



# TOGETHER WE CAN

A package to foster client-centered family planning

Guidance for Implementing a Complementary  
Package of Client- and Provider-Focused  
Interventions to Foster Client-Centered Family  
Planning and Informed Choice



**USAID**  
FROM THE AMERICAN PEOPLE

**Breakthrough**  
**ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE





# CONTENTS

<b>A. Introduction</b>	<b>1–10</b>
1. Background	1
2. Package Overview	2
A. Objectives	2
B. Key Constructs	3
C. Package Components	4
D. Theory of Change	5
3. Implementation Overview	7
A. Preparing for Implementation	7
B. Timeline: Key Activities	9
<b>B. Self-Care Provider Rounds</b>	<b>12–22</b>
1. What are the Self-Care Provider Rounds?	12
2. What is the Purpose of the Rounds?	12
3. Who Should Attend the Rounds?	12
4. Where Should Rounds be Held?	13
5. When Should Rounds be Held?	13
6. Aligning with Facility Realities	13
7. Steps to Implement the Self-Care Provider Rounds	14
<b>C. United Client-Provider Tools</b>	<b>23–30</b>
1. What are the United Client-Provider Tools?	23
2. What is the Purpose of the Client-Provider Tools?	23
3. Who Should Participate in the Client-Provider Tools?	24
4. Where and When Should the Client-Provider Tools be Used?	24
5. Steps to Implement the United Client-Provider Tools	25
<b>D. Together Couples Games</b>	<b>31–40</b>
1. What are the Together Couples Games?	31
2. What is the Purpose of the Together Couples Games?	31
3. Who Should Participate in the Couples Games?	32
4. When and Where Should the Couples Games be Held?	32
5. Steps to Implement the Together Couples Games	33



## A. Introduction

**This resource provides guidance for implementing the Together We Can Client-Provider Package—a complementary set of adapted client- and provider-focused interventions to foster client-centered family planning and informed choice.**

### 1. Background

Many approaches and tools have centered on improving client-centered family planning, counseling quality, and client choice. However, despite the dyadic nature of the client-provider interaction, most initiatives focus either on the provider or the client, not on how family planning services can become more client-centered and support informed choice by simultaneously working with both providers and clients. To help fill this gap, Breakthrough ACTION has adapted and combined existing client- and provider-focused interventions into a complementary package of approaches that addresses clients and providers.

## 2. Package Overview

This package aims to improve informed choice related to family planning and help family planning clients meet their reproductive intentions by (1) increasing couple communication about reproductive intentions and family planning; (2) increasing client preparedness for family planning visits; (3) increasing provision of client-centered family planning services that enable clients to make their own decisions about whether to use family planning and, if so, which method they use.

### A. Objectives

This package aims to increase family planning clients' ability to make informed choices about contraception use and achieve their reproductive intentions by improving the client-centeredness of family planning services.

Specifically, the package aims to enable:

#### CLIENTS TO...

- Feel confident in their ability to ask questions of and share their needs, concerns, and preferences with their provider.
- Make the final decision about whether to use family planning, and, if so, which method they use.
- Receive client-centered family planning services.



#### COUPLES TO...

- Discuss their reproductive intentions and family planning options.

#### PROVIDERS TO...

- Exhibit more empathy towards their clients.
- Feel more supported by their supervisors to provide empathetic, client-centered family planning services.
- Provide client-centered family planning services.
- Support clients to make the final decision about whether to use family planning, and, if so, which method best meets their needs.



## B. Key Constructs

### Conditions for client-centered family planning services

PROVIDERS	CLIENTS
<ul style="list-style-type: none"> <li>• Ask clients about their reproductive intentions</li> <li>• Invite clients to speak, ask questions, and share information</li> <li>• Assess contraindications and needs</li> <li>• Treat clients with respect and empathy</li> <li>• Tailor counseling to client needs and wants</li> <li>• Share information about all relevant contraceptive methods</li> <li>• Enable clients to make the final decision about whether to use family planning and, if so, which method to use</li> <li>• Provide unbiased treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Share information about needs and wants</li> <li>• Ask questions and share concerns</li> <li>• Feel comfortable advocating for self</li> <li>• Believe they should be the one making decisions about whether to use family planning and, if so, which method to use</li> </ul>

### Components of prepared providers

#### SUPPORTED

- Providers feel supported by their supervisor
- Providers believe they will be rewarded and acknowledged for providing client-centered services
- Providers have resources and bandwidth to offer client-centered services
- Supervisors regularly check in with providers and support them in providing client-centered services and prioritizing informed choice



#### PREPARED FOR CLIENT INTERACTION

- Providers feel confident in their ability to provide client-centered services and honor client choice
- Providers have decision-making autonomy that facilitates problem-solving
- Providers have knowledge about family planning and client-centered services
- Providers have communication skills that enable them to provide client-centered services and prioritize informed choice
- Providers are aware of potential biases and how to address those
- Providers believe in the importance of reproductive autonomy and informed choice
- Providers believe that clients' needs should drive the provision of family planning services

## Components of prepared clients

Before an interaction with a provider, clients:

- Consider their reproductive intentions and discuss them (as relevant) with their partner and/or family.
- Think about and/or write down questions they have and what they need to share with a provider.
- Are aware of their sexual and reproductive rights.
- Possess self-efficacy to communicate with a provider and advocate for needs.



## C. Package Components

The package has three core components, the Self-Care Provider Rounds, United Client-Provider Tools, and Together Couples Games.



### SELF-CARE Provider Rounds

**The Self-care Provider Rounds** are a structured forum for clinical and nonclinical health facility staff and their supervisors to reflect on and discuss the socio-emotional aspects of providing healthcare services and increase support and collaboration between colleagues. Each Round has a specific topic where panelists share their experiences and participants discuss the stories shared and their own experiences.



