - scissors
  - rubber/plastic/paper ball
- In advance, identify the most common rumors that are circulating in areas where the participants work.
- Be aware that in clarifying rumors, it is important not to create new ones. If the participants do not mention some of the rumors that you have heard, do not mention them. Sometimes we are the ones that start the rumors!
- Remember that you are trying to make the point that rumors are one reason for the lack of acceptance and use of contraceptive methods. Rumors about the use of contraception causing health problems, serious side effects, or premature sterility are hidden barriers that discourage people from using contraceptive methods. Developing skill in refuting these negative rumors is a priority in training family planning workers.

### **Instructions:**

1. Explain to the group that you would like to hear all the negative things that people in their communities say about contraceptive methods.
2. Divide the group into small groups of five to six people. Ask one group to think of general rumors that apply to all or most methods. An example would be that the use of contraceptive methods leads to infidelity.
3. Assign to each of the other groups one or two methods. Tell them that they have 10 minutes to come up with all the negative rumors they have heard about the methods they were assigned. Have them identify three rumors about that/those methods.
4. Ask each small group to choose a member to share its three rumors with the whole group.

5. Before participants break into their small groups, make sure they understand the instructions. If they do not, explain them again.
6. After 10 minutes, ask everyone to return to the large group and share their list of rumors.
7. As the facilitator, be sure to take note of any negative rumors that you do not know how to refute. Find the answer to each rumor and share it with the group before the training completed.
8. Start with the negative rumors that relate to all or most methods. Work with the participants to clarify the rumors. When a rumor is presented, ask the group for comments.
  - Is it true? Why or why not?
  - Why would people believe this rumor?
  - If the rumor is not true, what can we say to convince people that the rumor is false?
9. Work through each of the rumors presented, making sure that the participants themselves fully understand why the rumors are false. Refer to the 'Facts to Know' on how to refute some of these rumors.
10. Remember that your participants are from the community and may believe these rumors themselves. They need to know not only that a rumor is not true, but also why it is not true.

## **FACTS TO KNOW**

### **What are rumors/gossips?**

- Unreliable information passed around the community, mostly by word of mouth
- Often inaccurate or false statements without a known and reliable source

### **What should be done about counteracting rumors/gossip and misconception or misinformation?**

- Correcting rumors and misinformation is one of the critical roles of peer educators
- It is not enough to simply tell clients that what they heard is not true; it is important to provide the right information based on facts

### **What are effective ways to counteract rumors about contraceptive methods?**

- Check if there is a basis for the rumor and identify the origin of the rumor
- Use credible and accurate data in counteracting the misinformation
- Explain politely why the rumor is not true and explain what is true in simple ways that the client can easily understand
- Give examples of satisfied users of contraceptives
- Find out what else the client needs to know in order to have confidence in the method
- Always tell the truth; do not hide side effects or probable problems that may occur
- Refer the client to other health service providers (e.g., a physician or midwife) for assistance

## What are the responses to common myths and misconceptions on contraceptive methods?

### Pills

Myths/Misconceptions	Responses/Answers
Pills cause cancer.	<p>The pill has have <u>not</u> been proven to cause cancer in a woman's body.</p> <p>In fact, the pill, such as COCs, helps prevent cancer of the ovary and lining of the uterus.</p>
Pills cause abnormalities in babies if the mother has taken the pill during pregnancy.	<p>Studies have shown that the pill taken during pregnancy does not produce any abnormalities.</p> <p>The pills sold in pharmacy outlets have very low dosages of hormonal content. Abnormalities of babies could be due to other factors, such as: use of drugs that cause abortion, hereditary, illness, such as measles, and antibiotics.</p>
The pill builds up in the body and forms stones or causes the growth of uterine tumors.	The pill is dissolved inside the body. The hormones from the pill are metabolized in the liver and eliminated from the body through the urine within 24 hours.
Women who take the pill will not be able to have a baby in the future.	<p>Pills do not cause total infertility. Most women become pregnant soon after they stop taking the pill.</p> <p>Some women may take three to four months to get pregnant after stopping the pills —just as with women who do not take the pill.</p>
The pill makes the woman weak so that she cannot do her work.	The pill prevents both pregnancy and the loss of too much blood during a woman's monthly period. This may even help a woman to be healthier and stronger.
If a woman uses the pill, she loses interest in sex and becomes cold.	When a woman uses the pill, she has no fear of becoming pregnant. She may enjoy sex more freely.



