

Week 1 - Welcome

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning objectives

- *Understand ground rules and goals of the forum: provide a collaborative space to learn and share about family planning and supporting youth to succeed*
- *Learn and understand the 6 Principles of Tunda Connect*

Attitude change objectives

- *Believe that providers are celebrated members of a collective Tunda Connect community*
- *Believe that they are capable of achieving excellence in adolescent care and that excellence in adolescent care is worth striving for*

Monday - Video: Welcome to the group!

TEXT MSG: Welcome to Tunda Connect! The Tunda Connect team is honored to have you all here with us. We had a great time at the inception event, and hope you were as inspired as we were. Please find our welcome video below!

VIDEO MSG (approx. 2:30)

Whether you have been in the healthcare field for decades or are just beginning your career, Tunda Connect recognizes and celebrates your commitment to the health of our young people, their families, and our communities. This goal of this forum is to offer a safe, empowering space for you to learn collectively from each other as leaders in your field. Together, we will strive to provide the highest quality of reproductive health care for our young people.

Over the next few weeks, we will cover an array of topics, ranging from practical tips for handling difficult cases, to family planning and contraception, to counseling and communication with clients. There will be plenty of opportunities to share your own experiences and learn from others. This is a space for you. Our goal is support you in your work. Together, we strive for excellence in service provision to all patients - especially the younger ones.

Before we get started, there are just a few ground rules for the forum to make sure this is a positive learning experience for everyone. The rules are:

1. **Respect each other.**
2. **Listen and share without judgment.**
3. **Ask questions.** Questions are very valuable not just for you, but for others who might be wondering the same thing.
4. **Give honest, constructive feedback.**

5. **Honor the confidentiality of your clients.** This rule is very important. If you'd like to share case examples that would be helpful for others, please protect your clients' safety by keeping their names, case numbers, and identifying information private.

Thank you for joining us. We are really looking forward to the next 10 weeks. In the meantime, we invite you to introduce yourselves and get to know one another! Have a great day everyone.

END VIDEO

[Add Forum rules to WhatsApp Group description section. They can be referred back to if, at any time, participants are not following them. When participants are done responding, write these rules in text form and send out to the group. Follow-up with text: "thank you for participating today! Great to meet you!"]

TUESDAY

TEXT MSG: Thank you all for participating and introducing yourselves yesterday. We hope you will get to know each other better over the next few weeks and can become resources for each other in the future.

TEXT MSG: At the Tunda Summit last week, there was some confusion about what the Tanzanian national guidelines say about age restrictions on family planning service provision. We know that it's hard to keep up with current guidelines, and there is often conflicting information from differing sources.

TEXT MSG: The most recent national guidelines state clearly:

- "All men and women including young people (10–24 years of age), irrespective of their parity and marital status, are eligible to access accurate and complete family planning information, education, and services.
- Decisions about contraceptive use should only be made by the individual client.
- No parental or spousal consent is needed for an individual to be given family planning information and services, regardless of age or marital status."

(Source: Tanzania National Family Planning Guidelines and Standards, 2013)

TEXT MSG: In addition, according to the WHO Family Planning Handbook 2018, all modern methods are recommended for youth clients. This includes hormonal methods and long-acting methods. We will be sharing more detailed technical advice and guidance during the coming weeks.

TEXT MSG: If you have any questions about this, please ask and we will do our best to answer them. Tunda Connect is space for learning and discussion as a professional community. We want to support all of you to do your best work without confusion.

THURSDAY - Personal narrative: Senior experienced provider

TEXT MSG: Hello and thank you all for your active participation this week.

TEXT MSG: Today, we have with a story from an experienced provider. It's a story about her personal journey and challenging in counseling youth. Thanks to her for having the courage to share with everyone. We value your honesty!

SHARE STORY AUDIO FILE: "Story 1 - Experienced Provider"

[follow-up if needed] TEXT MSG: What did you think of the story? What reflections of your own would you like to share in response?

FRIDAY: Weekly Sign off + Survey

TEXT MSG: Every week, we will ask you to share what you liked best about the week's content and discussion. Your feedback ensures that Tunda Connect continues to be a useful and relevant resource. It only take 1 minute to complete. **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Video: Welcome to the group B. Tuesday - National Family Planning Guidelines Clarification C. Thursday- Personal story from a provider D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday- Video: Welcome to the group B. Tuesday - National Family Planning Guidelines Clarification C. Thursday- Personal story from a provider D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

TEXT MSG [final sign-off]: Thank you for your participation in Tunda Connect this week. We will be back with more stories and discussion on Monday. Have a great weekend, everyone!

WEEK 2 – Safe, Welcoming Space

MONDAY

TEXT MSG: Hello everyone!

TEXT MSG: As you know, Tunda Connect, in collaboration with the World Health Organization and the Tanzania Ministry of Health, is committed to advancing high-quality family planning care for adolescents. Today we are focusing on Principle 1: “Safe Space”.

PICTURE MESSAGE: [INSERT INFOGRAPHIC HERE: “1. Safe space”]

AUDIO MSG: I commit to working with all clinic staff to create a safe, welcoming environment for all young people regardless of wealth, gender, age, marital status, race, and religion. I respect and value young people who come to this clinic seeking contraception for taking a positive step to protect their future health and success.

TEXT MSG: With the new Tunda survey kiosks that were installed in your clinic, you will get a performance report every quarter that shows how many youth clients felt welcomed and safe during their family planning consultations.

TEXT MSG: There are many things you personally can do to make sure that your clinic scores well. For example, privacy is key. Giving information about methods to a group of clients is fine, but when it comes to deciding about a method, clients should always be counseled individually and in private.

We know that ensuring privacy in the consultation room can be challenging, given space limitations. If possible, a consultation is done with just one provider and one client in the room. If it's not possible to have only you and your client in the consultation room, you can create a privacy screen and use a lower volume of voice. You should assure your client that the conversation is confidential - you won't share anything she tells you with anyone else.

[prompt] TEXT MSG: What techniques do you use to create a welcoming and private consultation environment for your youth clients? Share a quick text message or audio message!

[WAIT ~4 HOURS - Light moderation if needed to keep people on subject, clear up any confusion, etc.]

TEXT MSG: Through Tunda Connect we also provide you with recommended technical resources to support your learning. Here is our recommended resource for this week: WHO's Core Competencies in Adolescent Health and Development for Primary Care Providers:

- http://apps.who.int/iris/bitstream/handle/10665/148354/9789241508315_eng.pdf?sequence=1

WEDNESDAY - Meet a member

TEXT MSG: Greetings! We are surrounded by so many inspiring colleagues, and we want to give you the chance to meet each other and make connections.

