

# Family planning training resource package

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# *Keeping up with the updated materials...*

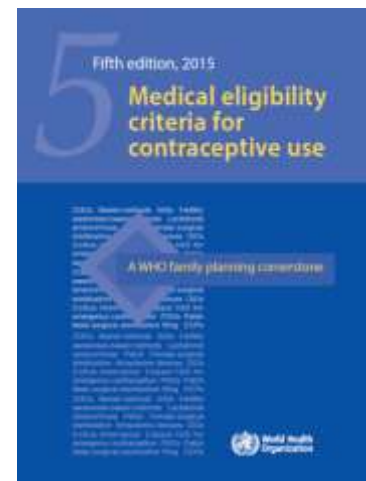


# What, When, Where, How, Why Do We Need Standardized Training Materials?

- Internet is a common source for training materials
- Too many and non-standardized tools
- Lots of materials are outdated
- Not sure which material is based on evidence
- Materials do not use adult based educational methods
  - Too many lectures
  - Minimal interactive and participatory sessions
  - Inappropriate use of role plays and discussions, etc.
- Not competency based

# A Training Resource Package for Family Planning (TRP)

- ❑ A comprehensive set of materials designed to support up to date training in family planning and reproductive health.
- ❑ Used evidence based technical information from WHO publications: *Family Planning: A Global Handbook for Providers* (WHO), MEC, and SPR.
- ❑ A web-based collection of the curricular components and tools needed to design, implement and evaluate training.



# A Training Resource Package for Family Planning

- Can be used by facilitators and curriculum developers to implement high **quality training and education**.
- The materials are appropriate for **pre-service and in service** training and applicable in both the public and private sectors.
- Incorporates **up-to-date** technical content and proven training methodologies.
- Content can be customized to meet needs of **specific training audiences**.
- Can be used by **trainers with different levels** of training experience – guidance is provided (facilitator's guide).



# THE TRAINING RESOURCE PACKAGE FOR FAMILY PLANNING

[Home](#) [Training Modules](#) [Conducting Training](#) [Partners](#) [About](#) [Resources](#)



## Featured Module: Benefits of Family Planning

This module is designed to provide a basic definition of family planning and discuss how it can help improve the lives of women, children, families, and communities. © 2012

Akintunde Akinleye/NURHI, Courtesy of [Photoshare](#)

## Welcome to the TRP!

This website offers curriculum components and tools for trainers to design, implement, and evaluate family planning and reproductive health (FP/RH) training.

All materials can be downloaded for free, and you may adapt or translate them for your own work. If you do use or adapt these materials, please let us know!

[Learn More](#)