### UNITED Client-Provider Tools

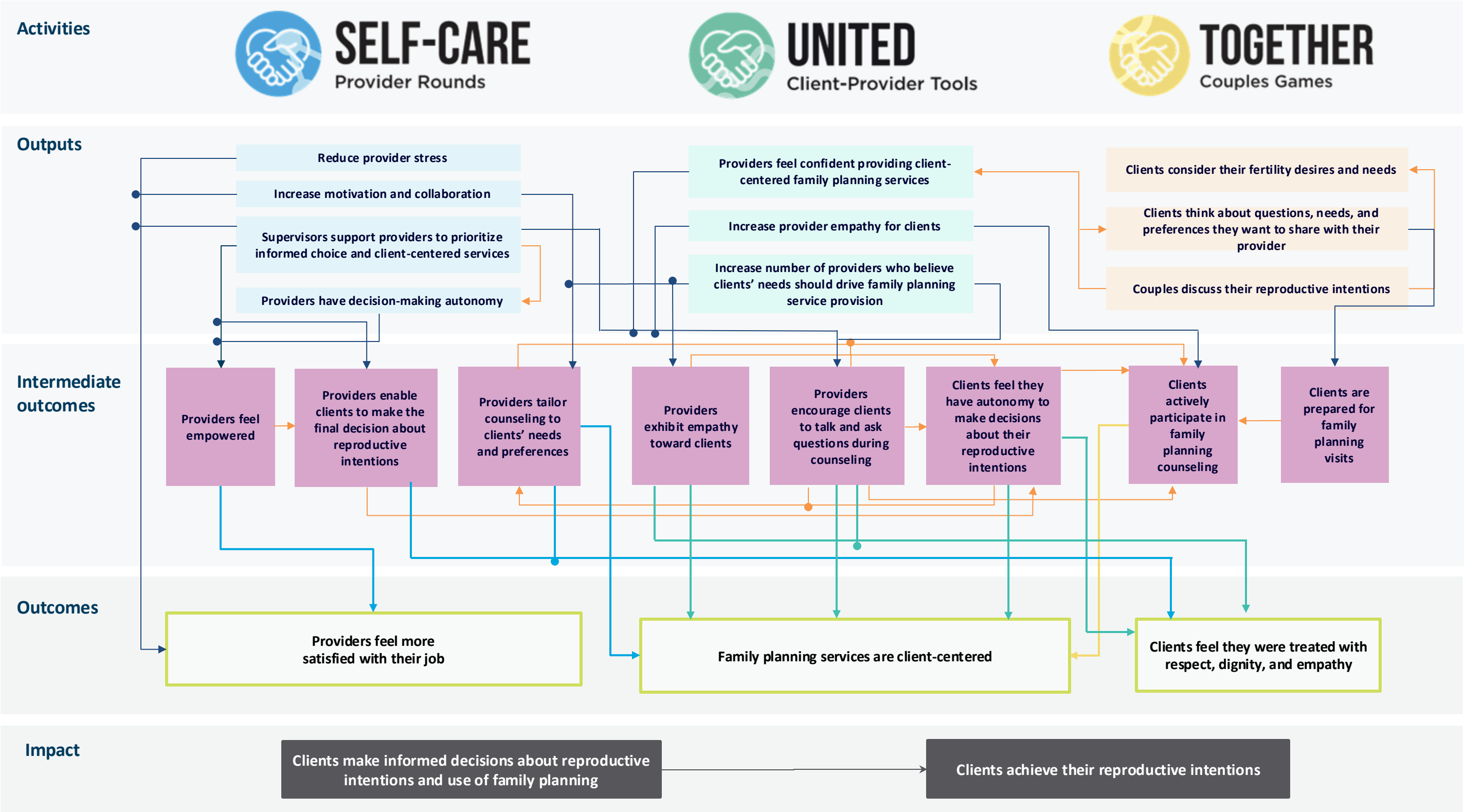
**The United Client-Provider Tools** have three elements—a card deck, table tent, and a feedback form—that 1) help providers and supervisors understand the value of and build skills in providing empathetic counseling tailored to the needs of each client, 2) encourage providers to share decision-making with clients, and 3) prompt clients to ask questions and share their needs and preferences with providers.



### TOGETHER Couples Games

**The Together Couples Games** have two elements—Couples Nights and the couples card deck. Couples Nights are fun events that promote connection between couples and introduce participants to the couples card deck. The couples card deck guides couples to connect with each other, envision their future, openly discuss their reproductive intentions, and prepare for family planning counseling sessions.

**D. Theory of Change** IF providers are adequately supported and prepared\*\* **AND** clients are prepared for FP visits\*\*\* ...  
THEN family planning services are client-centered...  
THEN clients are enabled to make informed choices about family planning use...  
THEN services better support clients to achieve their reproductive intentions







### 3. Implementation Overview

**This package is meant to be adapted to the context where it is being implemented. Implementers should identify their goals and needs, determine the scale and duration for which it will be implemented, and then tailor the package to those realities. This guide is divided into two sections: Preparation and Implementation.**

#### A. Preparing for Implementation

Several activities should be completed prior to implementation:

1. **Hold training for implementers.** Organize and conduct a training for those who will implement the package.
2. **Coordinate with key stakeholders.** Implementers should work with key stakeholders to do the following:
  - a. Identify health facility managers. Implementers will need a point of contact at each health facility.
  - b. Compensate participants for their time. Determine the appropriate way to compensate/reimburse FP clients, providers, supervisors, and health facility managers for their time and travel to participate in activities.
  - c. Working with the relevant Ministry of Health counterparts (e.g., District Coordinators), send invitations to FP providers and supervisors to attend the client-provider training and participate in the Rounds.
  - d. Determine who will oversee the Rounds. We recommend identifying three to four individuals at each participating district or county health office to oversee the Rounds. These individuals will also be part of the [steering group](#).
  - e. Train community health workers (CHWs) to promote and facilitate Couples Nights.

**3. Meet with all health facility managers.** Implementers should meet with the health facility managers to discuss the following:

- Introduction to the Together We Can Client-Provider Package and materials
- Planning for facility visits to introduce the Rounds
- Holding focal person elections and identifying clinical leads and one person to join the steering group.
- Distribution of materials including table tents, feedback boxes and forms, and Couples Nights flyers. Ensure health facility managers know they will be responsible for collecting feedback forms from the boxes once per week, and distributing the completed feedback forms to each provider. They will also be responsible for ensuring each counseling room has a table tent and enough Couples Nights flyers and feedback forms throughout the duration of the activity.
- Communication and coordination. Determine frequency and how health facility managers and implementers will connect throughout the activity.
- Compensation for time. Share how health facility managers will be compensated for their time spent supporting activities.

## KEY ACTIVITIES

Overarching Timeline		
Q1 (or could be called Preparation)		Q2 (or could be called Q1 implementation)
<ul style="list-style-type: none"> <li>● Host training of trainers</li> <li>● Meet with local government</li> <li>● Meet with facility managers</li> <li>● Print and deliver materials</li> <li>● 1st steering group meeting</li> <li>● Train facilitators</li> <li>● Hold client-provider training</li> </ul>		<ul style="list-style-type: none"> <li>● Client feedback forms, table tents, supervisor check-ins (ongoing)</li> <li>● Round 1</li> <li>● 2nd steering group meeting</li> <li>● 1st Couples Night (Group A)</li> <li>● 2nd Couples Night</li> <li>● Round 2</li> <li>● 3rd Couples Night</li> <li>● Round 3</li> </ul>
Q3	Q4	Q3
<ul style="list-style-type: none"> <li>● Client feedback forms, table tents, supervisor check-ins (ongoing)</li> <li>● Round 1</li> <li>● 2nd steering group meeting</li> <li>● 1st Couples Night (Group A)</li> <li>● 2nd Couples Night</li> <li>● Round 2</li> <li>● 3rd Couples Night</li> <li>● Round 3</li> </ul>	<ul style="list-style-type: none"> <li>● Client feedback forms, table tents, supervisor check-ins (ongoing)</li> <li>● 1st Couples Night (Group B)</li> <li>● Round 4</li> <li>● 2nd Couples Night</li> <li>● 3rd steering group meeting</li> <li>● 3rd Couples Night</li> <li>● Round 5</li> <li>● 1st Couples Night (Group C)</li> <li>● 2nd Couples Night</li> <li>● Round 6</li> <li>● 3rd Couples Night</li> </ul>	<ul style="list-style-type: none"> <li>● Client feedback forms, table tents, supervisor check-ins (ongoing)</li> <li>● Round 1</li> <li>● 2nd steering group meeting</li> <li>● 1st Couples Night (Group A)</li> <li>● 2nd Couples Night</li> <li>● Round 2</li> <li>● 3rd Couples Night</li> <li>● Round 3</li> </ul>

B. Timeline: Key Activities

Overarching Timeline





## PACKAGE CORE COMPONENTS IN DETAIL

**This section describes each intervention in detail and provides step by step guidance for how to implement the package.**

The following information is provided for each intervention

What is it?

