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FAMILIES TOGETHER

A Couples Strengthening Curriculum

Implementation Guide

ACKNOWLEDGEMENTS

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INTRODUCTION AND RATIONALE

There is a growing recognition that family planning and reproductive health programs may achieve greater results when working with couples rather than individuals, and a growing awareness of the importance of couple relationship quality and functioning to achieve a broad spectrum of health outcomes.

Families Together is adapted from World Relief's *Families for Life (FFL)*, a couples-strengthening curriculum developed in close collaboration with faith leaders and couples. This curriculum aims to strengthen, equip and protect couple relationships and families, especially in making decisions about reproductive health, family planning and the balance of power within families.

Cultural adaptation is an important aspect of the *Families for Life* model, and in each country where *Families for Life* has been adapted (Burundi, the Democratic Republic of Congo, Haiti, India, Indonesia, Malawi and Rwanda), World Relief gathers faith and community leaders for a cultural and contextual review and revision. This includes changes in names, illustrative activities, and other aspects of the curriculum (e.g., trees, symbolism, types of materials used, etc.) to communicate within the culture of the couples and families. The initial curriculum was developed in 2011 after undergoing formative research using qualitative research and appreciative inquiry used to guide initial focus groups with men, women, and faith leaders in a series of workshops.

Through this work, four primary areas were identified as needs within the context of a couple's relationship:

- the need for improved communication and friendship between couples,
- improved, satisfying, and safe sex between partners,
- strengthening the value of women and preventing gender-based violence for people of all ages, and
- care for the health of the family across the lifespan.

World Relief's work is also underpinned by reviews from studies that have established linkages between couple relationship quality and functioning and health outcomes, and shown that couple-focused interventions can increase family planning usage^{1,2,3}, couples' HIV counseling and

¹ Doyle K, Levitov RG, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S, Nzabonimpa A, Pulerwitz J, Sayinzoga F, Sharma V, Shattuck D. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One*. 2018 Apr 4;13(4):e0192756.

² El-Khoury M, Thornton R, Chatterji M, Kamhawi S, Sloane P, Halassa M. Counseling women and couples on family planning: a randomized study in Jordan. *Studies in Family Planning*. 2016 Sep;47(3):222-38.

³ Raj A, Ghule M, Ritter J, Battala M, Gajanan V, Nair S, Dasgupta A, Silverman JG, Balaiah D, Saggurti N. Cluster Randomized Controlled Trial Evaluation of a Gender Equity and Family Planning Intervention for Married Men and Couples in Rural India. *PLoS One*. 2016 May 11;11(5):e0153190. doi: 10.1371/journal.pone.0153190.

testing^{4,5}, men's participation in household tasks and pre- and antenatal care⁶, gender-equitable norms⁷, communication and joint decision-making within the couple^{8,9} including regarding family planning^{10,11}, and reduction in intimate partner violence.¹²

Families Together expands the original work done by World Relief to include components of the Evidence 2 Action Theory of Change¹³ and the Passages Social Norms Change¹⁴ theories. The *Families Together* curriculum and program support the social-ecological model, centering gender norms within culture and context, families and peers, the couple dyad, and the individual partners in a couple. The revisions include gender transformative and family planning messaging specifically:

- inequality, power and status – at the family and society levels,
- causes and consequences of gender-based violence,
- gender roles – division of labor and household decision-making,
- sexual and reproductive health for both partners,
- family planning – contraceptive methods and decision-making

⁴ Darbes LA, McGrath NM, Hosegood V, Johnson MO, Fritz K, Ngubane T, van Rooyen H. Results of a Couples-Based Randomized Controlled Trial Aimed to Increase Testing for HIV. *J Acquir Immune Defic Syndr*. 2019 Apr 1;80(4):404-413.

⁵ Turan JM, Darbes LA, Musoke PL, Kwena Z, Rogers AJ, Hatcher AM, Anderson JL, Owino G, Helova A, Weke E, Oyaro P. Development and piloting of a home-based couples intervention during pregnancy and postpartum in Southwestern Kenya. *AIDS patient care and STDs*. 2018 Mar 1;32(3):92-103.