TEXT MSG: Today, we have [name and title] with us.

TEXT MSG: [Provide brief bio - highlight successes in forum and in field]

TEXT MSG: What do you find is the most rewarding thing about your job?

[AUDIO RESPONSE]

TEXT MSG: Why are you committed to providing high-quality family planning counseling to youth clients?

[AUDIO RESPONSE]

TEXT MSG: What is a common mistake we providers make when counseling youth clients on family planning, and what could we do differently?

[AUDIO RESPONSE]

TEXT MSG: Thank you very much for joining us, [name]. We are so grateful for your time. Please, everyone, feel free to leave your reflections or questions for [NAME] below. Have a great day!

FRIDAY - Share your story: Why did you become a provider? + WEEKLY FEEDBACK

TEXT MSG: Good [morning/afternoon]!

TEXT MSG: Today, we want to hear your story. Please share a brief audio story: why did you decide to become a provider?

[WAIT ~4 HOURS - Light moderation if needed to keep people on subject, clear up any confusion, etc.]

TEXT MSG: Thank you all for sharing!

TEXT MSG: It's Friday again! Almost the weekend. Can you take 1 minute to tell me what you liked and disliked about this week's Tunda Connect content? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Principle 1: "Safe Space" B. Wednesday - "Meet a Member" Interview C. Friday- Share Your story D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday- Principle 1: "Safe Space" B. Wednesday - "Meet a Member" Interview C. Friday- Share Your story D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 3 – Sensitive Communication

MONDAY

TEXT MSG: Hello everyone! How was the weekend? I'm looking forward to another week of Tunda Connect with you.

TEXT MSG: Today we are focusing on Tunda Principle 2: "Sensitive Communication"

TEXT MSG: "Sensitive Communication" means speaking clearly, respectfully, and compassionately with all young people, so they can ask questions freely and easily understand the medical information you are sharing with them. Sensitive communication is one of the counseling skills that the Tunda Rewards program will be assessing in your clinic.

Here's is an example of a provider talking with a client. Do you think this provider demonstrates "sensitive communication"? If not, what advice would you give to this provider to improve?

AUDIO MSG: [CREATE ONE SHORT AUDIO FILE -- approximately 1-2 min-- of *SUBTLY* BIASED AND REALISTIC INTERACTION WITH SOME EXAMPLES OF INSENSITIVE COMMUNICATION – SEE EXAMPLE BELOW]

- PROVIDER: Welcomes client normally and asks why she's here (not judgmental).
- CLIENT (shy, nervous): "I'd like to learn about family planning methods, so I don't fall pregnant."
- PROVIDER: (kind and maternal tone): "Why aren't you in school right now? Aren't you a little young to be having sex?"
- CLIENT (unsure, embarrassed): "I.... I don't know. My boyfriend doesn't want to use condoms."
- PROVIDER: "What are the other methods you have heard of?"
- CLIENT: "My cousin got something that went in her arm... I think I want that one, but I don't know."
- PROVIDER: [Explains the modern methods comprehensively but very quickly. Uses technical names for the methods, rather than terms that a young person would be more familiar with (example: "kipandikizi" rather than "kijiti"). Allows client to ask one question afterwards about side effects of the pills. Answers the question quickly. Client tries to ask another question and she says, "There are many other girls waiting outside - Do you want to make them wait longer with your questions?"]

END AUDIO MSG

[follow up] TEXT MSG: We know that talking with youth clients about sex and sexual health can be challenging. What practical tips for communicating with youth clients can you share?

[follow up, if not many responses] TEXT MSG: For sensitive communication, the Tunda team recommends the following:

1. Show reassurance and non-authoritarian communication. Recognize that it may have been difficult for your client to make the decision to come to the clinic and assure her that she is welcome with you.
 2. Give information about what will happen during the clinic visit, including any physical examinations, tests, or treatment.
 3. Encourage questions from the young person about the methods, her body, and her sexual health. Answer them clearly and compassionately.
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WEDNESDAY: Tunda Rewards Overview

TEXT MSG:

Hello! We've been getting questions about the Rewards part of the Tunda program: What will be your clinic be assessed on? What are the rewards you and your team can achieve? How can you help your team succeed?

AUDIO MSG [*Record on WhatsApp on your phone*]:

At the beginning of December your clinic will be given a Tunda performance report and notified whether your team has qualified for Tunda Rewards. High-performing clinics will be presented a certificate of achievement and merit pins in a special ceremony. The top clinic will be given TSH 550,000 which you, as a team, can decide how to spend.

The Tunda Rewards program is based on how well clinics are putting the Six Principles of Quality Care into action with youth clients.

Here are some of the key things you can do to ensure that you clinic gets recognized:

1. Welcome youth clients with warmth and compassion.
2. Ask clients about their lifestyle and contraceptive preferences without judgement based on age, marital status, or number of children
3. Provide comprehensive counseling on modern contraceptive methods (including long-acting reversible methods), and encourage clients to ask questions
4. Let clients know they have the right to make the final decision about the method they want and ask them what method or methods they prefer.
5. Do your best to create a private space for conversation with your client during the counseling session.

In addition to assessing performance of the Six Principles into action, the Tunda Rewards program will also account for the accuracy of the data collected through the client survey kiosks that were recently installed at your clinic. The client exit responses will be cross-checked with the routine facility services register to ensure that the survey data is accurate. In order to ensure accuracy of the survey data, it's very important only clients fill only the survey on the tablets. You should remind clients to complete the survey before they leave the facility, but please do not assist them in answering the questions or stand next to them while they complete the survey.

END AUDIO MSG

TEXT MSG: Please listen to the above audio message to learn answers to those questions and post any further questions you have here in the discussion.

THURSDAY: Case Study- How to Counsel Imani?

TEXT MSG: Hello! We invite everyone to participate and give your opinion about the following client case study-- How would you handle this case?

AUDIO MSG:

Imani is 16 years old, a very intelligent and successful student, and is a star in drama club and local acting troupes. You have known her since she was a baby, as her mother is a friend of yours. You know she has a great family and a positive group of friends. Imani talks often about how she wants to put off having children for many years so that she can become a famous actor. She comes to you for advice. She said her boyfriend doesn't want to use condoms because they are in a monogamous relationship. She hasn't been able to convince him otherwise. They are using the withdrawal method, but she worries she might get pregnant. She's very nervous that her mother will find out that she's there, because she doesn't know that Imani is sexually active, and she doesn't like Imani's boyfriend. What counseling would you give Imani?