What is the purpose?

Who is it for?

Where and when should it take place?

Steps to implement

Materials

Implementation timeline



## B. SELF-CARE

### Provider Rounds

*The Self-Care Provider Rounds are an adapted version of the Schwartz Rounds. The guidance in this document is adapted from and informed by the Point of Care Foundation Staff Experience Program materials.<sup>1</sup>*

#### 1. What are the Self-Care Provider Rounds?

The Self-Care Provider Rounds are a structured forum for clinical and nonclinical health facility staff and their supervisors to reflect on and discuss the socio-emotional aspects of providing healthcare services and increase support and collaboration between colleagues. Each Round has a specific topic where a panelist shares their own experiences caring for clients, and participants discuss scenarios and reflect on the stories shared.



Rounds participants will feel camaraderie with other staff in the challenges they face related to family planning service provision and leave more confident in their ability to handle those challenges.

#### 2. What is the Purpose of the Rounds?

The purpose of the Rounds is to:

- Reduce provider stress
- Increase provider motivation and collaboration
- Increase the number of providers who feel supported by their supervisor to provide client-centered services and prioritize their clients' right to voluntary, informed choice
- Increase number of providers who believe clients' needs should drive the provision of FP services
- Improve the client-centeredness of family planning services provided

#### 3. Who Should Attend the Rounds?

Each participating health facility will hold their own Rounds. Rounds will be organized and facilitated by a focal person (a health facility staff member elected by their colleagues). All health facility staff in clinical and nonclinical roles are invited to attend along with those who supervise family planning providers (from the district health offices). After each Round, participating staff are invited to join “playing stations,” also organized by the focal person, to help foster connection and support between staff.

1. Point of Care Foundation. About Schwartz Rounds. Accessed December 12, 2023. <https://www.pointofcarefoundation.org.uk/our-programmes/staff-experience/about-schwartz-rounds/>



#### 4. Where Should Rounds be Held?

Rounds should be held in a neutral space where participants feel at ease and can sit comfortably in a circle, facing each other (e.g., community halls, outdoor spaces, informal areas outside health facilities, or a staff room in the facility). Avoid busy or high-traffic areas in health facilities.

#### 5. When Should Rounds be Held?

Each participating health facility should hold Rounds once a month for six to nine months and then quarterly or semi-annually for as long as desired. Facilities should identify a time that allows participants to fully engage in the Rounds while also minimizing service disruptions. Facilities may choose slower times of day (e.g., afternoons), before or after facility working hours, during regular staff meetings, lunch time, or even weekends. To accommodate scheduling needs, facilities may choose to organize multiple small-group sessions. Also ensure that the focal person did not work the night shift prior to the day of the Round.

#### 6. Aligning with Facility Realities

Each facility is unique and varies in its resources, capacity, and staffing. Rounds should be adapted to respond to the facility's context, prioritizing what is feasible to maintain over the duration of the activity. Two potential scenarios are presented below.

##### Ideal scenario

- **Venue:** Use a location that is easily accessible, free from distractions, and where participants feel at ease to discuss openly (e.g., community hall, outdoor space near facility).
- **Group size:** Smaller group sizes (about 10–15 for smaller facilities and 20–30 for larger facilities) to ensure meaningful interactions. This may mean repeating the Rounds with more than one group.
- **Timing:** 1.5 hours to enable participants to reflect and discuss deeply. Find a time that works best for the most participants.
- **Food:** Provide food or refreshments that will help participants feel valued and like their time spent at the Rounds is worthwhile.
- **Entertainment:** Offer some form of entertainment for participants on the day of the Round.

#### Minimum requirements scenario

- **Venue:** Use a convenient location, including a staff room at the facility. Avoid high traffic areas or spaces needed by clients.
- **Group size:** There may not be resources or schedules may not allow for multiple, smaller groups. Convening a single group for the whole facility still works well.
- **Food:** Offer basic refreshments.
- **Length:** Accommodate schedules but plan for at least 45 minutes.

## 7. Steps to Implement the Self-Care Provider Rounds

### Step 0: Familiarize Yourself with the Rounds

Rounds should last approximately 1.5 hours and be held once a month for six to nine months and then quarterly or semi-annually for as long as desired. All clinical and nonclinical health facility staff are invited to voluntarily attend along with the supervisors of family planning providers from district health offices. In large facilities and to accommodate schedules, facilities may create multiple smaller groups of participants. Ideally, refreshments should be provided along with some form of entertainment.

During the Rounds, a panelist will share a short story about an experience they had caring for a patient, focusing on the socio-emotional aspects of providing care. The facilitator will then present a scenario using a written prompt or image to lead a discussion on the Round's topic and participants will share their reflections on the stories. At the end, all participants will be asked to share their key takeaways from the Round. Participants will complete and share their feedback forms with the notetaker after each session. Then participants will share their reflections through a facilitated discussion. At the end, all participants will share their key learnings from the session.

The panelist will share their story or experience related to the month's theme (15 minutes total). Panelists should comprise a mix of clinical and non-clinical staff with different levels of seniority. Experiences are shared from the perspective of the panelist – not the patient – and the emphasis is on the emotional impact.

The focal person will then facilitate an open discussion by presenting a written prompt or image related to the monthly theme. The scenarios will allow participants to reflect on the emotional experience of delivering care and connect their own experiences to the story the panelist shared. The focal person will ask participants to share their thoughts and reflections on the scenario and story that were shared. The focal person should steer the discussion, so it remains reflective and does not become a space for problem solving. During the stories and discussion, the focus should not be on the clinical aspects of patient care or on complaining about problems; rather, learning should lean toward understanding staff experiences from a social and emotional point of view. At the end, all participants will be asked to share their key takeaways from the Round. Participants will complete and share their feedback forms with the notetaker after each session.

As part of each Round (before or after), participants will be invited to participate in “playing stations” to help motivate participation, foster connection between staff, and reinforce the idea of the Rounds being emotionally supportive. “Playing stations” can include net ball or other games or activities that would be well-received by health facility staff.



## Summary of Key Roles



**Focal Person:** The focal person is responsible for organizing and facilitating the Rounds and “playing stations.” They should be comfortable facilitating difficult, emotionally charged discussions and have a deep understanding of staff experiences.

**Clinical Lead:** The clinical lead plays an important role in getting buy-in, encouraging staff participation, and lending clinical perspectives to the Rounds process. The clinical lead should be a senior staff member with clinical experience. The exact type of person chosen will vary by setting and may include a senior medical doctor, nurse in-charge, or facility manager.



**Steering Group:** The steering group will help oversee the Rounds, promote the Rounds to staff, and help the focal person find panelists for each Round.

**Notetaker:** A notetaker is selected prior to or at the beginning of each Round on a volunteer basis. The notetaker summarizes key learnings and feedback collected after each Round.

Please review the [description of roles](#) for more information about each role and selection criteria.



## Step 1: Review the Rounds Materials



### Description of roles

A document that describes the roles and responsibilities of the focal persons, clinical leads, steering group members, and notetakers in detail.



### Focal person guide

A guide to help focal persons prepare for and facilitate the Rounds.



### Rounds agenda templates

Template agendas for each Round.