⁶ Mullany BC, Becker S, Hindin MJ. The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial. *Health education research*. 2007 Apr 1;22(2):166-76.

⁷ Speizer IS, Zule WA, Carney T, Browne FA, Ndirangu J, Wechsberg WM. Changing sex risk behaviors, gender norms, and relationship dynamics among couples in Cape Town, South Africa: Efficacy of an intervention on the dyad. *Soc Sci Med*. 2018 Jul; 209:95-103.

⁸ Doyle et al., 2018

⁹ Hartmann M, Gilles K, Shattuck D, Kerner B, Guest G. Changes in couples' communication as a result of a male-involvement family planning intervention. *Journal of health communication*. 2012 Aug 1;17(7):802-19.

¹⁰ Mamaguying J, Ingabire R, Parker R, Nyombayire J, Easter SR, Wall KM, Tichacek A, Nyirazinyoye L, Kaslow N, Allen S, Karita E. Motivational interviewing to promote long-acting reversible contraception among Rwandan couples wishing to prevent or delay pregnancy. *American journal of obstetrics and gynecology*. 2020 Apr 1;222(4):S919-e1.

¹¹ Raj et al., 2016

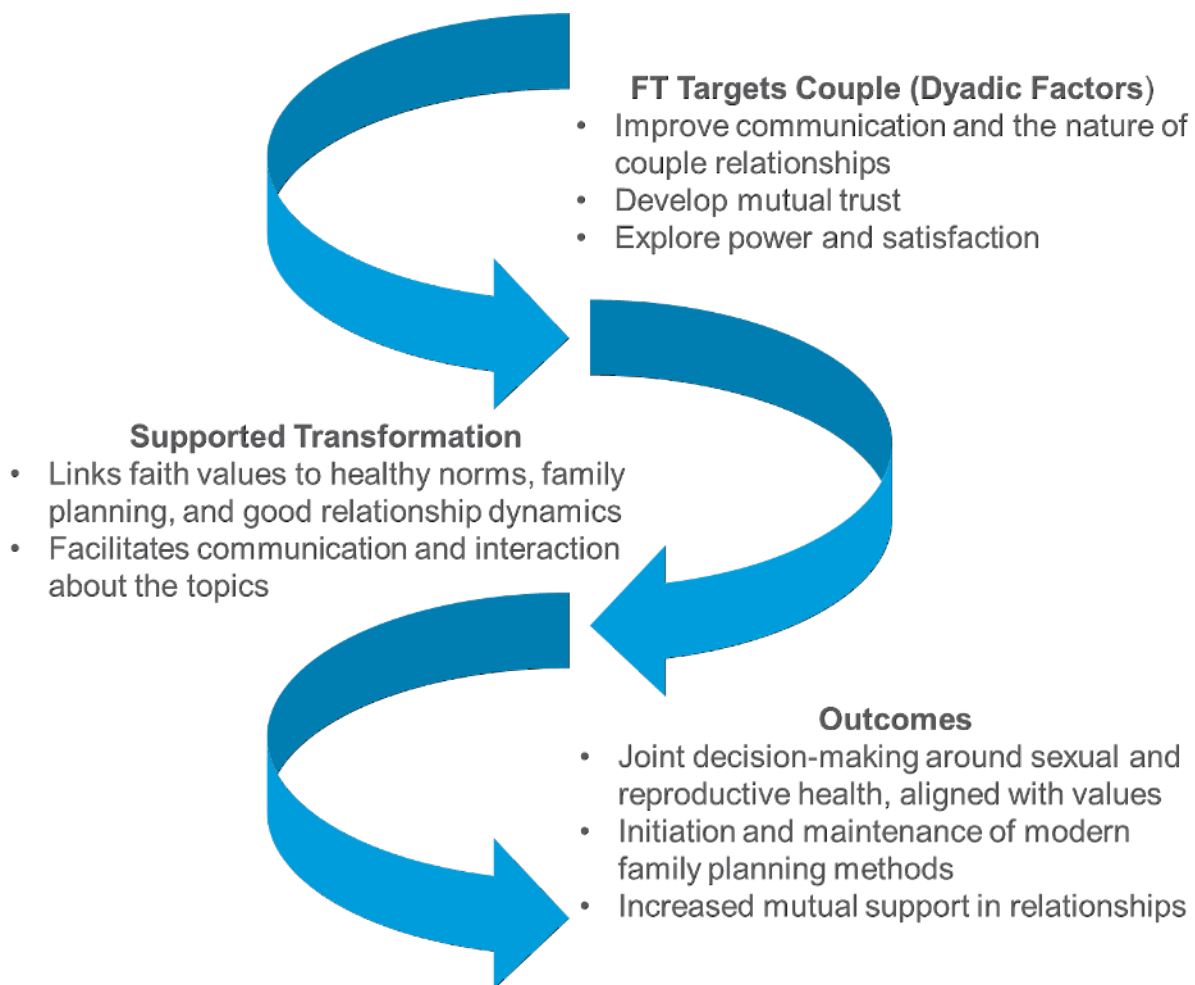
¹² Doyle et al., 2018

¹³ Families Together follows the blue pathway in the E2A Theory of Change, emphasizing dyadic factors that lead to transformation of motivations, coordinated action, and bring about outcomes related to contraceptive use and increased mutual support. Ramirez-Ferrero, Eric, Connie Lee, Erica Mills, and Ginette Hounkanrin. "Couple-Focused Interventions: A Theory of Change." (Washington, DC: Evidence to Action Project, March 2021). https://pdf.usaid.gov/pdf_docs/PA00XKNF.pdf

¹⁴ Passages posited that interpersonal dialogue and reflection on beliefs, values, and behaviors were one interpersonal strategy that resulted in increased agency for and improved attitudes about family planning and gender equity. This increased agency was linked in the Passages model to gender-equitable norms, relationships, and behaviors as well as family planning uptake. Passages Project Theory of Change: Transforming Social Norms for Family Planning and Reproductive Health. February 2020. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID). <https://irh.org/resource-library/passages-theory-of-change-report/>