## Bilateral Tubal Ligation/Vasectomy

Myths/Misconceptions	Responses/Answers
Tubal ligation changes the woman's menstrual period.	<p>Bilateral tubal ligation (BTL) does not affect the woman's menstrual cycle.</p> <p>The duration and length of the menstrual cycle can be affected by many things, like poor nutrition, obesity, abnormally-low body weight, stress, emotional trauma, hormone changes, travel, endometriosis, and ovarian cysts.</p>
Ligated women lose their sexual desire.	This is not true. The woman will look and feel the same. She might even find that sex is better since she does not have to worry about pregnancy and this family planning method does not interrupt sex.
Ligated women become "sex maniacs" or have higher sexual libido.	<p>BTL has no direct effect on the sexual behavior of the woman. Ligated women may enjoy sex more since they no longer fear pregnancy.</p> <p>The sense of security of not getting pregnant may increase the libido of the client. Sexual activities are not interrupted by the chosen method.</p>
The procedure in tubal ligation is more painful than childbirth.	<p>The operation is simple and minor. It only takes 30 minutes to perform. There is no pain during the operation due to the anesthesia.</p> <p>Pain-relievers are given for any slight discomfort that may occur after the operation.</p>
After tubal ligation, women become weak and cannot do their work.	<p>The minor operation has no effect on the physical strength of a woman. Women continue to do their ordinary work after the operation.</p> <p>General body weakness of a woman could be due to factors such as illness, lack of sleep, or lack of nutrition.</p>
Ligated women should not lift heavy objects or engage in strenuous activities.	This is not true. As soon as the skin incision is healed, the woman may resume her usual activities.
Vasectomy is castration.	<p>The man who has a vasectomy does not lose his testicles, penis or any of his masculine characteristics and feelings.</p> <p>But, he definitely will not make a woman pregnant.</p>

Myths/Misconceptions	Responses/Answers
Vasectomy makes a man lose his sexual desire and ability.	<p>A man will look and feel the same as before.</p> <p>The vasectomy procedure does not affect his erection and ejaculation. Problems in achieving erection could be psychological.</p>
Vasectomy causes impotency.	<p>A vasectomy only stops the sperm from reaching and fertilizing the female egg. The man continues to have erections and ejaculations during sexual intercourse.</p>

### Intrauterine Device (IUD)

Myths/Misconceptions	Responses/Answers
IUDs can travel from the uterus to other parts of the body.	<p>The IUD cannot travel to any part of the body. The uterus has a thick muscular wall. It only opens into the vagina through the cervix (show a picture of the uterus).</p> <p>An IUD is placed inside the uterus by a physician or a midwife and can only be taken out by them. If it does come out by itself, it is usually withdrawn through the vagina.</p>
IUDs cause infection.	<p>This is not true. The procedure of inserting an IUD is very sterile. The process can only be done by trained medical personnel who use a proper aseptic (absence of any infectious organism) technique.</p> <p>The IUD does not cause infection. The string of the IUD can be a carrier of a microorganism if there is an existing infection in the vagina.</p>
The string of the IUD can wrap around the penis during sex.	<p>This is not possible, the string is too short. (Show the client an actual sample of an IUD.)</p> <p>Permit the client to touch the flexible string of the IUD. Show the client how short the string will be cut after the IUD insertion.)</p>
A woman who gets pregnant while using an IUD will deliver with the IUD on the baby's forehead.	<p>The fertilized egg implanted in the endometrium of the uterus will develop into a fetus. This fetus is enveloped in an amniotic sac. The IUD is outside this developing fetus. Thus, the IUD cannot be found on the baby's forehead during delivery.</p>

## DMPA Injections

Myths/Misconceptions	Responses/Answers
Absence of menstruation as a result of using DMPA is bad for the health of women.	Absence of menstruation is an expected result of using DMPA. This is because women using DMPA do not ovulate and there is no shedding of the lining of the uterus.  Use of DMPA prevents anemia and frees women from the discomfort of monthly bleeding.
DMPA can cause abortion.	It does not cause abortion. DMPA inhibits ovulation. Thus, the union of egg and sperm does not take place. Hence, there is no abortion.
DMPA users will not get pregnant anymore even when they stop the injections.	The return to fertility is slow with DMPA-users. Women who have stopped using the DMPA usually get pregnant about three months after the last injection.  Some women may, however, take six to nine months before they get pregnant.
DMPA can cause cancer.	DMPA has not been shown to cause cancer in humans. In fact, it has been demonstrated to protect against ovarian and endometrial cancer.

## Condoms

Myths/Misconceptions	Responses/Answers
Condoms will decrease sexual pleasure.	For some people, this might be true. However, this does not have to be the case. After all, the condom does not have to be applied until after the couple is already aroused.  Also sometimes, just knowing that you cannot get pregnant or become infected with a sexually transmitted infection makes sex more enjoyable.
Some condoms cannot fit.	Most condoms can fit any size of penis as long as it is correctly used.
Condoms have holes where the sperm and microorganisms can pass through.	Every condom manufactured is tested electronically for holes and weak spots before it is released for sale.