### Notetaker template

A template for note takers to record key takeaways and learnings from each Round.



### Key learnings poster

A poster that can be printed and displayed at the entrance to the health facility and behind the nurses' station where key learnings from each Round will be displayed.



### Rounds feedback form

A form given to participants at each Round. There is also space on this sheet for participants to record 1-2 key learnings or reflections from the Round.



### Rounds sign in sheet

A sheet to track attendance at Rounds.



### Focal person badge

A badge sticker worn by the focal person during each Round.

## Step 2: Meet with District Health Officers

Meet with the staff at the district health office who are responsible for overseeing the Rounds.

At this meeting, address the following points:

- Introduce the Self-Care Provider Rounds, including an overview of the purpose and topics
- Review the key roles: Steering group member, focal person, clinical lead, and the notetaker. Explain that for each participating district there will be a steering group comprised of district health office staff and one representative from each of the health facilities in each district. Explain that focal persons will be elected by clinical and nonclinical staff and each health facility.
- Identify potential clinical leads. Ask district health staff if they have any input regarding who should be the clinical lead at each participating health facility.
- Discuss Rounds promotion. Determine how Rounds should be promoted to health facility staff and the supervisors of FP providers before the focal persons are trained. Once the focal persons are trained, they will be the ones primarily responsible for promoting the Rounds with support from the clinical lead and steering group members. See “Step 4: Promote the Rounds” for ideas.
- Finalize practicalities of the Rounds: Food, venue, stipends or compensation for the focal persons, clinical leads, health facility managers, and supervisors. If Rounds will occur outside of staff working hours, discuss whether and how allowances will be distributed.
- Prepare for facility visits. One implementer and one district health office staff member will travel to each health facility in each district during early implementation to introduce the Rounds to staff, collect nominations for the focal person, and meet with the health facility manager to identify the clinical lead and one facility representative to join the steering group. Decide who will visit which facility, and when.
- Confirm date and time for the first steering group meeting to be held prior to the first Round.

## Step 3: Visit Health Facilities

One implementer and one district health office staff member should visit each health facility in each district to:

- Introduce the Rounds to staff. Give a brief introduction to the purpose and benefits of the Rounds, including roles and responsibilities of the focal person and clinical lead. Explain that the focal person will be elected by their peers and the clinical lead will be selected by the facility manager and district health office staff who are overseeing the Rounds.
- Collect nominations for the focal person. Each participating health facility will need a focal person to organize and facilitate the Rounds. After introducing the Rounds to facility staff, ask them to nominate potential focal persons. Those who have been nominated and are not interested in the role should let the facility manager know within one week. Answer any questions staff may have about the focal person’s role and responsibilities.

- Identify the clinical lead and facility steering group member. Meet with the facility manager to determine who is best suited to fill these roles. The clinical lead should be a well-respected senior staff member with clinical experience. They will work closely with the focal person to promote, organize, and co-facilitate the Rounds. The steering group member should be a staff member who is familiar with the culture of the facility and the staff experience. As a steering group member, they will help oversee the Rounds and promote the Rounds to staff.

See the [description of roles](#) for more information about the roles and responsibilities of clinical leads and steering group members.

## Step 4: Promote the Rounds

Promotion is a critical component of the Rounds. Staff overseeing the Rounds from the district health offices will discuss how they will promote the Rounds to health facilities in Step 2: Meet with District Health Officers. Once the focal persons are elected, they will assume primary responsibility for promoting the Rounds to health facility staff with support from their steering group member and clinical lead. The implementing team should support the focal person to create, print, and distribute Rounds promotional materials as needed.

Examples of how to promote the Rounds:

- Posters: Display posters around the facility and email them to facility administrators/managers, who can share them with their teams.
- Staff meetings: Announce upcoming Rounds at regular staff meetings; share the topic of the Round and the names of those on the panel.
- Email: Send an all-staff email before all Rounds; share the topic of the Round and names of those on the panel.
- WhatsApp groups: Messages can be posted on existing staff WhatsApp groups.
- Presentations: Encourage focal persons and clinical leads to present about the Rounds to their own colleagues.
- Announcements: Include a message about upcoming Rounds on an announcements board for facility staff.

## Step 5: Elect Focal Persons

Each facility manager will be responsible for holding the focal person election one week after the facility visit. Elections can be held during existing staff meetings, trainings, via email, or on WhatsApp. Every health facility staff member, including those in nonclinical roles, should be given the opportunity to vote for their preferred focal person. After the election, facility managers should share the focal person's contact information with implementers. Depending on the length of the activity and facility needs, the focal person can be a rotating role, changing every six or more months.

## Step 6: Hold the First Steering Group Meeting

For each district, the first steering group meeting will be held prior to the first Round. In these meetings, facility steering group members will join the district health office staff responsible for overseeing the Rounds. A representative from the implementing organization should facilitate the meeting.

In this meeting, we suggest covering the following topics:

- A more in-depth overview of the Rounds and implementation timeline
- Roles and responsibilities of steering group members
- Confirm the date and time of the next steering group meeting, to be held between the first and second Rounds

## Step 7: Train the Focal Persons and Clinical Leads

Implementers will hold a training for each district's focal persons and clinical leads.

Each focal person who attends the training should receive a printed copy of:

- 1 focal person guide
- 2 focal person pins
- 1 description of roles

Each facility should receive the following printed materials. The quantity should be determined by length of the activity and number of staff estimated to participate.

- Rounds agenda (1 for each Round)
- Notetaker templates (1 for each Round)
- Key learnings posters (1 for each Round)
- Rounds feedback forms (enough for each staff to complete every Round)
- Rounds sign-in sheets

During the training, cover the following topics:

- Introduction to the Self-Care Provider Rounds, including an introduction to all Rounds materials
  - Socio-emotional nature of the Rounds
- Roles and responsibilities of the focal person, clinical lead, steering group, and notetaker
- Rounds logistics: venue, food & drinks, time, and room setup
- Finding and preparing panelists
- Using the scenarios to prompt discussion
- Facilitating the Rounds
  - Rounds agendas
  - Identifying a notetaker
  - Importance of icebreakers
  - Engaging participants through active communication
  - Dealing with emotions during discussions
- After the Rounds: summarizing key learnings and updating key learnings posters

*\* Detailed information on these topics can be found in the [Focal Person Guide](#)*

After the initial training, implementers should conduct refresher trainings and provide additional support (e.g., via WhatsApp) as needed. Reinforce the purpose of the Rounds and continue strengthening facilitation and organizational skills. Monitor Rounds and provide feedback regularly to facilitators to help them improve.

### **Step 8: Plan Round Themes**

Focal persons and clinical leads will identify the themes for their first three Rounds, planning about three months at a time. Focal persons should announce themes ahead of time and send reminders so participants can reflect and prepare for a thoughtful discussion.

### **Step 9: Hold the First Rounds**

Focal persons are responsible for planning for and organizing each Round, but implementers should check-in with them in the week leading up to the first Round to answer questions and help them troubleshoot as needed.

After all Rounds meetings, implementers should collect attendance information from each focal person (captured on the Rounds sign-in sheets) and enter this information into Kobo Collect or another mobile data collection platform.

### **Step 10: Hold the Second Steering Group Meeting**

The second steering group meeting in each district will be held between the first and second Rounds. Invite the focal persons to attend the steering group meeting so they can report key takeaways from their sessions along with any successes and challenges they may be facing. Together, the group should brainstorm solutions to issues and identify if there are any areas where steering group members can offer the focal persons more support.