The revised *Families Together* curriculum updated the lessons to deliver messages utilizing adult education tools from multiple disciplines. The World Relief team has incorporated psychological frameworks (Acceptance and Commitment Therapy [ACT³] and Emotionally-Focused Therapy [EFT⁴]) for behavior change and couples' communication, theories of interpersonal communication (social exchange theory and dialectical perspectives), social norms research (specifically integrating the four dimensions: protecting family honor, rights, gender equality, and the cycle of violence, considered from the community, personal, and social perspectives) and factual information about reproductive, maternal, neonatal, and child health (RMNCH) and family planning. In addition to these frameworks, focus group discussions completed in formative research or evaluation of previous *Families for Life* programs reinforce the influence of religious messaging, religious leader support, and faith values on their behaviors and perceptions.

The *Families Together* theory of change (depicted below) is that couples who communicate well with each other build mutual trust, and that trust empowers them to decide together about how they utilize sexual and reproductive health services in a way that aligns with their values and brings them satisfaction. These are interwoven elements, and are addressed (as depicted below) not as a linear progression, but linked together within *Families Together* sessions.



Families Together promotes healthy relationship dynamics (addressing dyadic factors) in male-female couples¹⁵, with a focus on sexual and reproductive health, and increasing the initiation and maintenance of contraceptive use amongst couples who want to space or avoid pregnancy. Couples going through *Families Together* encounter specific reproductive health topics that may impact long-term partnerships. These include healthy timing and spacing of pregnancies, RMNCH, harmful gender norms, HIV, unsafe sexual practices, and adolescent pregnancy risks.