## MODULE 9: SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV



### Exercise 9: The Dance

#### Purpose:

- To demonstrate how sexually transmitted infections (STIs) are spread and review ways to avoid infection

**Time:** 60 minutes

#### Learning Objectives:

After the exercise, the participants will be able to:

- Explain the meaning of the term "chain of infection"
- Name two ways of avoiding STIs, including HIV

#### Preparation:

- Collect the materials needed:
  - flipchart paper (newsprint)
  - masking tape
  - scissors
  - colored paper
  - nametag-holders/ID plastic cases
- Obtain twice as many nametag-holders (ID plastic cases) as there are number of participants. Fill one-third of the tag-holders with white paper, one-third with red paper, and one-third with blue paper. White tags represent uninfected individuals. Red tags represent HIV-positive individuals, and blue tags represent participants infected with gonorrhea. **DO NOT LABEL ANY OF THE TAGS**, as participants should not know until the end of the exercise the meaning of the different colors.

- Put ALL the white tag-holders in a box or basket. Then add a sufficient number of HIV tag-holders and gonorrhea tag-holders so there is one tag-holder for every individual. For example, for a group of 20 participants you should have 40 tags in total. Thirteen of these should be white nametag holders that represent uninfected individuals. All 13 of these should be put in the box. There would be 27 additional tags (13 red tags representing HIV-positive and 14 blue tags representing gonorrhea). Into the box with the 13 white tags, add seven tags (five blue and two red) for a total of 20 tags, one for each participant. Put the remaining 11 red tags and nine blue tags in a separate box.
- Arrange the training room so there is space for the participants to dance.

### **Instructions:**

1. On a table at the front of the room, place the box that has all the white tags (13) and the blue (5) and red (2) tags.
2. Place the box with the remaining tags (red and blue only) on another table/place that will be easily accessible to participants during the dance.
3. Ask each participant to select a tag from the box on the table at the front of the room and to then put it on.
4. Explain to participants that they are going to a dance where they hope to meet new people. Every dancer will be wearing a tag. During the dance, you will be asking couples to change partners once in a while so they can meet new people.
5. Tell participants that when they first choose a partner, and every time they change partners thereafter, they should check the color of their partner's tag. If the partner has a white tag, they do not need to do anything. If their partner has a red or blue tag, they should get a tag of the same color from the box and add it to the one they already are wearing. In other words, by the end of the dance some people might be wearing several tags.
6. Ask the participants to sing and/or play some popular dance music that requires participants to dance as couples.
7. Ask all participants to choose a partner and begin dancing. After a minute or two, call for a change of partners. Continue calling for a change of partners until participants have changed partners two or three times.
8. When the dance ends, ask those participants to step forward who picked up red or blue tags during the dance—i.e., those who did NOT have a red or blue card on them when they first started the dance, but who had to add a blue or red tag to themselves as they changed partners.

9. Then ask participants who initially (i.e., at the start of the dance, before they took their first partner) had a red or blue tag to come forward and stand in a separate group.
10. Tell the group what each tag represents—i.e., white represents uninfected, red represents HIV-positive, and blue represents individuals infected with gonorrhea. First, note the number of people who were infected during the dance. For example, state: “We started with “X” number of infected people, and we now have “Y” number of infected people.”
11. Next, explore with the participants how the infection was passed amongst the group.

Discuss the following:

- Participants that picked up tags during the dance were partners of individuals who were already infected when they began the dance.
  - How many became infected because they danced with a partner who was one of the original infected group?
12. Summarize by explaining that there is a ‘chain of infection’ with STIs. Infection is passed from person to person whenever there is a change of sexual partners.
  13. Finally, ask the dancers who picked up colored tags during the dance how they could have avoided infection. Summarize that we can avoid STIs by:
    - “not dancing”—i.e., not having unprotected sex
    - “dancing with only one uninfected partner who did not dance with anyone else”—i.e., having sex only with a partner who has no other partner
    - always using condoms if you or your sexual partner has more than one partner

### **Evaluation**

1. Have participants create a ‘chain of infection.’ Ask for volunteers to represent a married couple. Have them stand side-by-side in front of the group.
2. Tell the group that the husband, John, also has a mistress. Ask a female volunteer to come forward and stand behind John. John also had casual sex with a woman he met at a party six months ago. Have a second woman come forward and stand behind John.
3. Continue by explaining that John’s wife, Nancy, had sex with a boyfriend before she met John and fell in love with him. Ask a volunteer to stand behind Nancy and represent her former boyfriend.

4. Ask a volunteer to build the chain by naming another person who might have had sex with any of the people standing in front of the group. Have another volunteer add another partner.
5. Summarize by explaining that when we have sex with a person, it is as though we are having sex with every other partner of that person, either current or past.
6. Ask participants to summarize how they can protect themselves from infection.
7. Emphasize the following ways to prevent STI, including HIV:
  - A:** Abstain—i.e., do not engage in sex
  - B:** Be faithful—i.e., do not have sex outside a mutually monogamous relationship
  - C:** Condoms—use them correctly and consistently with each act of sex
  - D:** Do not share needles or syringes or abuse prohibited drugs or alcohol
  - E:** Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services