### **Step 11: Hold Additional Rounds**

The focal persons will organize monthly Rounds for six to nine months, followed by quarterly or semi-annual Rounds for the remainder of the activity. Holding Rounds monthly for six to nine months helps establish norms, shift attitudes, and foster perceived and real support. Once those are established, implementers may want to switch to less frequent Rounds so that facilitators and participants do not feel overburdened. Implementers should determine the number and frequency that works best in their context. Hold refresher trainings and conduct supportive supervision visits during Rounds. Check-in regularly with focal persons to address any issues and strengthen skills. It may be helpful to set up WhatsApp groups for each district so focal persons can learn from each other.

Continue collecting attendance information and entering it into a data collection platform.

### **Step 12: Hold Additional Steering Group Meetings**

Hold additional Steering Group Meetings every few months, depending on duration of the activity and frequency of Rounds. Occasionally invite focal persons to share key learnings, successes, and challenges they are facing while holding the Rounds using the key learnings identified and feedback collected after each Round from all participants.

## Self-Care Provider Rounds Illustrative Detailed Timeline

MONTH 1	MONTH 2	MONTH 3
Training of trainers	Print materials	1st steering group meeting
Meet with local government	Health facility visits	Train focal persons and clinical leads
Meet with facility managers	Focal person elections	Promote Rounds
Tailor scenarios, as needed	Identify Clinical Leads	Support focal persons in planning
	Organize training	

MONTH 4	MONTH 5	MONTH 6
Hold Round 1	Hold Round 2	Hold Round 3
Synthesize key learnings		
Enter monitoring data		
2nd steering group meeting		
Plan for next Round		
Continue promotion		

MONTH 7	MONTH 8	MONTH 9
<i>Refresher trainings (when/as needed)</i>	<i>Refresher trainings (when/as needed)</i>	<i>Refresher trainings (when/as needed)</i>
Hold Round 4	Hold Round 5	Hold Round 6
Synthesize key learnings		
Enter monitoring data		
3rd steering group meeting		
Plan for next Round		
Continue promotion		

MONTH 10	MONTH 11	MONTH 12	MONTH 13
Hold Round 7	Hold Round 8	Hold Round 9	Hold Rounds quarterly
Synthesize key learnings			Hold steering group meetings semi-annually
Enter monitoring data			Synthesize key learnings
4th steering group meeting			Enter monitoring data
Plan for next Round			Hold new focal person elections, if desired
Continue promotion			



# C. UNITED

## Client-Provider Tools

### 1. What are the United Client-Provider Tools?

The United Client-Provider Tools have three core elements—a card deck, table tent, and a feedback form—that 1) help providers and supervisors understand the value of and build skills in providing empathetic counseling tailored to the needs of each client, 2) encourage providers to share decision-making with clients, and 3) prompt clients to ask questions and share their needs and preferences with providers.

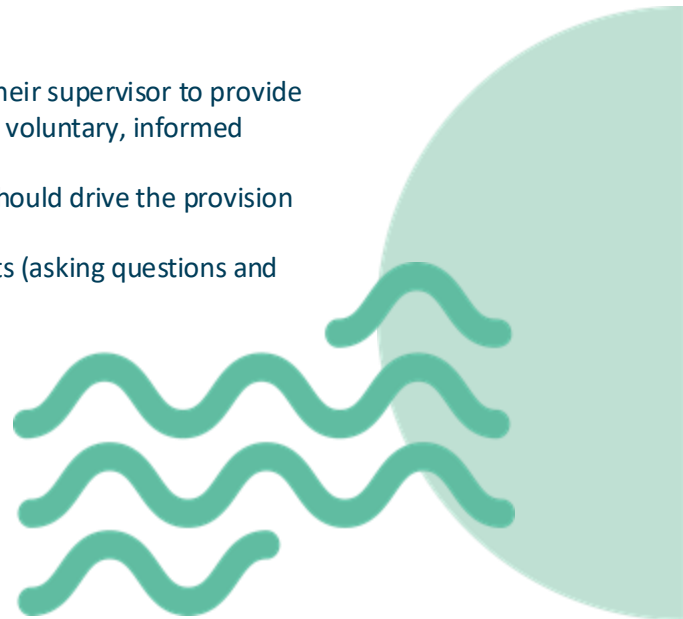
The client-provider card deck is played in a training for family planning providers by pairs of clients and family planning providers and pairs of clients and supervisors of family planning providers. The deck has three Rounds that help each pair develop rapport, explore the factors that impact family planning attitudes and service delivery, and scenarios that further help providers understand and empathize with the client experience and vice versa. At the end, providers are invited to commit to improving the client-centeredness of their care, supervisors to support their supervisees to provide client-centered care, and clients to prepare for a future family planning visit.

The table tent is placed on a table between providers and clients during counseling sessions to reinforce lessons and skills learned during the training; and the feedback form is used to collect feedback from clients on their interaction with their provider.

### 2. What is the Purpose of the Client-Provider Tools?

The purpose of the Client-Provider Tools is to:

- Increase provider empathy for clients
- Increase the number of providers who feel supported by their supervisor to provide client-centered services and prioritize their clients' right to voluntary, informed choice
- Increase number of providers who believe clients' needs should drive the provision of FP services
- Increase clients' active participation in family planning visits (asking questions and sharing their needs and preferences with providers)







### 3. Who Should Participate in the Client-Provider Tools?

**Client-provider card deck:** All family planning providers working in participating health facilities and their supervisors should participate in the client-provider training. An equal number of family planning clients should be invited to join the training so each provider and supervisor can pair off with one client. There should be a maximum of 15 client-provider/supervisor pairs per training (total 30 people). If any of the supervisors do not have clinical experience, they can observe another provider-client pair during the session.

**Table tent and feedback forms and the sticker for the feedback box:** The table tent and feedback forms the box sticker will be used by family planning providers and clients during counseling sessions.

### 4. Where and When Should the Client-Provider Tools be Used?

**The client-provider card deck** will be delivered during a half-day training of family planning providers and their supervisors (there should be a maximum of 15 client-provider/supervisor pairs per training; hold as many trainings as needed to accommodate all FP providers and their supervisors) from participating facilities. The trainings should be held within the first two months of implementation, before using the table tents and feedback forms.

The training should take place in a room where pairs of providers/supervisors and clients have enough space from each other to allow for some privacy. Completing the training exercise takes three and a half hours.

Distribute the table tents, feedback forms, and stickers to identify feedback boxes to health facilities, to be used after the trainings have been completed. Each family planning counseling room should have a table tent on the table between where the provider and client sit. There should also be a supply of [client feedback forms](#) and [Couples Night flyers](#) in each counseling room that providers can hand to clients at the end of every visit. The feedback box should be placed in a visible area near the exit of the health facility. It may be helpful for providers to hand clients the feedback forms on a clipboard with an attached pen, then have a bin near the feedback box where clients can discard used clipboards. The clipboards can then be collected and redistributed to counseling rooms.

## 5. Steps to Implement the United Client-Provider Tools

### Step 0: Familiarize yourself with the Client-Provider Tools

The client-provider card deck helps family planning providers and their supervisors forge greater understanding of and skills in providing empathetic family planning counseling, tailoring counseling to the individual needs of each client, and supporting each client to make their own informed choice about contraceptive use. Pairs of family planning clients and providers or supervisors will play together in a training that lasts three and a half hours.