END AUDIO MSG

[after discussion] TEXT MSG: Thank you all for sharing your thoughts. Here's what we would recommend.

AUDIO MSG:

- This is a difficult but common challenge. In this case, Imani and her partner are not using condoms and she does not wish to fall pregnant.
- A good approach would be to remind Imani of her goals to graduate school and become a successful actor. Acknowledge her desire to put off having a baby, and counsel her on multiple types of modern contraception, including long-acting reversible methods. It would be wise to her condoms and counsel her on how to negotiate condom use with her partner. You could also encourage both her and her partner to do an HIV test.
- Many providers fear giving young people contraceptive methods other than condoms, in case they stop using condoms and put themselves at risk of HIV and other STIs.
- You may think that she's too young to be having sex, but the important point here is that Imani is at a high risk of falling pregnant **right now**, so she needs immediate access to information on a full range of contraceptive methods to help her to choose a method that's right for her, in line with World Health Organization and the Tanzanian FP Guidelines.

- It's true that abstinence is one option for youth, and it's helpful to let young women know that they have the right to say no to sex. Yet, abstinence-only education does not prevent teenage pregnancies, according to multiple global and East African studies.
- In this case, it's unlikely that Imani and her partner will be persuaded to abstain and stay abstinent. After she's chosen an effective contraceptive method, then talk to her about condoms and how to talk to her partner about using them. You can help her achieve much higher protection from an unplanned pregnancy and give her good advice on how stay protected against HIV and STIs.

END AUDIO MSG

FRIDAY

TEXT MSG: It's Friday again! Can you take 1 minute to tell me what you liked and disliked about this week's Tunda Connect discussion? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Principle 1: "Sensitive Communication" B. Wednesday - Tunda Rewards explanation C. Thursday- Client Case Study D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday- Principle 1: "Sensitive Communication" B. Wednesday - Tunda Rewards explanation C. Thursday- Client Case Study D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 4 – Contraception, Counseling, and HIV/STIs

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning objectives

- Understand that both counseling and contraception are essential for preventing the spread of HIV and STIs.
- Correct misconceptions regarding youth living with/at risk for HIV and their need for/right to contraception and family planning.

Attitude change objectives

- Believe that clients living with HIV have the right to use and be counseled on contraception, including LARCs and condoms

Monday – Guest Expert: Contraception, Counseling, and HIV

TEXT MSG: Hello everyone! This week we'll be focusing on contraception, counseling, HIV and STIs in Tanzania.

TEXT MSG: In the following video, [guest speaker] will update you on the current state of HIV in Tanzania and the most up-to-date recommendations regarding HIV and contraception from the World Health Organization.

AUDIO MSG (Talking points):

- Introduce him/herself
- Despite great progress in the fight against HIV and AIDS in Tanzania, youth are being left behind.
 - PEPFAR DREAMS data: As of 2015, young women aged 15-24 made up more than 16% of Tanzania's population. Of its nearly 9 million adolescent girls and young women, 1.3% of girls aged 15-19 and 4.4% aged 20-24 years old were living with HIV. There were more than 25,000 new infections per year amongst women 15-24.
- Young women in particular have the highest burden of HIV infection in TZ for a few reasons:
 - They are infected younger, as they tend to have older partners/ relationships, marry younger, may be involved in transactional sex and/or sex work, and experience high rates of intimate partner violence. Nearly 40% of young women aged 20-24 had experienced sexual violence since age 15 (PEPFAR DREAMS)
 - In part because gender inequality makes it more difficult for women to negotiate safer sex practices. It is very important to reinforce safe sex norms among women AND men.
 - Together, we can work to prevent this increase in prevalence of HIV infections as girls enter early adulthood. But we need accurate information and sensitive,

comprehensive counseling and contraception for ALL adolescents, regardless of age, HIV status, race, gender, etc.

- Let's address some of the key questions our clients might have about HIV and family planning methods, using the World Health Organization's Medical Eligibility Criteria for Contraceptive Use:

Can women who are at risk of HIV use the injection?

There is concern amongst providers that women at high risk of HIV should not use injectable methods of contraception. While there are some studies that make an association between POIs (progestin-only injectables), others do not. Therefore, the WHO does not place any restrictions on POIs for women at high risk for HIV. However, it does recommend that risk of HIV acquisition for those using POIs may be dependent on local context and should consider "rates of injectable contraceptive use, maternal mortality and HIV prevalence."

Which methods are suitable for women living with HIV?

While most women living with HIV who are using ARV therapy are eligible to use most contraceptive methods, there is ongoing research on how ARVs affect contraceptive efficacy. To be safe, I recommend that you advise your HIV-positive clients to use barrier methods (male or female condoms) as the primary way to prevent pregnancy.

Which contraceptive methods prevent HIV?

1. "Hormonal contraceptives do not protect against sexually transmitted infections (STIs), including HIV. Consistent and correct use of condoms, male or female, is critical for prevention of HIV transmission to non-infected sexual partners, and for protection against other STIs."

The most effective way to prevent HIV and unintended pregnancy is to use condoms together with another contraceptive method.

- You can refer to the WHO's medical eligibility criteria for more specific cases, including clients living with severe or advanced symptomatic HIV.

END AUDIO MSG

TEXT MSG: Thank you, [NAME]. It's important that we address the myths and misconceptions that too often prevent youth from accessing the services they need to have healthy, successful futures.

TEXT MSG: Everyone - What questions do you have about HIV and STIs and FP that [NAME] can help answer?

[after discussion] **TEXT MSG:** We highly recommend the following resources for further information.

- [WHO - HIV and Hormonal Contraception](#)
 - [Tanzania DREAMS Overview](#)
-

Wednesday - Case study: How to explain the benefits of LARCs to a young couple who say that they already use condoms 'most of the time'

TEXT MSG: Hello all! Thanks for a great week so far. For our HIV & STI week, we want to examine realistic patient cases and discuss them. Here's a case study for you to consider:

AUDIO MSG:

Seventeen-year-old Bupe and her boyfriend, twenty-three-year-old Yaro, have been dating for one year. Bupe is getting ready to go to university and is excited about becoming a midwife in a few years. They agree that they love each other deeply, and want to be married someday, but are not yet ready to think about having children. They are loyal to each other, and they use condoms.... most of the time. Sometimes they don't because they feel it "interrupts the moment." What can you recommend to this couple so that they have the best chance of reaching their personal and professional goals?