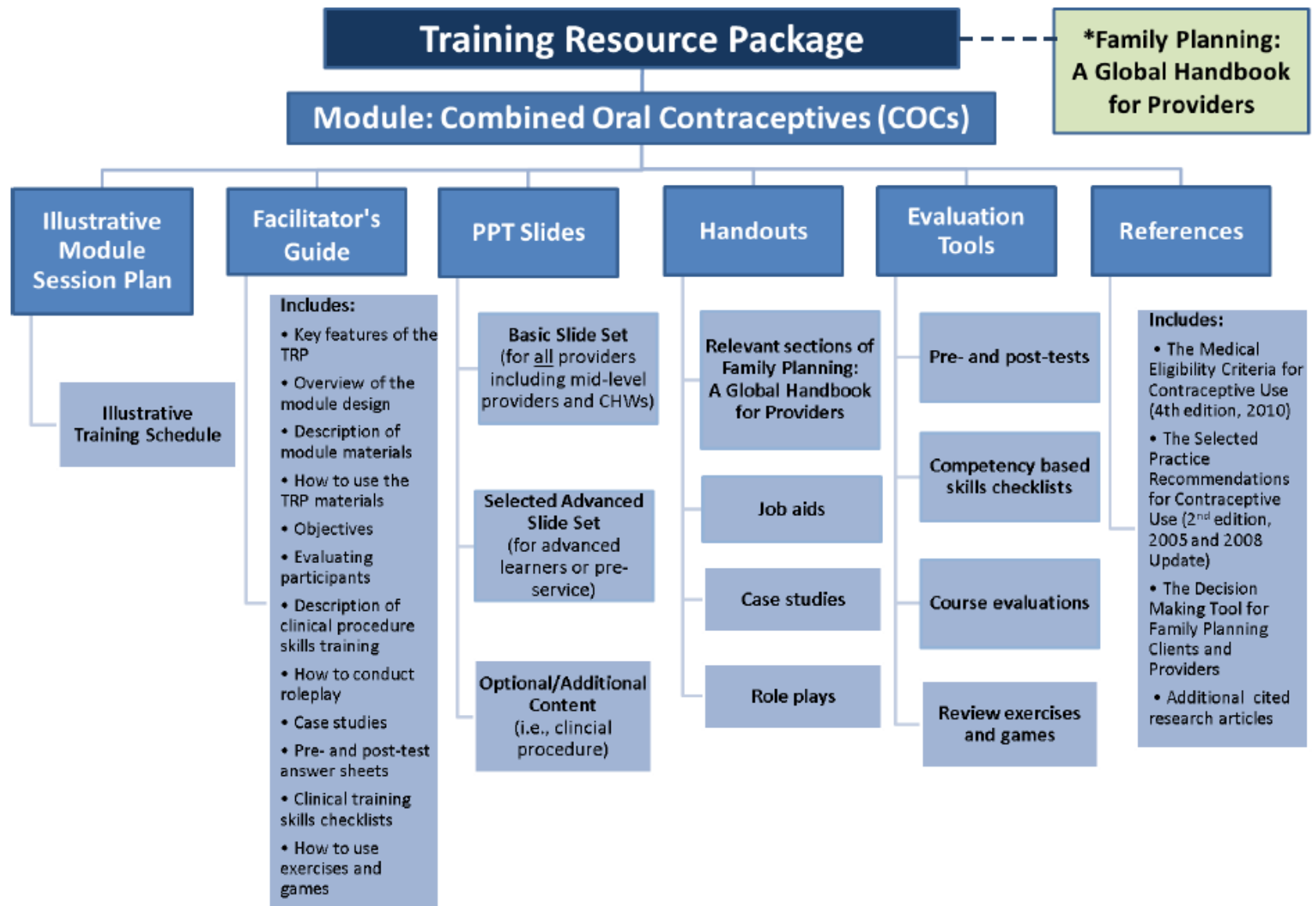


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# A Partnership in Development, Review and Dissemination

- Joint effort of USAID, WHO and UNFPA, in collaboration with many Cooperating Agencies and organizations, including
  - FHI 360
  - CDC
  - IPPF
  - Engender Health
  - Institute for Reproductive Health
  - IntraHealth
  - Jhpiego
  - Johns Hopkins University
  - Management Sciences for Health
  - Pathfinder International (current secretariat)





\*The technical information for these materials is based on the Family Planning: A Global Handbook for Providers

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# Module Session Plan


## Combined Oral Contraceptives (COCs): Session Plan

### Notes to Facilitator:

The slides and session plan provide presentation support for conveying technical information and for conducting the interactive learning activities.

To use this presentation most effectively, please:

- Read the COCs Facilitator's Guide, on the Using the Training Resource for guidance on selecting and adapting TRP materials for the learning audience.
- Next read this session plan, which includes detailed learning objectives, module and describes how to use this presentation and other material prepare for and conduct the learning activities

Training Process		Resources
<b>Session I: Characteristics of COCs</b>		
Session I Objective: Describe the characteristics of COCs in a manner that is understandable.		
<b>Welcome and Introduction (15 min.)</b>	Slide	
<ul style="list-style-type: none"> <li>• Greet participants and introduce yourself.</li> </ul>		
<b>Objectives</b>		
Discussion (5 min.)		
<ul style="list-style-type: none"> <li>• The session is designed to address the COC-related objectives listed in the Facilitator's Guide and Slide 2.</li> <li>• Review objectives with participants.</li> <li>• Explain that the learning objectives will be assessed through knowledge assessments, role plays and the use of skills checklists.</li> <li>• Solicit input about whether the planned objectives match participant's expectations of the training.</li> <li>• Distribute the pre-test.</li> </ul>		
<b>Pre-Test Questionnaire (20 min.)</b>		Evaluation Comprehension COCs
<b>What are COCs? Traits and Types</b>	Slide Points and C	
<p><b>Explanation:</b> (Slide 3) The key points to remember about COCs are that: one pill must be taken every day; effectiveness depends on the user; COCs are very safe, they help reduce menstrual bleeding and cramps, some women have side effects at first (these are not harmful); and COCs don't provide protection against STIs or HIV/AIDS.</p>		