The deck has three Rounds:

1. “Mambo” to help participants develop rapport.
2. “Discover” to explore the factors that impact family planning attitudes and service delivery.
3. “Connect” which presents service delivery scenarios and invites family planning providers to commit to improving the client-centeredness of their care, supervisors to support those they supervise to provide client-centered care, and clients to prepare for a future family planning visit.

There should be a brief break between each Round where light snacks and drinks are provided. Lunch should be offered before or after the training, depending on whether it is held in the morning or the afternoon.

Table tents and feedback forms should be printed and distributed to participating health facilities at the beginning of the activity. Table tents should be placed in the counseling room on a table between where the provider and client sit. The side facing the provider reminds providers to explore each client’s individual needs and preferences and support each client to make their own decision about family planning use. The side facing the client prompts clients to be active participants in counseling sessions.

At the end of each counseling session, providers will write their name on top of the feedback form and ask clients to fill out the sheet and place it in the feedback box by the facility exit. The feedback forms ask clients to indicate the extent to which the provider listened to them, encouraged them to ask questions, treated them with respect, and supported them to make their own decision about family planning use. Implementers may also opt to use existing feedback systems rather than this specific feedback form. In this case, ideally, the concepts from this form would be integrated into the feedback system to reinforce messages from the United training and table tents. Facility managers should regularly collect feedback forms from the boxes and share them with providers and their supervisors. Supervisors will check in with those they supervise one to two times per month about the feedback they have received from clients. Supervisors can discuss this feedback with providers in-person during regularly scheduled supervision visits and remotely via messaging platforms like WhatsApp.

## Step 1: Review Client-Provider materials



### Client-provider card deck

The card deck used by family planning clients and providers or supervisors during the provider training.



### Card box

A box for the card deck.



### Facilitator guide

A guide for the facilitator of the family planning provider training, where FP providers, their supervisors, and clients will play the client-provider card deck.



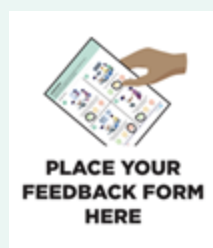
### Table tent

A table tent to be placed between providers and clients during counseling sessions.



### Client feedback form

The feedback form clients will fill out after a family planning counseling session.



### Feedback box sticker

The box where clients will leave completed feedback forms on their way out of the facility.



### Feedback poster

A poster that reminds clients to complete the feedback forms and place them in the feedback box.



### Training sign in sheet

An attendance sheet to be used at the trainings.

## Step 2: Plan and prepare

The client-provider card deck will be delivered through trainings to all family planning providers in the participating health facilities and their supervisors. The training is three and a half hours long and requires two facilitators. Each training should have a maximum of 15 client-provider/supervisor pairs (total 30 people).

- **Determine date and time for the trainings.** The trainings should be held within the first two months of implementation, before using the table tents and feedback forms. Work with the district health facility staff and health facility managers in each participating district to determine a time when the highest number of family planning providers and their supervisors can attend. See if this training can be added to existing meetings or trainings that will bring together many of the participants.
- **Determine training location.** Find a space that is large enough for clients and family planning providers and supervisors to pair off for one-on-one discussions. Each pair should be able to space themselves far enough away from each other to allow for some privacy.
- **Order food and drinks.** Drinks and small snacks should be offered during breaks between Rounds 1 and 2 and Rounds 2 and 3. Lunch should be provided for all participants either before or after the meeting, depending on whether the training is held in the morning or the afternoon.
- **Invite family planning providers and their supervisors to participate.** Send invitations to the training to all family planning providers in participating health facilities and their supervisors.
- **Recruit family planning clients to participate in the trainings.** Every family planning provider and supervisor will need to pair off with one client to complete the card deck activity. Clients should be adult men and women of reproductive age (18-44 years old) and can be recruited from participating health facilities. At least 25% of clients recruited to participate should be men. Recruit clients from facilities that are closest to the location of the training to reduce travel costs.
- **Print all training materials.** Print enough card decks and boxes so each client and provider or supervisor pair will have one deck. Print another two card decks and boxes for the facilitators. Facilitators should also bring one to two table tents, client feedback forms, and a feedback feedback box sticker and poster to the training to familiarize providers and supervisors with these materials before they are delivered to health facilities.
- **Print and deliver client feedback forms, box stickers, posters, and table tents to all participating health facilities.** Each health facility should receive one feedback box sticker, one feedback poster, one table tent for each family planning provider plus several extras, and feedback forms. Determine the number of feedback forms each facility needs based on the facility's average FP client volume. Deliver all materials to the health facilities along with the Couples Nights flyers [[flyer 1](#), [flyer 2](#)]. Work with the health facility manager to determine when materials should be delivered.

When you arrive, review all the materials with the facility manager. Work with the facility manager to hang the feedback poster on the wall next to the exit so clients will see it as they leave the facility. Put the sticker on the feedback box and place it in the desired location. Hang the feedback poster near the box. Assemble the table tents and place them in each family planning counseling room along with the feedback forms and copies of Couples Nights [flyer 1](#) and [flyer 2](#). Explain that providers should give clients feedback forms after every family planning visit throughout the duration of the activity.

Couples Nights flyers should only be given to clients when the facility is actively recruiting couples to participate in the Together Couples Games activity. Periodically check in with the facility manager to make sure they have enough flyers and feedback forms. Emphasize that providers should not help clients fill out forms, since this can affect the feedback given. It may be helpful to set up a help desk in the reception area where clients can ask questions and receive help as needed.

Remind health facility managers that they should collect completed feedback forms and distribute them to providers and their supervisors.

### Step 3: Hold the trainings

Two facilitators will lead client and family planning provider/supervisor pairs through the client-provider card deck exercise. If the training is held in the morning, lunch should be provided afterwards; if it is held in the afternoon, lunch should be provided beforehand. We recommend holding two, half-day trainings on one day to reduce costs. Review the facilitator guide for guidance on how to facilitate the client-provider rounds.

Proposed agenda for the training:

- Welcome and introduction
- Introduce the Client-Provider Card Deck
  - Overview of the card deck
  - Facilitators role play 1-2 cards
  - Questions
- Facilitate the card deck activity. Review the facilitator guide for more information. We recommend holding short breaks between each round so participants can recharge. Drinks and snacks should be provided during breaks.
- Participants share their commitments. Ask participants to share the commitments they made to themselves at the end of round 3.  
*\*Clients are excused after participants share their commitments.*
- Explain how the United Client-Provider Tools fit into the larger Together We Can Client-Provider Package. Introduce the table tents, feedback boxes and forms, and the Couples Nights flyers. Show providers the note taking leaflet that some clients may bring to their consultations (provided in the Together Couples Games intervention).  
*Explain that facility managers will be collecting client feedback from the boxes and sharing feedback with providers on a regular basis and supervisors should check in with those they supervise about the feedback they are receiving one to two times per month.*
- Closing

Monitor participation of clients and providers in the client-provider interventions using a paper-based activity participation form for each training. Collect these forms and enter participation data into mobile data collection platform within two days of the training.