END AUDIO MSG

TEXT MSG: Here are your choices:

- A. Suggest they use condoms every time they have sex, correctly and consistently, as it will increase their success in preventing pregnancy, STIs, and HIV.
- B. Recommend they consider using dual protection--another contraceptive method such as a LARC or the pill, AND condoms--and counsel them on their various options.
- C. Consider getting married sooner than later so they can start thinking about a family.

[WAIT 4 HOURS - moderate moderation, encourage them to expand on why they chose the option they chose]

TEXT MSG: Great! Thank you all for your participation. It looks like most of you chose _____. Evidence shows that the best option here is B. Here's why:

AUDIO MSG: As we've learned, contraception--especially dual protection--is the most effective way for couples to delay, space, or avoid pregnancy altogether, depending on their family and career goals. Since Bupe and Yaro have expressed the desire to wait to have children until Bupe has had a chance to kick-start her career, dual protection sounds like the best option for them. You can take her medical history, provide counseling on the methods, then ask if she'd like to choose another method of contraception. Great job listening to your clients' goals and letting them know that they've got some great options!

The best protection for STIs and pregnancy is dual use (condoms plus other method), but for young people who are only using condoms it's very important to counsel them on the availability of emergency contraception. It can be taken if a condom breaks, falls off, or if they fail to use a condom, and is available at pharmacies without a prescription, can be taken up to 5 days after the unprotected sex.

END AUDIO MSG

TEXT MSG: Thank you all for engaging in today's discussion so thoughtfully. I'm excited to see how you use this knowledge to benefit your clients moving forward. [appropriate sign-off]

Thursday - Meet a member: Nurse [NAME]

TEXT MSG: Hello all! Today we are lucky to meet another inspiring leader amongst us, Nurse [Name - Should be a provider who is knowledgeable about giving comprehensive FP counseling while navigating the risks of HIV, especially with unmarried clients.] with us.

TEXT MSG: [Provide brief bio - highlight successes and achievements]

TEXT MSG: What do you find is the most challenging thing about counseling youth about HIV and STIs?

[AUDIO RESPONSE MSG ON WHATSAPP]

TEXT MSG: What do you find is the most rewarding thing about counseling youth about HIV and STIs? Can you share a success story?

[AUDIO RESPONSE MSG ON WHATSAPP]

TEXT MSG: What is the most important lesson you've learned about how to give comprehensive FP counseling to youth clients, while also helping him understand the risks of HIV and STIs?

[AUDIO RESPONSE MSG ON WHATSAPP]

TEXT MSG: Thank you for joining us, [name]! We are so grateful for your time and expertise. Please, everyone, feel free to leave your reflections below.

Friday - Survey

TEXT MSG: It's Friday again! Can you take 1 minute to tell me what you liked and disliked about this week's Tunda Connect content? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Q&A on Contraception, counseling, and HIV B. Wednesday - Client Case study: Bupe and Yaro C. Thursday- Meet a member D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday- Q&A on Contraception, counseling, and HIV B. Wednesday - Client Case study: Bupe and Yaro C. Thursday- Meet a member D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 5 – Contraception, Counseling, and HIV/STIs (continued)

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning objectives

- Understand that both counseling and contraception are essential for preventing the spread of HIV and STIs.
- Correct misconceptions regarding youth living with/at risk for HIV and their need for/right to contraception and family planning.

Attitude change objectives

- Believe that clients living with HIV have the right to use and be counseled on contraception, including LARCs and condoms

Monday - Q&A: Counseling youth and correcting misconceptions on HIV, STIs, and condoms

TEXT MSG: Hello all! This week we will continue our learning and discussions about on HIV and STIs, and FP counseling. Thank you everyone for your enthusiasm and curiosity last week!

TEXT MSG: Today we want to give you the chance to ask questions about HIV, STIs, and contraception. Here are some common questions providers have about these issues:

TEXT MSG: Q: *If I give contraceptive methods other than condoms to my clients living with HIV, I am worried they will stop using condoms and contribute to the spread of HIV/AIDS. What do I do?*

AUDIO MSG:

*A: While you cannot control whether or not your clients living with HIV use condoms, your skilled, sensitive, and comprehensive counseling will be an asset to their understanding of the need to use condoms in **every sexual encounter**, regardless of their backup contraceptive method of choice. Show your clients how to use condoms, ensure they are well-supplied with condoms, and give tips on how to negotiate condom use with their partners. When a risk of HIV and other STI transmission exists, it is important that we strongly recommend dual protection to all clients at risk of contracting or transmitting HIV. Dual protection means that a client uses condoms simultaneously with another method, such as the injection, implant, or IUD. This effectively prevents both HIV transmission and prevents pregnancy.*

END AUDIO MSG

TEXT MSG: Q: *My client says her boyfriend wants to have sex but says condoms aren't necessary because he's not having sex with anyone else. She asks if it's okay not to use condoms if they are "exclusive." How do I help her get him to use them?*

AUDIO MSG:

A: Express the importance of using condoms for every sexual encounter both for protection from unplanned pregnancy and from STIs (many of which do not have any symptoms!). Explain the benefits of using condoms and counsel her on how to negotiate condom use with her partner. You could even role play this sometimes-difficult conversation so that she feels comfortable talking to him about condom use. Often, myths such as, “condoms cause cancer” (they don’t) can prevent people from using them, so make sure you clear up those false myths with her. Teach her to use condoms, and/or have her practice putting them on a model, and provide condoms so that she has them on hand. This is also a great time to counsel her on other contraceptive options to be even more protected against pregnancy if she and her boyfriend are not looking to have children yet. This will help her to take measures into her own hands to prevent pregnancy.

END AUDIO MSG

TEXT MSG: Have we missed any important questions? Please leave questions and comments below and we will do our best to address them!

TEXT MSG: Q: *My client says she is still disinterested in condom use and/or is afraid to talk with her partner about it. Can you offer some suggestions on how to counsel her?*

TEXT MSG: *Here are a few suggestions you can try:*

- *Ask more specific questions to get down to the root of the issue. For example, “what do you find to be difficult about using condoms?”*
- *Suggest ways to approach the topic with her partner. For example, she could let him know that she will not have sex without a condom and ask him to buy some **before** they are sexually intimate. Often, the fear of “ruining the moment” can prevent people from asking.*
- *Reassure that it is perfectly acceptable and well within her right to refuse sex if her partner will not use a condom.*
- *Remind her that anyone who respects her will respect her decision to use condoms.*

Wednesday - Personal narrative: younger provider’s lessons learned about contraception and HIV

TEXT MSG: Today we are lucky to be able to share the story of a nurse who is going to talk about her perspective on the prevention of HIV, STIs, and unplanned pregnancy. Please take a listen!