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Training Process		Resources
<b>Session II: Who Can and Cannot Use COCs</b>		
Session II Objective: Demonstrate how to screen clients for medical eligibility for COC use.		
<b>COCs Are Safe for Nearly All Women</b>	Slide 2: C Safe for N Women	
<p><b>Lecturette (10 min.)</b></p> <p>Use slides to show women who can safely use COCs:</p> <ul style="list-style-type: none"> <li>• Nearly all women can use COCs safely and effectively.</li> <li>• Most health conditions do not affect safe and effective use of COCs and only few conditions or situations may affect a woman's eligibility to use COCs.</li> <li>• The WHO medical eligibility criteria were developed to reassure providers about conditions that do not interfere with safe use of contraceptives and highlight all the conditions that affect a woman's eligibility to use any given contraceptive method.</li> </ul>		
<b>Who Can and Cannot Use the Pill</b>	Slide 3: W Cannot U Slide 4: W Not Use C (Part 1) Slide 5: W Not Use C (Part 2)	
<p><b>Lecturette (15 min.)</b></p> <p>Explain that most women can safely use the pill as mentioned in the previous slide. Use slides to show who should not use COCs</p>		
<b>Medical Eligibility Criteria</b>	Slide 6: M Eligibility Slides 7 at WHO's M Eligibility Categories Hormonal Methods	
<p><b>Brainstorming (10 min.)</b></p> <ul style="list-style-type: none"> <li>• This activity has two purposes:             <ol style="list-style-type: none"> <li>1. To give participants an opportunity to share what they know about the eligibility criteria used in their national family planning guidelines or the WHO medical eligibility criteria (WHO MEC) so that the facilitator can determine whether the participants understand the criteria and how they are used or whether they need additional background information before proceeding.</li> <li>2. To introduce job aids that help participants understand eligibility criteria (and that they may also use at their work sites), such as the WHO Medical Eligibility Criteria Wheel for Contraceptive Use, or the Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use.</li> </ol> </li> <li>• <b>Brainstorming instructions:</b> <ul style="list-style-type: none"> <li>◦ Use slide 7 to introduce the concept of medical eligibility</li> </ul> </li> </ul>		

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Training Process		Resources
<b>Management of COC Side Effects: Bleeding Changes</b>		
<b>Lecturette (15 min.)</b>		
<ul style="list-style-type: none"> <li>• Use slides to present the following:             <ul style="list-style-type: none"> <li>◦ If a client complains about irregular or breakthrough bleeding, the provider should first make sure the client is taking the pills correctly, without missing pills. The provider should also ask whether the client is taking any drugs that may interact with COCs, such as rifampicin or rifabutin, which make COCs less effective. If none of these situations applies, providers can explain that COCs make the uterine lining thinner, and it may start shedding early, resulting in this type of bleeding. The provider can assure a woman that this bleeding does not mean that anything is wrong and usually diminishes with time. Suggest that she take pills at the same time each day—this may help to reduce irregular bleeding.</li> <li>◦ If the irregular bleeding is unacceptable to the client, the provider may want to consider giving her ibuprofen, up to 400 mg three times per day for five days, or an equivalent amount of another non-steroidal anti-inflammatory drug other than aspirin.</li> <li>◦ If the woman is experiencing unexplained, heavy, or prolonged vaginal bleeding that may suggest a serious medical condition not related to the method, she should be referred for evaluation as soon as possible.</li> <li>◦ Amenorrhea may simply be a sign that the pills are working effectively. Reassure the client that it does not indicate a health problem and no medical treatment is necessary. If the client develops amenorrhea while using pills incorrectly or after using COCs for only a short time, the provider should determine if the client is pregnant.</li> <li>◦ Sometimes side effects may diminish or disappear if the client switches to another formulation of COCs. A provider may prescribe a different pill brand if available.</li> <li>◦ If side effects persist and are unacceptable to the client, the provider should help her to choose another contraceptive method.</li> </ul> </li> </ul>		
<b>Warning Signs of Rare COC Complications</b>		
<b>Lecturette (5 min.)</b>		
<ul style="list-style-type: none"> <li>• Use slides to present the following:             <ul style="list-style-type: none"> <li>◦ On very rare occasions, women who use COCs can develop serious complications, usually due to thrombosis or thromboembolism—a blood clot that may form in the</li> </ul> </li> </ul>		

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# Facilitators' Guide

## Combined Oral Contraceptives (COCs): Facilitator's Guide to the Training Resource

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- b. Illustrative Module Session Plan with Illustrative Training Schedule .....
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- d. Presentation (PowerPoint slides) .....
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- f. What is the Proper Length of Clinical Training and Ratio of Training .....
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- h. Training Follow-up .....