## **FACTS TO KNOW**

### **What are STIs, including HIV?**

- Can be caused by a virus, bacterium, protozoan or parasite
- Can occur as a solitary or multiple infection(s) in an individual
- Can affect certain body parts such as the reproductive organs, mouth, anus, throat, eyes or may affect the whole body
- Some STIs can be treated and cured
- If not treated, some STIs can cause serious health problems or complications such as infertility, blindness, and complications during pregnancy, paralysis and even death
- HIV cannot be cured and is one of the leading causes of death among men and women in the reproductive age group

### **How are STIs, including HIV, transmitted?**

- Unprotected sexual intercourse either through vaginal, anal, or oral sex
- Exchange of infected blood and blood products such as contaminated needles
- Mother to child transmission (during pregnancy, delivery and through breastfeeding)
- Close contact, such as with herpes, scabies and pubic lice

### **What are the factors that influence the transmission of STIs, including HIV?**

- Having unprotected sex
- Having (or having had) sex with multiple sexual partners
- Having sex with partners whose sexual history or STI/HIV status you do not know
- Failing to follow safe sex measures—e.g., not using a condom
- Delay in treatment of STI
- Having sex with infected partners who are not treated
- Poor compliance with STI treatment
- Being a woman (the vaginal wall is more receptive to infections)

### **What are the usual signs and symptoms of STIs?**

- Unusual vaginal or urethral discharge
- Genital lesions such as painful blisters, cauliflower-like growth
- Genital ulcers
- Lower abdominal pain
- Scrotal pain and swelling
- Painful urination
- Genital itchiness

\* **Note:** HIV does not have signs and symptoms

### **Who can be infected with STIs, including HIV?**

- Anyone who has unprotected sex, regardless of age
- People with certain jobs: e.g., sex workers and their clients, truck drivers, overseas contract workers
- Sexually-active persons
- Anyone can be infected with STIs, including HIV. The risk of getting an STI increases if an individual engages in unprotected sexual intercourse or if s/he does not use a condom during sexual intercourse.

### **For HIV, what are the risk factors?**

- Current symptoms/treatment of STIs and a history of previous STI infections, symptoms, and treatment for self and partners
- HIV status and HIV status of partners
- Home life situation, e.g., partner violence (rape)

### **What are the complications of STIs?**

- If left untreated or undetected despite the presence of sexual risk, STIs can lead to serious complications and health problems such as:
- Untreated gonorrhea and chlamydial infection can lead to pelvic inflammatory disease. This can lead to infertility, an ectopic pregnancy or infection of the eyes or lungs of the newborn.
- Syphilis can spread through the placenta of a pregnant mother and could cause 1 spontaneous abortion or death of the infant.
- Venereal warts can lead to cervical cancer five to 30 years after initial infection.
- HIV leads to death.

### **What are ways to prevent STIs, including HIV?**

- A:** Abstain—i.e., do not engage in sex
- B:** Be faithful—i.e., do not have sex outside a mutually monogamous relationship
- C:** Condoms—use them correctly and consistently with each act of sex
- D:** Do not share needles or syringes or abuse prohibited drugs or alcohol
- E:** Every pregnant woman who engages in sex and knows she has—or thinks she may have—an STI should seek PMTCT (Prevention of Mother to Child Transmission) services



## MODULE 10: COMMUNICATING PHE AND FP INFORMATION TO PHE CBD CLIENTS



### Exercise 10: Role Play on Providing PHE and FP Information to PHE CBD Clients

#### Purpose:

- To practice providing integrated PHE and FP information to PHE CBD clients

**Time:** 1 hour and 30 minutes

#### Learning Objective:

After this exercise, the participants will be able to:

- Provide information on the PHE links and the different FP commodities available at the PHE CBD outlets to their clients

#### Preparation:

- Prepare all the lecture and training materials.
- Collect the materials needed:
  - marker pens
  - flipchart paper (newsprint)
  - masking tape
  - scissors
  - cases for role playing (Appendix B)
  - observers guide (Appendix C)

**Instructions:**

1. Introduce the session. Start by saying that one of the tasks/roles of PHE CBDs is to discuss PHE linkages between natural resources and family health, provide integrated PHE messages, including FP information and ways to protect the community’s natural resources, and provide FP products (pills and/or condoms) to eligible clients.
2. Review the eight steps in providing integrated PHE and FP information to CBD clients, using the oral contraceptives (pills) as an example.

Step 1: Ask client if s/he is referred. Follow the chart below:

<b>If:</b>	<b>And client is:</b>	<b>Then do this:</b>
No	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by PHE PE	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by health center	First time user and not yet screened	Refer to appropriate person at health center for screening
	First time user and screened	Give FP product

Step 2: Ask client if s/he knows about the product.

Step 3: Explain to the client:

- What the method is and how it works
- How effective it is
- Advantages
- Disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask the client if s/he has questions; answer these questions; and clarify myths and misconceptions.

Step 5: Discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer client to health center or clinic for other concerns.

Step 8: Provide integrated PHE and related FP IEC materials.