INSERT AUDIO FILE: [Personal narrative: younger provider’s lesson learned about contraception and HIV]

TEXT MSG: What are your reflections on this story?

Thursday - Guest expert

TEXT MSG: Hello everyone! We are just 3 weeks away from the completion of the first cycle of Tunda! In December, you will be receiving your first Tunda performance report, and receive notification of your rewards status. We have [NAME] here to give us some tips about what your team can focus on in these final weeks.

AUDIO INTERVIEW:

Interviewer: Hello, [NAME]. Thanks for being here. What kinds of things can providers focus on to be recognized in the Tunda Program?

Example Response: The Tunda program and rewards is based on the Six Principles of Care. One of the Six Principles of Tunda is “Seek understanding and agreement.” This means checking my client’s understanding before providing him or her services. This can be as simple as saying: “We’ve discussed various methods, and it sounds like you are interested in method X. Is that correct? Do you have any questions about proceeding with using this method?” You might have the opinion that a particular method will be best for this client, but it’s very important that the client decides for herself. Pressuring or persuading a client to take a certain method is not aligned with the Tunda Six Principles or Tanzanian National Guidelines for FP counseling.

Interviewer: Thank you for that practical guidance. Is there any other advice you would like to give to members of the Tunda community about how to deliver high-quality care to youth?

Example Response: [RESPOND AS APPROPRIATE]

END AUDIO INTERVIEW

FRIDAY - Survey

TEXT MSG: It’s Friday again! Can you take 1 minute to tell me what you liked and disliked about this week’s Tunda Connect content? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Q&A: Counseling youth and correcting misconceptions on HIV, STIs, and condoms B. Wednesday - Audio: Personal story from provider on HIV C. Friday- Guest Expert- Tunda Rewards D. I did not have a favorite session this week
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What was your LEAST favorite session this week?	A. Monday- Q&A: Counseling youth and correcting misconceptions on HIV, STIs, and condoms B. Wednesday - Audio: Personal story from provider on HIV C. Friday- Guest Expert- Tunda Rewards D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 6 – Maternal Health

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning Objectives

- Define maternal health and list ways to promote optimum maternal health in Tanzania
- Understand that optimal maternal health is linked to contraceptive use and comprehensive counseling

Attitude Change Objectives

- Believe that unplanned pregnancies and STIs are detrimental to the health of both mother and child, and contraception and education are effective ways to improve long-term reproductive and sexual health outcomes

Monday - Guest Expert: Maternal mortality and morbidity in Tanzania

TEXT MSG: Good morning/ Good afternoon! This and next week, we will be discussing how as providers we can promote optimum maternal health in Tanzania.

TEXT MSG: To start, we invite **Dr. [name]** to help us cover the difference between maternal mortality and maternal morbidity in Tanzania and how, as a country, we can improve on both.

AUDIO (Talking points):

- Maternal deaths in TZ: 578 per 100,000 - 18% of all deaths of women between 15-49
- Main causes = hemorrhages, infections, unsafe abortions, hypertensive disorders, and obstructed labours
 - Exacerbated because over half of all births are home births. Less than half of all births are assisted by a skilled birth clinician
- Contraception, condom use, and family planning are some of the most effective ways to prevent maternal morbidity and complications due to:
 - Having unplanned pregnancies, which may result in unsafe abortions. Data suggest that adolescents and youth are more likely to seek abortion later in term, to consult non-medical practitioners or attempt self-induced abortion.
 - Having a child too early (birth outcomes are better for mother and child for women in their twenties versus women in their teens, particularly those <15)
 - Contracting STIs and HIV which can have long-term effects on a woman's fertility and reproductive health, and her babies' health as well
- **WHO:** "Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications."
- **Family planning, contraception, and condom usage help young people wait until the healthiest and most financially feasible time in their lives to begin having children. They also help to space out pregnancies (recommended at least 2 years**

apart), since having babies too closely together can increase both mother and baby's risk of death.

- **Recommended to wait until your youngest child is at least 2 before trying to get pregnant again.**
- - Postpartum family planning - facility birth is an important and often missed opportunity to provide contraception that would allow spacing of subsequent birth.
- After a miscarriage or induced abortion, it is recommended the couple wait at least 6 months
- "Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years." In addition, "babies born to mothers under 20 years of age face higher risks of low birthweight, preterm delivery, and severe neonatal conditions." - [WHO](#)
 - **Recommend that newlyweds wait until they are at least 18 before attempting to become pregnant**
- "95-98% of postpartum women do not want another child within two years – yet only 40% are using family planning" - [WHO](#)
- **Contraception reduce the likelihood of abortion, and thereby the complications that can arise from unsafe abortion**

END AUDIO MSG

TEXT MSG: Thank you, Dr. [NAME], for that important education about maternal health in Tanzania!

TEXT MSG: Ok, everyone: What questions do you have that Dr. [NAME] can answer today?

[after discussion] TEXT MSG: Thank you for the questions and discussion! Another great resource that will facilitate our deeper understanding of the role of family planning in promoting optimal sexual and reproductive health can be found here: [Family Planning: A Global Handbook](#)

Wednesday - Case study: A complicated delivery

TEXT MSG: Good [morning/afternoon] everyone. We invite everyone to participate in asking questions and providing feedback about the following client case study about delivery complications:

AUDIO MSG:

20-year-old Neema and 27-year-old Wilson have been married 3 years and had one baby girl just over a year ago. Neema became pregnant with her second child within 6 months of giving birth to little Adla. Neema calls you and asks to meet at the hospital as she believes she is in labor with her second child. You note that her due date is not for another 5 weeks. What do you tell Neema?

END AUDIO MSG

TEXT MSG: Please consider the following choices--

- A. You suggest Neema wait to go to the hospital. Perhaps it is false labor.
- B. You tell Neema you will meet her and tell her not to waste any time in getting to the hospital.