### Step 4: Follow-up with health facility managers and supervisors

Follow up with health facility managers regularly to see if they need any more table tents, feedback forms, Couples Nights flyers,\* or any other materials; confirm they are collecting and distributing client feedback to providers on a regular basis.

Follow up with supervisors regularly to see if they are checking in with the family planning providers they supervise one to two times per month about the feedback they're receiving from clients.

*\* Providers should give clients feedback sheets at the end of family planning visits throughout the duration of the activity but should only give clients the Couples Nights flyers when the facility is actively recruiting couples to participate in the Together Couples Games activity.*

## United Client-Provider Tools Illustrative Detailed Timeline

MONTH 1	MONTH 2
Training of trainers	Print materials
Meet with local government	Plan client-provider trainings
Meet with facility managers	Recruit family planning clients for trainings
	Invite providers and supervisors to trainings
MONTH 3	MONTH 4 - Onward
Deliver materials to facilities	Clients fill out feedback forms
Hold client-provider trainings	Enter feedback form data
	Providers receive feedback
	Supervisors check in with providers 1-2x/month
	Providers and clients use table tents
	Resupply facilities with forms as needed





# D. TOGETHER

## Couples Games

### 1. What are the Together Couples Games?

The Together Couples Games have two core components: Couples Nights and a card deck activity.

**Couples Nights** are fun events that promote connection between couples and introduce participants to the [couples card deck](#). There are three Couples Nights events. Each event lasts about one hour and is facilitated by two CHWs.

- 1. Introductory Event:** During this event, facilitators will introduce the couples card deck, model its use, and help couples begin conversations with each other through a fun game.
- 2. Follow-up Event:** During this event, facilitators will help couples reflect on their discussions and relationships and reinforce use of the card deck.
- 3. Celebration Event:** During this event, facilitators will help couples celebrate the progress they have made in their relationship and have a chance to discuss family planning questions with a provider..

Couples Nights can be advertised via flyers distributed to men at community events, religious gatherings, meeting spaces for men (e.g., coffee corners, barbershops, or football pitches), and to family planning clients (male and female) at participating health facilities.

The [couples card deck](#) guides couples to connect with each other, envision their future, openly discuss their reproductive intentions, and prepare for family planning counseling sessions. The deck includes four rounds:

- 1. “Mambo”** to break the ice and help them connect with their partner.
- 2. “Vision”** to explore the goals they have for their future together.
- 3. “Plan”** to start a discussion about if, and when, they would like to have children.
- 4. “Prepare”** for a visit with a healthcare provider to make their plans a reality.

### 2. What is the Purpose of the Together Couples Games?

The purpose of the Couples Games is to:

- Increase conversation about fertility intentions and contraception options among couples
- Ensure clients/couples come prepared to share their needs, desires, questions, and reproductive intentions with providers at family planning visits
- Increase clients’/couples’ confidence to be active participants in family planning visits (share their needs, desires, questions, and reproductive intentions with providers)







### 3. Who Should Participate in the Couples Games?

The intended audience is couples in a committed relationship who may want to have children in the future. Couples should be somewhat familiar with reproductive health and family planning, and at least one member of each couple should be able to read. To capture this group, we recommend focusing recruitment on newly married couples and couples with children under the age of five.

### 4. When and Where Should the Couples Games be Held?

**Couples Nights** should be held in the evenings when both partners in a couple are available to attend. You can choose a date and time that work best for participants. Couples will receive the card deck at the Introductory Event and play together at home before the next Couples Night (the Follow-up Event), held two weeks later. The Celebration Event should happen about three weeks after the Follow-up Event.

Couples Nights can be held in various locations, depending on what works best in your context. The venue should be in a neutral location that is easily accessible by couples and private enough to allow for open conversations. You should also consider the acoustics of the venue; you want couples to be able to hear facilitators and each other well, even when multiple couples are speaking at the same time. Some examples may include outdoor food court areas, a community hall, or a place of worship.

The **couples card deck** can be played anywhere where the couples feel comfortable. Couples may want to play when they have a moment alone and can speak freely to one another without interruption. If at home, couples could play in the evening after work (or if they have children, after their children have gone to bed). Couples could also consider playing on the weekend while their children are playing outdoors (e.g., family outing to the beach or park)

## 5. Steps to Implement the Together Couples Games

### Step 0: Familiarize Yourself with the Together Couples Games

CHWs will promote Couples Nights to men at community or religious gatherings and meeting spaces for men (e.g., coffee corners, barbershops, or football pitches) using [flyers](#) with messaging tailored to appeal to them. Flyers will also be distributed to family planning clients at all health facilities participating in the activity before the Introductory Events are held.

Couples Nights are facilitated by two CHWs and designed to introduce the couples to the card deck, get them excited about playing, and create opportunities for couples to reflect on their fertility intentions and how to achieve them. They begin with a short welcome and icebreaker followed by a game where couples compete against each other to determine who is the “most connected couple.” After the game, facilitators introduce the card deck to couples (Introductory Event), lead couples to reflect on the discussions they had while playing the card deck (Follow-up Event), or celebrate the progress couples have made in their relationships and discuss questions with a family planning provider (Celebratory Event). Each Couples Night lasts for one hour and should ideally include snacks and drinks. If financially feasible, providing a transport incentive to couples can encourage sustained participation.

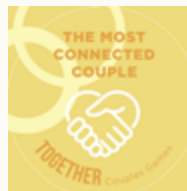
Couples will play the first round of the card deck together between the Introductory and Follow-up Event. The couples card deck includes brief instructions and has four rounds. After completing all four rounds in the deck, couples will have discussed their fertility intentions and developed a list of questions to share with their provider about contraception so they can make an informed decision about contraception use or nonuse.

### Step 1: Review the Couples Games Materials



#### Couples Night Game Sheets

Game sheets for Couples Nights.



#### Most Connected Couple Stickers

Stickers given to the couple who wins the game played at each Couples Night.



#### Completion Certificate

A certificate of completion for couples who attend all offered Couples Nights.



#### Sign-in Sheet

A sign-in sheet to track attendance at Couples Nights.

## REVIEW THE COUPLES GAMES MATERIALS



### Couples Card Deck

The card deck couples will play together after the first Couples Night.



### Card Box

A box for the card deck and the note taking leaflet.



### Flyers [flyer 1 | flyer 2]

Two flyers that can be used to promote the Couples Nights.



### Notetaking Leaflet

A leaflet couples use to write down their preferences, needs, and any questions they have for their provider. The leaflet is folded and placed in the card box with the deck.



### Facilitator Guide

Guidance for those facilitating the Couples Nights.



### Together Couples Games Logo

A digital logo file that can be used to create additional prizes for the Couples Nights e.g., mugs, t-shirts (optional).



### Couples Night Poster

A poster facilitators can use to advertise the Couples Nights and hang at the venue to identify the location of the events.



### Referral Slips

Slips that facilitators provide couples at Couples Nights to track how many participants go to the facility for FP services.

## Step 2: Prepare for the Facilitator Training

**Identify CHWs who can promote and facilitate Couples Nights.** Implementers should identify two facilitators for each health facility catchment area in each district. Each pair of facilitators will facilitate the 3-event series of Couples Nights for one cohort of couples at a time. Each Couples Night cohort should have 8-12 couples (16-24 total participants per group). Once the series is complete, CHWs should conduct another series of events with a new cohort, until they have reached the desired number of couples in the catchment area.