3. Explain that you are going to guide them on how to carry out these eight steps by using a role playing activity.
4. Post visual aids. Explain each of the steps in providing integrated PHE and FP Information to CBD clients in the 'Facts to Know.' Ask participants if they have questions or need any clarification.
5. Divide participants in groups of three.
6. Assign a case per group from the list of cases in Appendix B. One of the members of the group will act as the client playing the role play case assigned to him/her; another member will act as the PHE CBD following the steps in providing integrated PHE and FP information to CBD clients. The other member will act as the observer using the Observer's Guide (Appendix C: Observers Guide for PHE CBD Role Playing Activity).
7. After 10 minutes, the observer will provide his/her feedback and recommendations for improvement to his/her group. Rotate roles giving a new case from the role play cases. Make sure that all participants are able to practice providing integrated PHE and FP information.
8. Process the activity. Discuss the experiences and challenges encountered by the participants. Provide strategies and recommendations to address those difficulties.
9. If there are no further questions or clarifications needed, proceed to the next session.

## FACTS TO KNOW

### Steps in providing integrated PHE and FP information to CBD clients:

#### Case 1: When the client asks for pills

Step 1: Ask client if s/he is referred. Follow the chart below:

<b>If:</b>	<b>And client is:</b>	<b>Then do this:</b>
No	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by PHE Peer educator	First time user	Refer to health center for screening
	Continuing user	Give FP product
Yes and referred by health center	First time user and not yet screened	Refer to appropriate person at health center for screening
	First time user and screened	Give FP product

Step 2: Ask the client if s/he knows about the product.

Step 3: Explain to the client:

- What is the method
- How it works
- How effective it is
- Advantages
- Disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask if s/he has questions; answer the questions; and clarify myths and misconceptions.



Step 5: Discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer client to health center or clinic for other concerns:

- a. if they are interested in FP methods other than those offered by the CBD
- b. if they have mental or health concerns

Step 8: Give integrated PHE and related FP information, education, communication (IEC) materials.

## **Case 2: When the client asks for condoms**

Step 1: Give product.

Step 2: Ask the client if s/he knows about the product.

Step 3: Explain to the client:

- What the method is and how it works
- How effective it is. Emphasize dual protection against HIV/AIDS and unwanted pregnancy
- Advantages and disadvantages
- When the method is not advised
- How to use the method? (Demonstrate and return demonstration)

Step 4: Ask if client has questions; answer the questions and clarify myths and misconceptions.

Step 5: Discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer client to health center or clinic for other concerns including FP commodities.

Step 8: Give integrated PHE and related FP IEC materials.

### Case 3: When the client asks for emergency contraceptive pills (ECPs)

Step 1: Ask the client the following questions, using the chart below

If client had	And	Action
Unprotected sex within 5 days	<ul style="list-style-type: none"><li>Last menstrual period is less than 5 weeks ago</li><li>Woman has regular menstruation</li></ul>	Give ECP
Unprotected sex is > 5 days	<ul style="list-style-type: none"><li>Last menstrual period was more than 5 weeks ago</li><li>Woman has a positive pregnancy test</li></ul>	Refer to health center

Step 2: Ask the client if s/he knows about the product.

Step 3: Explain to the client:

- What is the method
- How does it work
- How effective it is
- Advantages
- Disadvantages
- When the method is not advised
- How to use the method

Step 4: Ask client if s/he has questions; answer the questions and clarify myths and misconceptions.

Step 5: Offer to discuss other FP options.

Step 6: Discuss the PHE links.

Step 7: Refer client to health center or clinic for other concerns.

Step 8: Give integrated PHE and related FP IEC materials.

# MODULE 11: MANAGEMENT INFORMATION SYSTEM FOR THE PHE CBD

## Exercise 11: PHE CBD Reporting and Monitoring

### Purpose:

- To equip the participants with the knowledge and skills in preparing reports needed to monitor and evaluate the PHE CBD program

**Time:** 60 minutes

### Learning Objective:

After this exercise, the participants will be able to:

- Prepare monitoring and evaluation reports

### Preparation:

- Prepare on newsprint the salient points of the lecture.
- Photocopy sample reporting and monitoring forms for distribution to participants.
- Collect the materials needed:
  - flipchart paper (newsprint)
  - bond paper
  - marker pens
  - masking tape
  - scissors
  - sample PHE CBD reporting forms
- Make enough copies of the PHE CBD Reporting and Monitoring Forms for all participants. (See Appendix D for sample reporting forms)



## MODULE 12: EVALUATION



### Exercise 12: Post-Test/Course Evaluation

#### Purpose:

- To measure participants' level of related knowledge post-training
- To assess the overall performance of the course

**Time:** 30 minutes

#### Learning Objective:

After this exercise, the participants will have:

- Gained a sense of their level of new learning as a result of this workshop

#### Preparation:

- Make enough copies of the post-test for all participants (refer to Appendix A).
- Make enough copies of the course evaluation for all participants (refer to Appendix E).