[Wait an hour before giving the answer. Engage with users responding, and for those choosing B, ask why/what are their main concerns]

TEXT MSG: Great! Thanks for participating. Here is the answer we recommend:

AUDIO MSG

We recommend choice B. Given the short time between births and Neema's relatively young age, you worry that she is in preterm labor. It is recommended that mothers wait until their youngest babies are 2 years old before attempting to get pregnant again so as to improve the health of mom and her children. Premature birth is just one risk of short intervals between births, along with low birth weight, anemia, and high blood pressure in the mother, and infant death. One way to ensure a healthy spacing of births is through family planning and contraception, which we will talk more about in the coming weeks. Remember, facility birth is an important and often missed opportunity to provide post-partum family planning that would allow spacing of subsequent birth.

END AUDIO MSG

TEXT MSG: Remember, your participation and expertise are what make you essential to the success of this group. Together, we are working toward a healthier future for our young clients, and for Tanzania!

Thursday - Audio Personal Narrative: Experienced provider speaking about determinants of maternal mortality and how to identify and prevent them

TEXT MSG: Hello all! Today we welcome an experienced provider to share a story with us that shows how to identify risk factors for maternal mortality and prevent them.

INSERT AUDIO STORY

TEXT MSG: Thank you for sharing your difficult but informative story. If any of you feel comfortable, I invite you to share your own stories about difficult cases here and receive support from your colleagues.

[after discussion] TEXT MSG: These are difficult learning experiences, but as you have all made clear on this forum, together, we have the power to prevent deaths of women and mothers in our communities. Thank you for your commitment to that goal.

FRIDAY - Survey

TEXT MSG: Hi everyone! It's really important to us that we get your feedback so we can ensure that Tunda Connect is a useful tool for our community. Can you take 1 minute to tell me what you liked and disliked about this week's Tunda Connect discussion and content? Just click this link: **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday- Guest Expert on Maternal mortality and morbidity in Tanzania B. Wednesday - Case study: A complicated delivery C. Friday- Audio Story about the Determinants of maternal mortality D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday- Guest Expert on Maternal mortality and morbidity in Tanzania B. Wednesday - Case study: A complicated delivery C. Friday- Audio Story about the Determinants of maternal mortality D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 7 – Informed Choice

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning objectives

- Understand that counseling youth involves supporting them in making their own informed choice regarding contraceptive methods
- Emphasize and understand Tunda Connect principles:
 - Seek Understanding and Agreement

Attitude change objective

- Believe that health providers can play an important role in supporting youth to make responsible decisions for their futures

Monday - Guest Speaker: Supporting Youth's Informed Choice

TEXT MSG: Hello everyone! This week in Tunda Connect we will focus on an extremely important aspect of our work as reproductive healthcare professionals: supporting the informed choice of our clients!

TEXT MSG: The upcoming generation of young people is the largest in history, and they are about to start making decisions about their sexual and reproductive health that will have lasting effects on their future, and the future of our communities and our nation. We can support them by being their expert guides and in helping them make wise, well-informed, and autonomous decisions.

TEXT MSG: Today, we have special guest [NAME – someone with counseling experience] to give us tips on guiding youth clients to make informed choices about methods.

TEXT MSG: [NAME], how do you determine which is the best contraceptive method for your clients?

AUDIO MSG (GUEST SPEAKER): *A: First I remind myself that that is her decision, not mine! It's important to acknowledge that contraceptive counseling is different than traditional medical advice where a doctor plays a role of expert, rather than facilitator. However, in contraceptive counseling, provider has the authority to determine medical eligibility of each client, but the choice of method lies with the client. Provider is a facilitator in contraceptive counseling, not the decision maker!!*

Some guiding questions I ask my clients are:

- *Do you feel you would be able to remember to take a pill each day?*

- *What are your main priorities? (pregnancy prevention, STIs/HIV protection, cost, health benefits, no/few side effects, easy availability, reduces period, easy to keep private, etc.)*
- *Are you willing to use a method that has hormones?*
- *Are you willing to use a method that you have to put into your vagina?*

Young people—regardless of age, relationship, marital, or childbearing status—are eligible for the full range of modern contraceptive methods, both short and long-acting.

END AUDIO MSG

TEXT MSG: Some clients stop taking the pill or using their contraceptive method after they experience adverse side effects like acne, mood swings, headaches, or weight gain. How can I help them to stay protected against unwanted pregnancy and address their concerns about side effects accurately?

AUDIO MSG (GUEST SPEAKER): *It is important to provide clients with accurate information on all relevant contraceptive methods, including long-acting methods, and potential side effects, prior to prescribing a method. Young clients are especially wary of contraception and lack accurate information, so it is important to reassure them that some side effects are normal and not usually serious. Each woman has a different experience with contraception, and often side effects, such as heavier menses with the IUD or irregular bleeding with the implant will resolve after some time. Each method reacts differently with different women, and it may take time--at least 3 to 6 months--to regulate. This will give clients more realistic expectations and help them make more informed decisions. If, after several months, your clients are still unsatisfied, be sure to follow up with them and encourage them to come back to find an option that is right for them.*

END AUDIO MSG

TEXT MSG: Sometimes youth clients just want me (the provider) to make the decision for them about a method, rather than explaining all the options. Is it ok if I make the decision for them in that case?

AUDIO MSG (GUEST SPEAKER): *It is tempting to make the decision for the client - it gets the consultation done with faster, and if the young person seems to want you to make the decision, then what's the harm? Well, the problem is that doing this actually violates their rights as a client. Tanzanian National Guidelines clearly state: "clients should be counseled on the range of available contraceptive options and should be provided with accurate and complete information to enable them to make an informed decision."*

Young people, especially young women, often are not given opportunities to make decisions about their own futures, bodies, and lives. Making decisions is like a muscle -- if you aren't given opportunities to practice using it, it will feel very hard to do! As a provider, you can see this as an opportunity to empower young women and help them exercise some power over their own bodies and futures. Strengthen their decision-making muscle!

END AUDIO MSG

TEXT MSG: Thank you, [NAME].

TEXT MSG: What questions about counseling youth clients do you have for our guest today? Please share them!

[after discussion] **TEXT MSG:** Thank you for the questions and discussion!

WEDNESDAY - Personal narrative: Mid-level provider in public facility for 9 years

TEXT MSG: Hello friends. Today we have a story from a nurse in Temeke about her own journey from being a client to being a nurse, and the important role that informed choice played in her personal success. Thanks to her for the vulnerability and courage to share with all of us.

INSERT AUDIO FILE

TEXT MSG: Thank you for that powerful story.

TEXT MSG: Now it's your turn: How has access to family planning been important in your own personal journey as a woman and mother?