### Selection criteria for CHWs

- Excellent communication and facilitation skills:
  - *Creating a balanced discussion*
  - *Listening actively*
  - *Bridging participants' comments*
  - *Engaging participants*
  - *Managing time effectively*
- Familiar with engaging men
- Knowledgeable about family planning
- Able to maintain high energy during events
- Flexible



**Print materials for the facilitator training.** Each pair of facilitators should receive the following materials:

- Couples card decks and boxes (1 for each couple and CHW)
- Copies of the flyers (enough to reach intended audience)
- Facilitator guides (1 for each CHW)
- Copies of the couples game sheets (1 for each participant)
- Most connected couple badges (4 per cohort)
- Copies of the sign in sheets

*Note: The number of materials provided will depend on the number of couples the activity aims to reach.*

*\* Optional: Implementers can create additional prizes (e.g., cups, t-shirts, mugs) for Couples Night participants using the Together Couples Game logo.*

## Step 3: Train the Facilitators

Hold district-level trainings to orient facilitators to the card deck, Couples Nights, and promotion activities, including a mapping of the times and locations of where men often gather. Provide participants with all printed materials listed in Step 2: Prepare for the facilitator training.

At these trainings, we suggest you cover the following topics:

- Introduce the Together Couples Games, including an overview of all materials.
- Have participants play the [couples card deck](#) with each other and practice how they will introduce/role play the card deck to couples during the Introductory Event
- Promoting the Couples Nights
  - Review the flyers [[flyer 1](#) | [flyer 2](#)] and their key messages
  - Facilitate a mapping exercise where facilitators identify times and locations where men are likely to gather
  - Discuss tips for managing resistance and pushback
  - Role play approaching men to promote the Couples Nights
  - Discuss participant follow-up
- Facilitating Couples Nights
  - Logistics: venue, timing, food & drinks, number of participants, materials and room set up
  - [Couples Nights facilitator guide](#)
  - Couples game
  - Introducing the [couples card deck](#)
  - Facilitation best practices:
    - Importance of icebreakers, even when time is short
    - Using active listening
    - Engaging women in discussion
    - Connecting participant comments
    - Making it fun
- Participant follow-up and continued engagement

Implementers can conduct supplemental trainings based on needs identified through the Support Groups (see step 4) and provide additional support (e.g., via WhatsApp) as needed. Monitor Couples Nights and provide feedback regularly to facilitators to help them improve.

#### Step 4: Establish Support Groups

Create Support Groups comprised of CHWs, the implementers, and - where possible - the facility managers. The purpose of these groups is to support CHWs in implementing Couples Nights and it can be done at the district or facility level. After each Couples Night, the group should meet in-person or virtually to discuss how things went, determine improvements to be made, identify skills that need strengthening, and make plans for the next Couples Night. Ideally, these meetings should happen the day after the Couples Night so the events are fresh in people's minds, but they can be held up to a week later.

## Step 5: Promote the Couples Nights

Promotion is a critical component of the Couples Nights. Trained CHW facilitators will promote Couples Nights using the Couples Night flyers [[flyer 1](#) | [flyer 2](#)] and the Couples Nights poster. During their training, facilitators will have identified different places to reach men through a mapping exercise. Family planning providers in participating health facilities will also share the flyers with clients after their family planning visits.

Implementers should print and deliver Couples Nights flyers to each participating health facility. The number of flyers delivered to each facility should be determined based on client volume. Flyers should be delivered alongside the table tents; feedback forms, boxes, and posters; and posters for the Provider Rounds.

## Step 6: Hold the Couple Nights

CHWs should hold Couples Nights two-three weeks apart. The amount of time between cohorts is up to the implementer to determine. CHWs should invite a family planning provider from the local facility to participate in at least the third Couples Night so they can respond to participants' questions. It can be helpful to have a facility-based provider at each Couples Night when feasible.

At the Follow-up Event, facilitators should ask couples whether they have completed Level 1 of the card deck and record this information on the sign-in sheet. At the Follow-up and/or Celebratory Events, facilitators should hand out [referral slips](#) to couples (more information can be found in the [Couples Night Facilitator Guide](#)). In-between Couples Nights, facilitators should follow-up with their couples to confirm their attendance at the next Couples Night.

Implementers should connect with facilitators regularly before and after the Couples Nights to answer questions and help them troubleshoot as needed. We recommend connecting with them more frequently as they prepare for the first Couples Night to give them an opportunity to ask questions and ask for help.

## Step 7: Monitoring and Data Collection

Depending on monitoring needs, implementers may collect pictures of the sign-in sheets from facilitators and enter participation data into the mobile data entry system. If CHWs do not have the ability to take photos of the sign-in sheets, work with the CHWs to determine the best way to capture this data. After the Follow-up Event, sign-in sheets will also include data on which couples completed Level 1 of the card deck between the Introductory and Follow-up Events. This data should also be entered into the mobile data entry system.

To track how many Couples Nights participants go to the health facility seeking FP services and determine which catchment areas have higher referral completion rates, implementers can record the data from the referral slips facilitators distribute.

Interested implementers may also administer a [post-intervention survey](#) to all consenting participants after each cohort's third Couples Night and enter the results into mobile data entry system.

## Together Couples Games Illustrative Detailed Timeline

MONTH 1	MONTH 2	MONTH 3
Training of trainers	Print materials	Train CHW facilitators
Meet with local government	Identify CHW facilitators	Set up Support Groups
Meet with facility managers	Deliver flyers to facilities	Recruit first cohort of couples
		Identify providers to attend Couples Nights

MONTH 4	MONTH 5	MONTH 6
1st Couples Night (Group A)	3rd Couples Night (Group A)	Recruit new cohort of couples
Support Group meeting	Administer post-intervention surveys (opt.)	Identify any needed adjustments
2nd Couples Night (Group A)	Support Group meeting	Refresher trainings, as needed
Support Group meeting		
Enter and review monitoring data		

MONTH 7	MONTH 8	MONTH 9
1st Couples Night (Group B)	3rd Couples Night (Group B)	2nd Couples Night (Group C)
Support Group meeting	Administer post-intervention surveys (opt.)	Support Group meeting
2nd Couples Night (Group B)	Support Group meeting	3rd Couples Night (Group C)
Support Group meeting	Recruit new cohort of couples	Support Group meeting
	Identify any needed adjustments	Administer post-intervention surveys (opt.)
	1st Couples Night (Group C)	
	Support Group meeting	

## Together Couples Games Illustrative Detailed Timeline *(continued)*

MONTH 10	MONTH 11	MONTH 12	MONTH 13-Onward
Recruit new cohort of couples	3rd Couples Night (Group D)	2nd Couples Night (Group E)	Recruit new cohorts of couples
Identify any needed adjustments	Support Group meeting	Support Group meeting	Host Couples Nights
1st Couples Night (Group D)	Administer post-intervention surveys (opt.)	3rd Couples Night (Group E)	Support Group meetings
Support Group meeting	Recruit new cohort of couples	Support Group meeting	
2nd Couples Night (Group D)	Identify any needed adjustments	Administer post-intervention surveys (opt.)	
Support Group meeting	1st Couples Night (Group E)		
	Support Group meeting		







# TOGETHER WE CAN



A package to foster client-centered family planning

This resource is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.



**USAID**  
FROM THE AMERICAN PEOPLE

**Breakthrough**  
**ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE