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## Combined Oral Contraceptives (COCs): Facilitator's Guide to the Training Resource Package

**I. What is the Training Resource Package for Combined Oral Contraceptives?**  
This Facilitator's Guide will help you make effective use of The Training Resource Package (TRP) for Combined Oral Contraceptives (COCs). The TRP for COCs is part of a global resource package for trainers, supervisors, and program managers. It contains high-quality materials and resources for designing, conducting and evaluating training for family planning (FP) providers. The resource package is specifically designed for mid-level but also contains more advanced materials for physicians and can be adapted for level community health workers.

**II. What is the Purpose of the Training Resource Package for COCs?**  
This training manual was developed for use in training physicians, nurses, midwives of community health workers. It is designed to actively involve the trainee process. Sessions include PowerPoint presentations, simulation skills practice in roleplays, discussions, case studies and practice, and using objective competency checklists.  
At the end of this module, the trainee will be able to describe COCs as an effective counsel and screen clients seeking COCs, recognize and manage common side effects of COCs, provide services for COC clients, respond to rumors and misconceptions of COCs, provide services for COC clients, recognize and manage common side effects of complications, and provide follow up care for COC acceptors.

**III. Who can use the Training Resource Package for COCs?**  
The training materials are designed to be used by clinical trainers and pre-service through a thorough understanding of adult learning principles and the ability to provide care on FP topics in pre-service or in-service settings.

**IV. Using the Training Resource Package COCs Module to Develop Training**  
All of the parts needed to develop a curriculum for COCs are included in the TRP diagram following the Table of Contents shows how the different elements of the TRP together. They are there to be adapted to fit the circumstances in the country who used, the trainers who will be conducting training and the level of expertise and trainees. The TRP can be adapted to fit any kind of training. The module can be alone module or as part of a comprehensive course in family planning. The TRP resource for a refresher training or for training new providers.

The following six steps can be used as to develop effective training using the TRP

**Step 1: Assess Training Needs**

Before devoting time and resources to developing a training program, verify that need and knowledge is a primary cause of the performance problem or challenge that a training program can address only knowledge and skills deficits, it does not address other factors that influence workers' performance. Engage stakeholders in the assessment performance challenge. If a knowledge and skills deficit is identified, also ensure

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### Appendix A: Adult Learning

**Adult Learning**  
A noted educator, Dr. Malcolm Knowles, devised a theory of adult learning. Before Dr. Knowles published his theory, most educators assumed that adults learned just as children did and that the teacher's role was to teach and the learners role was just to learn. The teacher was to take full responsibility for the teaching/learning process. She made all of the decisions about what should be learned, how it should be learned was purely a result of the teacher's knowledge and expertise. In the 1960s, Dr. Knowles and others theorized that children and adults learned differently and he made the following assumptions that characterized adults as learners:

- Adults as Learners**
  - 1. **Adults have a need to know why they should learn something.**  
Adults are motivated to learn when they are convinced that learning the new knowledge, attitude, or skill is important. Learning is a more meaningful experience for adults if they can understand why they "need to know."
  - 2. **Adults have a deep need to be self-directing.**  
"The psychological definition of an adult is one who has achieved a self-concept of being in charge of his or her own life, of being responsible for making his or her own decisions, and living with the consequences." Adults have a strong need to take responsibility for their own lives, including deciding what they want to learn. Dr. Knowles speculates that when adult learners are treated as children, they withdraw from the learning situation. However, self-directed learning doesn't necessarily mean learning without help. Adults often need help in making the transition from seeing themselves as dependent learners to becoming self-directed learners. Trainers are still responsible for the plan or approach, but throughout the training, the trainer involves the participant.
  - 3. **Adults have a greater volume and different quality of experience than youth.**  
The longer we live, the more experiences we have. This affects learning in several ways. Adults bring to the learning experience a wealth of experience which can be used to anchor their learning and that of other participants.  
Adults have a broader base of experience to which to attach new ideas and skills and give them richer meaning. Tying learning activities to past experiences can make them more meaningful and will help participants remember them better.  
Adult learners come together in a group having had a wide range of experiences. They will have a wide range of differences in background, interests, abilities, and learning styles. Because of these differences, adult learning must be more individual and more varied. A wise trainer will find out what the learners already know and build on these experiences.  
There is a potential negative effect of greater experiences—"It tends to cause people to develop habits of thought and learners to make presuppositions to be less open to new ideas." This potentially negative effect must be taken into account in planning learning experiences. Techniques must be developed to try to counter this tendency.