THURSDAY - Myth Busting: Fertility, Anatomy and Contraceptives

TEXT MSG: Hello everyone! One of the six Tunda principles is "Say Yes to a Safe Method." Today, we want to discuss some confusions and misconceptions about methods--especially related to long-acting reversible contraceptives--that tend to dissuade providers from offering them to otherwise eligible youth clients.

TEXT MSG: To do this, I will provide a statement, and you can determine whether that statement is a myth or a fact.

TEXT MSG: #1. Myth or fact? "By providing my adolescent clients with contraception, especially long-acting reversible contraceptives like IUDs and implants, I am putting their fertility and reproductive health at serious risk."

[Wait 15 minutes or until a few people have offered answers - engage with answers ex: "Amina, why do you think this is a myth?"]

TEXT MSG: Answer = MYTH. Global health organizations Pathfinder International, Evidence 2 Action, PSI, Marie Stopes International, and FHI 360 released a [Global Consensus Statement](#) in October 2015 based on years of research along with the WHO's [Medical Eligibility Criteria Wheel for Contraceptive Use](#) that LARCs are both safe and effective for young people--with or

without children--who want to space or delay pregnancy. Further, the statement reads, “the return to fertility after using LARCs is faster than it is with some short-term methods.”

TEXT MSG: #2. Myth or fact? “It’s better to recommend that young clients under 20 have one baby and then space pregnancy so you don’t get bad side effects from contraception.”

[Wait 15 minutes or until a few people have offered answers - engage with answers ex: “Amina, why do you think this is a myth?”]

TEXT MSG: Answer = MYTH. It is healthiest for young girls in their teens--and their future babies--to wait until they are in their 20s before having babies. According to the [WHO](#), [evidence](#) shows that “adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years.” In addition, “babies born to mothers under 20 years of age face higher risks of low birthweight, preterm delivery, and severe neonatal conditions.” By allowing women to delay pregnancy, you are protecting their fertility and their long-term health.

TEXT MSG: #3. Myth or fact? “Amenorrhea--or a lack of bleeding during a woman’s monthly cycle--is a possible side of LARCs.”

[Wait 15 minutes or until a few people have offered answers - engage with answers ex: “Amina, why do you think this is a myth?”]

TEXT MSG: Answer = FACT. Changes to a woman’s monthly bleeding, in which bleeding becomes lighter or stops altogether, are normal and expected during the use of implants, injectables, hormonal IUDs. The period becomes lighter because the hormones in implants, injectables, and hormonal IUDs prevent an egg from being released from the ovaries, which generally prevents the lining of the uterus from thickening. Without an egg, a woman cannot become pregnant, and without uterine lining, there is nothing to shed during a period--therefore it becomes lighter or nonexistent. This does not affect health or future fertility. Some young people do not want their menses to change or stop because family members may notice, so it is important to inform them of this possibility.

TEXT MSG: Ok, final one. Myth or fact? “Young people, even teenagers, can get intrauterine devices no matter their size, age, and number of children they’ve had.”

[Wait 15 minutes or until a few people have offered answers - engage with answers ex: “Amina, why do you think this is a myth?”]

TEXT MSG: Answer = FACT. As we mentioned earlier, a significant amount of international and Tanzania-specific research and a Global Consensus Statement all confirm that IUDs are appropriate and recommended for young people in their teens, no matter their anatomical size or whether or not they’ve had children. (There are a few rare exceptions to this, such as when

women have an unusually small uterine size.) Best of all, IUDs do not cause infertility, and in nearly all cases, fertility returns to normal within months of removal.

TEXT MSG: Thank you for participating today! For further reading, we recommend:

1. [WHO - Adolescent Pregnancy](#)
2. [Global Consensus Statement](#)
3. [Family Planning Global Handbook](#)

TEXT MSG: Ultimately, by protecting a young woman's right to choose when and how many children to have, you are also protecting her fertility and strengthening the future of your community!

FRIDAY - Survey

TEXT MSG: It's Friday again! Can you take 1 minute to tell me what you liked and disliked about this week's Tunda Connect content? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday - Guest Speaker: Supporting Youth's Informed Choice B. Wednesday - Personal story from a provider C. Thursday - Myth or Fact Game D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday - Guest Speaker: Supporting Youth's Informed Choice B. Wednesday - Personal story from a provider C. Thursday - Myth or Fact Game D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)

Week 8 – Contraceptive Methods

INTERNAL: DO NOT SHARE WITH PARTICIPANTS

Learning Objectives

- Understand Tunda Connect Principles #5 and 6:
 - Say yes to a safe method
 - Simple, comprehensive counseling
- Provider will be able to list the benefits of contraceptive methods and counsel clients on the side effects
- Correct the misconception that contraception, especially LARCs, causes infertility

Attitude change objective

- It is responsible and expected for providers to offer a range of contraceptive methods to youth for the sake of their short-term and long-term health and well-being.

Monday - Q&A on LARCs with Guest Expert

TEXT MSG: Hello everyone! Thank you for your participation so far in Tunda Connect. Your enthusiasm has been truly valuable to us and hopefully to each other, too! This will be the last week of “programmed content” on Tunda Connect, at least for now, but the group will still remain active, and you can continue to ask questions and share knowledge here.

TEXT MSG: This week we’re going to talk more specifically about short- and long-term contraceptive methods, dispel some common misunderstandings and share the most up-to-date information. Today, we’re going to dive deeper into one group of contraceptives called long-acting reversible contraceptives, which includes the implant, the IUD, and the injection. We have with us **Dr. [name – respectable and knowledgeable expert on LARCs]** from **[org/town/clinic]** to answer questions that you have.

TEXT MSG (*from guest expert*): Good [morning/afternoon]! I’m **Dr. [name]** from **[org/town/clinic]**. I have **XX** years of experience and **[brief summary of credentials]**. Today I’ll be answering any questions you have about long-acting reversible methods and their side effects.