#### Instructions:

1. Distribute the post-training test/questionnaires and course-evaluation forms to the participants.
2. Make sure participants fully understand the instructions.
3. Have participants complete the course evaluation forms; and then collect them.
4. Next, have participants complete the post-test questionnaire. Once everyone has completed the questionnaire, have each participant exchange his/her questionnaire with the participant sitting beside them.
5. Have participants review and check the test/questionnaire they were given.
6. Have each participant read one question from the test/questionnaire they were given and give the corresponding answer.
7. Ask the group if the item needs to be discussed or clarified further, especially if some participants answered incorrectly

8. Refer to Appendix A for 'Sample Post Test' form and Appendix E for 'Sample Course Evaluation Form.'

## APPENDICES

## Appendix A: Sample Pre-/Post-Tests

### Sample Pre-/Post-Test Questionnaire for the Training for PHE CBDs

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions: Encircle the letter of the answer you consider correct.**

1. The side effects of combined oral contraceptives (COCs) are the following, EXCEPT:
  - a. nausea
  - b. vomiting
  - c. jaundice
  - d. breast tenderness
  - e. spotting
2. The following are ecosystems EXCEPT:
  - a. forest
  - b. lakes, river , stream
  - c. farms, pastoral land
  - d. all of the above
  - e. none of the above
3. The roles and responsibilities of a PHE CBD are the following, except:
  - a. sell FP products to all FP clients
  - b. maintain regular and consistent stock of FP products
  - c. ensure that contraceptive products are stored properly
  - d. make sure the PHE information is delivered
  - e. none of the above
4. Oral contraceptive pills can:



- a. be used by women with heart disease and high blood pressure
  - b. be used by a woman who is breastfeeding a two-month old baby
  - c. be started on or before the fifth day of menstrual cycle
  - d. provide protection from sexually transmitted infections, including HIV
  - e. cause cancer
5. What is/are the preferred method/s for preventing unwanted pregnancy and sexually transmitted diseases for men and women with risky sexual practices?
- a. rhythm method
  - b. condom
  - c. DMPA
  - d. IUD
  - e. implant
6. The four Ps of social marketing include the following, except:
- a. place
  - b. product
  - c. profit
  - d. PHE
7. Benefits of PHE integration include the following, except:
- a. improve health outcomes by directly addressing environmental conditions that have health impacts
  - b. increase social acceptability and communication within communities on the sensitive topic of family size and family planning
  - c. gain greater access, involvement and interaction with men, women and adolescents
  - d. promote gender inequities
  - e. none of the above

## **Appendix B: Cases for Role Playing**

1. A woman, 30 years old with three children asks for oral contraceptive pills (OCPs). Her youngest child is 1 year old. She is a first time user of oral contraceptive pills. She was referred by the health center personnel who advised her that she is eligible to use OCPs. She lives near a marine park on the coast and her husband is a fisherman, sometimes engaging in illegal fishing to feed his family.
2. A woman who is 35 years old asks for oral contraceptive pills. She is currently breastfeeding her four month old baby. She did not go to the health center after she delivered her baby. She lives in a rural village next to a protected forest.
3. A young man walks in and asks for condoms. He is a farmer working next to a national park that contains arable land that he is not permitted to use.
4. A woman comes and asks for emergency contraceptive pills. She states she had unprotected sex six days ago. She lives on the coast and is a fishmonger, selling fish to make a living.
5. A woman asks for emergency contraceptive pills and states she had unprotected sex last night. She also said her last menstruation was four weeks ago. She lives in the mountains and helps her husband make charcoal to sell.

## Appendix C: Observer's Guide for Role-Playing Exercise

### Observers Guide for PHE Community-based Distributor (CBD) Role Playing Activity

Your role is to observe how the conversation takes place, taking note of how the PHE CBD and client interact with each other. You may want to take note of techniques/skills used by the PHE CBD as s/he discusses the client's concern. Notice any words/actions that may have hampered communication. You are to give feedback on your observations and recommendations for improvement to the group after the role-play. Use the following table to aid in making and discussing observations.

<b>Characteristics of Effective Communication with CBD Client</b>	<b>Not Evident</b>	<b>Needs Improvement</b>	<b>Evident</b>
Uses and follows the steps			
Knowledgeable about the subject			
Asks questions to make sure client understands			
Encourages questions and comments			
Talks about the PHE link			
Provides integrated PHE and related FP information, education, communication information and referral			

**Appendix D: Sample Reporting and Monitoring Forms**

**PHE CBD RECORD OF FP COMMODITIES SOLD/DISTRIBUTED**

Name of PHE CBD: \_\_\_\_\_

Location: \_\_\_\_\_

DATE	NAME OF CLIENT	AGE/ SEX	FP COMMODITY SOLD/ DISTRIBUTED	QUANTITY OF FP COMMODITY SOLD/ DISTRIBUTED	AMT/ COST	IEC MATERIALS GIVEN	CLIENT'S SIGNATURE (optional)

PHE CBD Signature: \_\_\_\_\_

**PHE CBD Outlet Monitoring Form**

These forms can be used by the supervisor to monitor commodities at PHE CBD Outlets.