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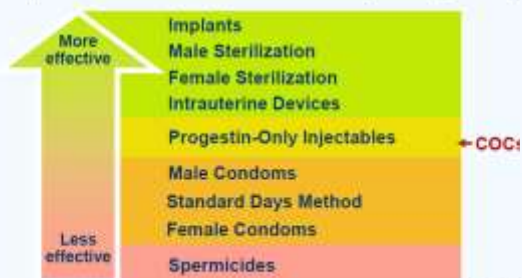
# Combined Oral Contraceptive Pills (COCs)

## Session I: Characteristics of COCs



### Effectiveness of COCs

In this progression of effectiveness, where would you place combined oral contraceptives (COCs)

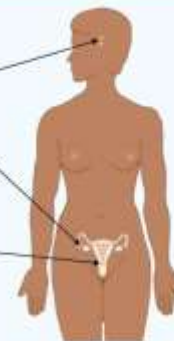


Session I, Slide 5

### COCs: Mechanism of Action

Suppresses hormones responsible for ovulation

Thickens cervical mucus to block sperm



*COCs have no effect on an existing pregnancy.*

Session I, Slide 7

# POWERPOINTS

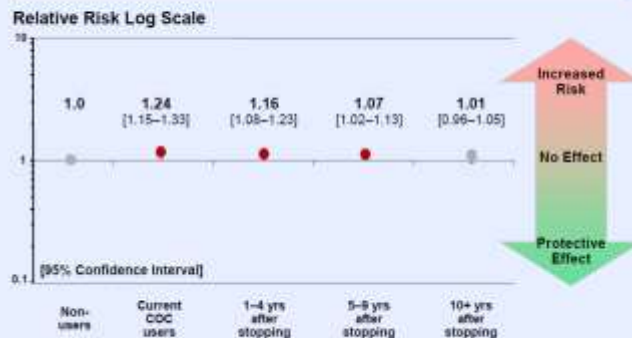
# Combined Oral Contraceptive Pills (COCs)

## Advanced Slide Set



Advanced Slide Set, Slide #

### Relative Risk for Breast Cancer among COC users and Non-users



Source: Collaborative Group on Hormonal Factors in Breast Cancer; 1996; Aitks, 2005; Silvera, 2005.

Advanced Slide Set, # 7



# HANDOUTS

## How to Use the Pill

### Take one pill each day

If you miss 1 or 2 active pills in a row or start a pack 1 or 2 days late:

- Always take a pill as soon as you remember
- Continue to take one pill every day
- No need for additional protection

If you miss 3 or more active pills in a row or start a pack 3 or more days late:

- Take a pill as soon as possible, continue take 1 pill each day, and use condoms or avoid sex for the next 7 days



- If you miss these pills in week 3, ALSO skip inactive pills and start a new pack.\*



\*With 21-pill packs, skip the pill-free interval and start a new pack.

### Remember:

When you miss 3 or more active pills in a row, hormonal pills must be taken for 7 days in a row to get back to full protection.

If you miss three pills in a row during the first week of a pack and have unprotected sex, consider using



### Combined Oral Contraceptives (COCs)—Clinician Role Play Scenario 1—Adolescent client is interested in and is eligible for COCs

#### COCs Scenario 1—Client Information Sheet

**Client Description**  
You see a 17-year-old female who has been counseled about the benefits of using family planning by a nurse at the antenatal clinic. You were pregnant but miscarried one month ago. You read the pamphlet on family planning method options that was given to you by the provider at the clinic and have made a decision about which method you believe best suits your needs.