TEXT MSG (from moderator): Thanks for joining us today, **[NAME]**. To start off the conversation, I’ll share one question we get from providers: ***“Is it safe for my clients to use IUDs if they haven’t had children yet? I’ve heard that LARCs have dangerous side effects like infertility and ectopic pregnancy.”***

TEXT MSG (from guest expert): The World Health Organization guidelines state that girls and women of reproductive age, regardless of age, can safely use any form of modern contraception. The Tanzanian Family Planning Guidelines (2013) specifically mention that the

*following methods are safe and effective for all adolescents, whether they have children or not and are married or not: IUD, Contraceptive implant, combined oral contraception, Progestin-only pills (also known as mini-pill), Emergency contraceptive pills, Contraceptive injection, and Male and female condoms. The only methods **NOT** recommended for adolescents are withdrawal and the calendar method.*

*There is a large evidence-base that shows that LARCs **do not** cause infertility. You should advise girls that they should stop their method as soon as they plan to become pregnant. The implant and the IUD have the shortest return to full fertility. Let them know that it's possible for them to fall pregnant immediately after stopping any method. In nearly all cases, the benefits of LARCs far outweigh any rare side effects.*

TEXT MSG (from moderator): Thank you for that detailed answer!

TEXT MSG (from moderator): What other technical questions do you all have that [Dr. NAME] can help with?

OTHER FAQs [use to develop short text responses or audio messages in response to related questions]:

Q: How do I help my clients choose the right contraceptive method for them? How do I address their concerns about side effects accurately?

A: Share your scientific knowledge and refrain from personal experience! It's important to talk through possible side effects in plain, simple language and let them know when they might need to come back and see you. Reassure them that serious side effects are very rare. It's important to tell them that contraception, including the injection, IUD, and implant, does not cause infertility, as this is most common fear among young women. Ask questions about their lifestyle, their needs, and their worries. Let them know that you are there for them and can follow up if they find a certain method isn't working for them. Give time for them to ask questions and respond fully. Check they have understood the information and have given consent before providing any method.

Q: Some of my clients stop taking the pill or using their contraceptive method after they experience adverse side effects like acne, mood swings, headaches, or weight gain. How can I help them to stay protected against unwanted pregnancy?

*A: It is important to provide clients with accurate information on all relevant contraceptive methods, including long-acting methods, and potential side effects, **prior** to prescribing a method. Young clients are especially wary of contraception and lack accurate information, so it is important to reassure them that some side effects are normal and not usually serious. Each woman has a different experience with contraception, and often side effects, such as heavier menses with the IUD or irregular bleeding with the implant will resolve after some time. Each method reacts differently with different women, and it may take time--at least 3 to 6 months--to*

regulate. This will give clients more realistic expectations and help them make more informed decisions. If, after several months, your clients are still unsatisfied, be sure to follow up with them and encourage them to come back to find an option that is right for them.

INSERT ANY OTHER COMMON MISCONCEPTIONS ABOUT LARCS THAT SHOULD BE ADDRESSED DIRECTLY

REFERENCE INFORMATION FOR Q & A:

- Implants (hormonal)
 - Small flexible rods that contain progestin, placed under the skin of a woman's upper arm
 - Can last for 3-5 years
 - Over 99% effective at preventing pregnancy
 - No effect on fertility (can get pregnant right away after removing the implant)
 - Can be used immediately postpartum, regardless of whether or not the mother is breastfeeding
 - Possible side effects: Changes in monthly bleeding: from irregular spotting to prolonged light to moderate bleeding, to lighter, less frequent, or no bleeding; weight gain, breast tenderness, headaches, dizziness, nausea, mood changes
 - Copper-bearing intrauterine device (non-hormonal)
 - Plastic and copper device that is inserted into the uterus
 - More than 99% effective at preventing pregnancy
 - Can last up to 12 years
 - Can be inserted up to 48 hours postpartum or from 4 weeks postpartum onwards
 - Can be used by nulliparous women (all women)
 - Fertility returns to normal within months of removal
 - Possible side effects: Heavier, longer, and/or irregular bleeding (usually decreases after first 3–6 months); More cramps and pain during monthly bleeding; Increased vaginal discharge; Possible infection; Pain and cramping during insertion and the first few days after IUD insertion
 - Hormonal IUD (Mirena)
 - DMPA Injectable contraceptive aka "Depo" aka "the shot"
 - Injection given every 3 months
 - About 97% effective in preventing pregnancy
 - Fertility returns to normal within months of stopping the shot
 - Can be used while breastfeeding
 - Possible side effects: Irregular spotting; Prolonged light to moderate bleeding; Bleeding is likely to become lighter, less frequent, or stop altogether; Possible weight gain, headaches, dizziness, mood changes
-

Wednesday - Simple and Comprehensive Counseling

TEXT MSG: Thanks for your questions and discussion about LARCs this week! For further reference, we highly encourage you to refer to Pathfinder's Cue Cards, which give a comprehensive look at the contraceptive options for your young clients.

[Post link to [Cue Cards](#)]

TEXT MSG: This week we are focused on the sixth Tunda principle:

INSERT IMAGE: "Simple, comprehensive counseling"

TEXT MSG: The principle means:

- Give counselling in language that is understandable to clients
- Present a range of modern contraceptive methods, including LARCs
- Avoid pressuring a young person to choose a particular method. You might think you know what's best for them, but its final choice should always be theirs. Support clients to make an informed choice about their preferred method.
- Give opportunity to clients to ask questions and allows time to answer their questions.
- Ensure follow-up as needed

TEXT MSG: Very soon you will receive your first Tunda performance report, which will assess how well you and your team have offered simple, comprehensive counseling to youth clients. Clinics that have performed well over the last 8 weeks will receive special recognition.

TEXT MSG: What tips can you share about how to give simple comprehensive counseling to all clients?

Thursday: Story of Amina

TEXT MSG: Today we have a moving and inspiring story from a young woman named Amina. This is her story about how a positive service experience with a provider changed her life for the better. For me, this story shows the powerful positive impact we can create for our communities. I hope you enjoy. Please share your comments below!

INSERT AUDIO STORY

TEXT MSG: Does anyone have a story to share about how having access to contraception has supported the success and wellbeing of your own daughters? You can record an audio message and share it here or write a message.

Friday - Survey

TEXT MSG: It's Friday again! Can you please take 1 minute to tell me what you liked and disliked about this week on Tunda Connect? **[SHARE LINK]**

SURVEY TEXT:

What was your favorite session this week?	A. Monday - Question & Answer with Expert on LARCs B. Wednesday - Simple and Comprehensive Counseling C. Thursday - Story of Amina D. I did not have a favorite session this week
What was your LEAST favorite session this week?	A. Monday - Question & Answer with Expert on LARCs B. Wednesday - Simple and Comprehensive Counseling C. Thursday - Story of Amina D. I did not have a least favorite session this week
Overall, how valuable was this week's content to you? (0= Not at all valuable; 5 = Extremely valuable)	0, 1, 2, 3, 4, 5
What is one new thing that you learned this week?	(Free response)