Name of PHE CBD: \_\_\_\_\_

Location: \_\_\_\_\_

Date	COMMODITIES RECEIVED				COMMODITIES DISTRIBUTED				END BALANCE				MONEY COLLECTED FROM SALES			Signature of Supervisor/ PHE CBD
	COC	Condom	POP	IEC	COC	Condom	POP	IEC	COC	Condom	POP	IEC	COC	Condom	POP	

## Referral Slip

This form is used by PHE CBDs to refer clients for family planning counseling, contraceptives-screening or further medical management.

Client No. _____
Name of Agency : _____
Location: _____
<b>Referral Slip</b>
Date: _____
Name of Client: _____
Age: _____
Marital Status: _____
Location or Name of Village Leader: _____
Referred to:
<input type="text"/>
Reason for Referral:
<input type="text"/>



5. What are your suggestions to improve similar training in the future?

Content:

Food:

Venue:

Other:



## GLOSSARY OF TERMS

**Aquaculture** (also known as aquafarming): farming, under controlled conditions, of aquatic (fresh water and salt water) organisms such as fish, crustaceans, mollusks and aquatic plants

**Acquired Immune Deficiency Syndrome (AIDS):** progressive and fatal condition that reduces the body's ability to fight certain types of infections; caused by an infection with HIV (human immunodeficiency virus)

**Amenorrhea:** the absence of menstrual periods

**Anemia:** low levels of the oxygen-carrying material in the blood, which results in decreased oxygen to the tissues of the body; symptoms are often vague and may include chronic fatigue, irritability, dizziness, memory problems, shortness of breath, headaches, and bone pain, and anemia may result from excessive blood loss, blood cell destruction, or decreased blood cell formation

**Back-up method:** family planning method such as condoms or spermicide that can be used temporarily for extra-protection against pregnancy when needed—for example, when starting a new method, when supplies run out, and when a pill-user misses several pills in a row; aside from condoms and spermicides, some practice abstinence temporarily to avoid pregnancy, when needed

**Biodiversity conservation:** practice of protecting and preserving the abundance and variety of all species, regardless of classification, ecosystems, or genetic diversity on the planet

**Breast cancer:** malignant or cancerous growth that develops in breast tissue

**Cervical mucus:** thick fluid plugging the opening of the cervix; also called mucus plug; most of the time, the cervical mucus is thick enough to prevent sperm from entering the uterus, however, at mid-cycle, under the influence of estrogen, mucus becomes thin and watery, and sperm can easily pass into the cervix

**Conception:** union of mature ovum or egg cell with a sperm; also known as fertilization

**Deep vein thrombosis:** a blood clot that develops in the deep veins of the body generally in the legs. It presents with persistent, severe pain in the leg, sometimes with swelling.

**Diabetes (Diabetes Mellitus):** chronic disorder caused by ineffective production or use of the hormone insulin secreted by the pancreas; individuals with diabetes are unable to use carbohydrates in food properly, causing glucose to build up in the blood and urine; symptoms include excessive urination and excessive thirst

**Ecology:** the science of relationships and interactions between living organisms and their environment

**Ecosystem:** biological environment consisting of all the organisms living in a particular area, as well as all the nonliving, physical components of the environment with which the organisms interact, such as air, soil, water, and sunlight; a biological community and its physical environment

**Endometriosis:** condition in which uterine endometrial tissue is located outside the uterus and may attach itself to the reproductive organs or to other organs of the abdominal cavity

**Endometrium:** membrane lining the inner surface of the uterus and which thickens and is then shed once a month causing monthly bleeding

**Ejaculation:** release of semen from the penis

**Embryo:** product of conception (fertilization of an egg by a sperm) during the first eight weeks of its development; during the remainder of pregnancy it is known as a fetus

**Estrogen:** natural estrogens, especially the hormone estradiol, are secreted by a mature ovarian follicle, which surrounds the ovum, or egg; is responsible for female sexual development (the term 'estrogenic' is now used to describe synthetic drugs that have effects like those of a natural estrogen and are used in combined oral contraceptives and monthly injectable contraceptives)

**Eutrophication:** enrichment of bodies of fresh water by inorganic plant nutrients (e.g. nitrate, phosphate); may occur naturally, but can also be the result of human activity and is particularly evident in slow-moving rivers and shallow lakes; increased sediment deposition can eventually raise the level of the lake or riverbed, allowing land plants to colonize the edges, and eventually convert the area to dry land

**Family planning:** planning when to have children, how many and what contraceptive methods to use; methods and plans include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, infertility management, etc.