#### Offer this information only when the provider asks relevant questions:

- You have had a steady boyfriend for about six months.
- Your boyfriend was taking antibiotics recently after he went to see a doctor at the STI clinic.
- You do not use condoms.
- Your last period started five days ago and were very regular each month prior to the miscarriage.
- You feel healthy and have no health problems.
- You would like to have a child someday, but your boyfriend says he is not ready, so you have chosen to use COCs because you believe that COCs would best suit your needs.

#### COCs Scenario 1—Observe

Make note of whether the provider:

- Asks about the client's regular uterine, and life plans.
- Ensures that the client understands the client use described in the pamphlet and has made an informed decision.
- Determines the client's need for screening checks.
- Provides COCs, instructions if pills are missed, and information.
- Encourages her to be tested.
- Explains the benefit of using counseling to support her.
- Discusses benefits of health noting it is best to wait six months after miscarriage before starting COCs.

#### Methods for which the client is eligible:

- COCs
- DMPA or NET-EN
- Implants
- Male or female condoms
- Standard Days Method®

Training Resource Package for Family Planning, Combined Oral Contraceptives—Clinician Role Plays, 11/2011

## CHAPTER 1

Combined Oral Contraceptives

# Combined Oral Contraceptives

### Key Points for Providers and Clients

- **Take one pill every day.** For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
- **Bleeding changes are common but not harmful.** Typically, irregular bleeding for the first few months and then lighter and more regular bleeding.
- **Take any missed pill as soon as possible.** Missing pills risks pregnancy and may make some side effects worse.
- **Can be given to women at any time to start later.** If pregnancy cannot be ruled out, a provider can give her pills to take later, when her monthly bleeding begins.

### What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called "the Pill," low-dose combined pills, OCPs, and OCS.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

### How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman starts a new pill pack 3 or more days late, or misses 3 or more pills near the beginning or end of a pill pack.

Combined Oral Contraceptives

**Combined Oral Contraceptives (COCs):  
Competency-Based Training (CBT) Skills Assessment Checklist for COCs**

Date of Assessment \_\_\_\_\_ Dates of Training \_\_\_\_\_  
 Place of Assessment: Facility \_\_\_\_\_ Classroom \_\_\_\_\_  
 Name of Facility \_\_\_\_\_  
 Type of Facility:  MOH/Gov't  NGO  Other  
 Level of Facility:  Primary  Secondary  Tertiary  
 Name of the Service Provider \_\_\_\_\_  
 Name of the Assessor \_\_\_\_\_

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for COCs. The checklist may be used during train to monitor the progress of the trainee as she acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist that s/he may know what is expected of her/him.

**Instructions for the Assessor**

1. Always explain to the client what you are doing before beginning the assessment. Ask for client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:  
 1= Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted  
 2= Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently  
 3= Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)  
 Not observed: Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.

# EVALUATION TOOLS

**The Combined Oral Contraceptives (COCs) Post-Test**

Participant Name \_\_\_\_\_

**Instructions:** Circle the letter(s) for all that apply. (Some questions may have more than one correct answer.) Follow specific directions for each section. There is no time limit.

**Scoring:** Score each correct answer by 1. Multiply total correct answers by 10 to get percentage. Use whatever passing score is usually used in your country. A passing score is 80%.

1. Which of the following is correct about the hormonal content of COCs?
  - a. COCs contain the synthetic hormones estrogen and progesterone.
  - b. COCs contain natural estrogen and synthetic progesterone.
  - c. All formulations of COCs contain the hormones ethinyl estradiol and norgestrel.
  - d. COCs contain more than two types of synthetic hormones.
2. COCs prevent pregnancy by:
  - a. Damaging sperm
  - b. Causing cervical mucus to become thicker
  - c. Preventing a fertilized egg from embedding in the uterine lining
  - d. Suppressing ovulation
3. The mechanism of action of COCs includes:
  - a. destroying the ovum
  - b. suppressing hormones responsible for ovulation
  - c. hampering sperm transport by thickening cervical mucus
  - d. thickening cervical mucus to block sperm
4. Consistent and correct use (perfect use) of COCs among 100 women in the first year of use:
  - a. <1 pregnancy per 100 women in the first year of use
  - b. 2 pregnancies per 100 women in the first year of use
  - c. 6-8 pregnancies per 100 women in the first year of use
  - d. 5 pregnancies per 100 women in the first year of use
5. Major advantages of the COC include the facts that:
  - a. it is highly effective if taken correctly
  - b. it protects against HIV/AIDS
  - c. it protects against ovarian and endometrial cancer
  - d. it decreases risk of ovarian cysts
  - e. it protects against breast cancer

**The Combined Oral Contraceptives (COCs):  
Course Evaluation**

**Instructions:** Rate each of the following statements as to whether or not you agree with them, using the following key:

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree nor disagree
- 4 Somewhat agree
- 5 Strongly agree

**Overview**

- The objectives of the module were clearly defined. 1 2 3 4 5
- The material was new to me. 1 2 3 4 5
- The trainer understood the material being presented. 1 2 3 4 5
- The time spent on this module was sufficient. 1 2 3 4 5
- Time for discussion and questions was sufficient. 1 2 3 4 5
- The material in this module has provided me with sufficient information to conclude the safety and effectiveness of COCs. 1 2 3 4 5
- The module has offered me the skills to provide COC services, including counseling, appropriate client screening and selection, and management and follow-up of clients. 1 2 3 4 5
- The pre-post-test accurately assessed my course learning. 1 2 3 4 5

**Meeting Conditions/Locations**

- The training was held on a convenient day and time. 1 2 3 4 5
- Necessary supplies were available. 1 2 3 4 5

**Training Methods and Materials**

- The trainers' presentations were clear and organized. 1 2 3 4 5
- I learned practical skills in the role plays and case studies. 1 2 3 4 5
- Class discussion was helpful. 1 2 3 4 5
- The trainers encouraged my questions and input. 1 2 3 4 5

**Course Length**

The length of the course was (circle your answer): Too long Too short Just right



# REFERENCES

## Combined Oral Contraceptives (COCs): References

The main references for the COC module as well as for other TRPs are the World Health Organization's four cornerstones of family planning guidance:

1. *Family Planning: A Global Handbook for Providers (2011 update)*. This book serves as a quick-reference resource for all levels of health care workers. It provides practical guidance on delivering family planning methods appropriately and effectively.
2. *The Medical Eligibility Criteria for Contraceptive Use (4<sup>th</sup> edition 2010)*. This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.
3. *Decision Making Tools for Family Planning Clients and Providers*
4. *The Selected Practice Recommendations for Contraceptive Use (2<sup>nd</sup> Edition 2005)* and the *Selected Practice Recommendations for Contraceptive Use: 2008 Update*.

### Other resources related to COCs:

- *Fact Sheet: Combined Oral Contraceptives (COCs)*  
[FactSheet\\_COCs\\_Generic \(.doc or pdf\)](#)
- *Comparing Effectiveness of Family Planning Methods*  
[EffectivenessChart\\_GlobalHB\\_2007.pdf](#)
- *If 100 Women Use a Method for One Year, How Many Will Become Pregnant?*  
[EffectivenessChart\\_AltVersion \(.doc or pdf\)](#)
- *Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use*  
[QuickRefChartMEC\\_2011.pdf](#)
- *The WHO Medical Eligibility Criteria Wheel for Contraceptive Use*  
[MECwheel\\_WHO\\_2008.pdf](#)
- *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives*  
[MECchecklist\\_COCs\\_2011.pdf](#)
- *National FP guidelines on managing COCs' side effects or COCs—Managing Any Problems, Global Handbook*  
[ManagingProblems\\_COCs\\_GlobalHandbook\\_2011.pdf](#)
- *A Guide to Effective and Efficient Provision of Combined Oral Contraceptives (COCs)*  
[JobAid\\_ProvidingCOCs\\_Clin.pdf](#)
- *How to Use the Pill*  
[JobAid\\_HowToUseCOCs\\_Generic.ppt](#)

# Modules presently available

- Benefits of Family Planning (VF)
- Combined Oral Contraceptives (VF)
- Condoms- Male (VF)
- Condoms- Female (VF)
- Contraceptive Implants (VF)
- Emergency Contraceptive Pills (ECP)
- Emergency Contraceptive Pills (ECP) for Pharmacists
- Family Planning Counseling (VF)
- Intrauterine Devices (IUDs) (VF)
- Lactational Amenorrhea (VF)
- Progestin-only Injectable Contraception (Injectables) (VF)
- Standard Days Method
- WHO's FP Guidance documents and Job Aids (VF)
- ❑ Other modules still under development- Permanent Methods
  
- ❑ Plans for wider dissemination and technical support
- ❑ Plans for regular updating
- ❑ New French versions of other modules coming soon

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