**Fertilization:** see 'Conception'

**Follicle:** small round structure in the ovary that contains an egg; during ovulation, follicle on the ovary surface opens and releases a mature egg

**Fully breastfeeding:** giving a baby no food or liquid other than breast milk (the term 'nearly fully breastfeeding' means at least 85% of the baby's feeding is breast milk, supplemented by other liquid or food)

**Gland:** cell or group of body cells that makes a substance to be discharged and used in some other part of the body

**Heart attack:** heart attack occurs when the flow of blood in a coronary artery is blocked long enough to cause some heart muscle to deteriorate

**HIV:** human immunodeficiency virus, the cause of AIDS; can be transmitted by sexual contact, by contaminated blood products, and from mother to fetus or infant before and during childbirth, or after birth, through breast milk

**Hormone:** chemical substance formed in one organ or part of the body and carried in the blood to another organ or part of the body; affects the activity of other organs or parts of the body through chemical action; also manufactured chemical substances that function as hormones

**Hypertension:** higher blood pressure than normal; normal blood pressure in adults varies from moment to moment within each individual, but generally diastolic (resting) blood pressure from 90 to 99 mm HG is considered mild hypertension; 100 to 109, moderate hypertension; and 110 or greater, severe hypertension; systolic (pumping) blood pressure from 140 to 159 mm HG is considered mild hypertension; 160 to 179, moderate hypertension; and 180 or greater, severe hypertension (see Blood pressure)

**Intercourse:** sexual act of inserting an erect penis into a vagina

**Implantation:** embedding of the embryo into the thickened uterine lining where it establishes contact with the woman's blood supply for nourishment

**Infertility:** inability to produce living children

**Informed choice:** freely made decision based on clear, accurate and relevant information; a goal of family planning counseling

**Jaundice:** symptom of liver disease; usually causes abnormal yellowing of the skin and whites of the eyes

**Lesion:** diseased area of skin or other body tissue

**Menarche:** beginning of cycles of monthly bleeding; occurs during puberty after girls start producing estrogen and progesterone

**Menopause:** time in a woman's life when menses (menstrual periods) when a woman's ovaries stop producing eggs and monthly bleeding from the uterus stops

**Menses:** Monthly flow of blood from the uterus through the vagina in adult women occurring between puberty and menopause

**Menstrual cycle:** repeating series of changes in the ovaries and endometrium that includes ovulation and about two weeks later the beginning of menstrual bleeding; for most women, cycles average 28 days but may be shorter or longer (see Menses, Menstrual period)

**Menstrual period, menstruation:** periodic discharging of the menses in response to stimulation from estrogen and progesterone

**Muro-ami (drive-in net):** Japanese fishing gear used in reef fishing; consists of a movable bag net and two detachable wings effecting the capture of fish by spreading the net in arc form around reefs or shoals and with the aid of scaring devices, a cordon of fishermen drive the fish from the reefs toward the bag portion of the net

**Natural resources management:** conserving or preserving natural resources such as land, water, soil, plants and animals for present and future generations; focuses on scientific and technical understanding of resources and ecology and the life-supporting capacity of these

**Nausea:** sensation that one is about to vomit

**Ovulation:** release of an egg or ovum from an ovary

**Ovum:** egg cell produced by the ovaries

**Pelvic Inflammatory Disease (PID):** infection in the uterine lining, uterine wall, fallopian tubes, ovary, uterine membrane, broad ligaments of the uterus, or membranes lining the pelvic wall; may be caused by a variety of infectious organisms such as Gonorrhea and Chlamydia

**Placenta:** organ that nourishes a growing fetus; is expelled from the uterus within a few minutes after the birth of a baby

**Progesterone:** hormone secreted chiefly by the corpus luteum, and which develops in a ruptured ovarian follicle during the post-ovulatory phase of the menstrual cycle; prepares the endometrium for possible implantation of a fertilized egg, protects embryo and enhances development of the placenta, and aids in preparing the breasts for nursing the new infant

**Progestin:** term used to cover a large group of synthetic drugs that have an effect similar to that of progesterone; used in oral contraceptives, injectables, and implants

**Puberty:** time of life when the body begins making adult levels of sex hormones and the young person takes on adult body characteristics

**Semen:** thick, white fluid produced by a man's reproductive organs and released through the penis during ejaculation; contains sperm and other fluids from the prostate gland and seminal vesicle

**Sperm:** male sex cell produced in the testes of an adult male and released into the vagina during ejaculation; if conditions allow, sperm swim through the opening of the cervix, through the uterus, and into the fallopian tubes and if ovulation has recently occurred, sperm may penetrate and join with the female's egg

**Spotting:** light vaginal bleeding at any time other than during a woman's menstruation or menstrual period

**Sustainable development:** doing things in a way that reduces opportunities for future generations to meet their needs

**Vaginal mucus:** fluid secreted by glands in the vagina

**Varicose veins:** enlarged, twisted veins, most commonly located beneath skin of the legs

**Watershed management:** managing the water that runs beneath or flows off of an area of land by knowing how much water is in the system, where it comes from, who is using it, how it is being contaminated and where it is ends up; considers all the outside activities that can influence the quality and quantity of the surface and groundwater and its ability to provide desired goods and services



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