The curriculum uses participatory exercises, stories and vignettes of couples in various stages of the lifespan, and includes family members, neighbors, and faith leaders to support the exploration of cultural norms, patterns of inequality, family systems, the nature of couple relationships, trust, values, communication, joint decision making, power, and agency.

The curriculum aims to strengthen, equip, and protect couple relationships and families, especially in joint-decision making about reproductive health, fertility intentions, and the balance of power within couple relationships.

IMPLEMENTATION GUIDANCE FOR PROGRAM MANAGERS

Target Audiences for Families Together

Families Together is adapted from *Families for Life*. *Families for Life* is most often implemented through [faith communities](#). This design was intended to engage in conversations around topics that are often taboo in their communities. While faith communities can be a specific target, *Families Together* is designed to be implemented at the grassroots community level and into existing community-based structures for bringing couples together. In practice, this integration is often done in community-based organizations through intentional small groups of less than 20 individuals/10 couples in long-term relationships. The model also encourages trained Lead Facilitator Couples to form additional small groups with other couples in communities and to extend past organized structures. Other couples often include family members, neighbors, church members, friends, and other couples who would have heard about the program's benefits. The program has been successfully implemented in rural and peri-urban contexts, facilitated by trained Facilitator Couples.

Recruiting Facilitator Couples

In the initial roll-out of *Families Together*, Facilitator Couples are recruited into a training of facilitators for *Families Together*. The Training of Facilitators takes the Facilitator Couple through the same experience that participants will have while receiving coaching through practice sessions from an experienced trainer. The main goal of the Training of Facilitators is to ensure that the Facilitator Couples are skilled at facilitating discussion and supporting adults to learn.

¹⁵ The audience for this program is couples, who are male and female, in long-term relationships. It is possible that sexuality or sexual dynamics within a couple may vary beyond male and female roles. Many of the activities within this curriculum introduce challenges to typical gendered roles or address principles in sexual health that may be useful to couples who have different gender identities but this is not a curriculum that addresses the unique needs of all types of couples.

Selection criteria for the Facilitator Couples include:

- Recognition by leaders of the faith or community-based organization that the Facilitator Couple are trustworthy and known to the community;
- Couples should be role models of good communication, and sharing decision-making
- Support or sponsorship of both partners from a male and a female community leader;
- Couples who are willing to work together to implement the program;
- Both partners are literate (able to read and write);
- Both partners are open to learning about and talking about sex, sexual and reproductive health, and family planning;
- Couples are willing to collaborate with health care workers and distributors of family planning commodities; and
- Both partners successfully complete the Training of Facilitators.

During the Training of Facilitators, Facilitator Couples will be trained to facilitate group discussion and support inclusive participation by men and women. Supportive supervision during the implementation period will further support the Facilitator Couple in their efforts to facilitate the groups in ways that balance gender representation.

Program Stages

After the Facilitator Couple successfully completes the Training of Facilitators, they will plan for a launch of *Families Together* in the community. It is best to find a time period of four months and to announce it in advance within the community. In these three months, the Facilitator Couple will support the implementation of *Families Together* in three stages.

Stage 1: Preparation, Recruitment and Launch

World Relief implements this couples-focused intervention within the context of already engaged faith and community leaders before rolling out this program. It is important to establish long-term relationships and trust before rolling out *Families Together*. In communities where family planning/maternal child health programming that engaged faith leaders is already implemented, many faith leaders will have participated in *Family Life Education*¹⁶ before the launch of *Families Together*. These faith leaders will support the recruitment of Facilitator couples into the training mentioned above and help launch *Families Together*. It is important to announce the program launch with enough notice for couples to express interest and for small groups to form. The groups should consist of no more than 20 people/10 couples. Exercise caution when forming groups, considering whether it is appropriate to mix younger and older couples, or to have open discussions between group members if any of the people in the groups are relatives. If more couples are interested, let them know when the course will be run again so they can plan ahead to be involved. Ensure that the couples can meet in a place where they can speak openly and freely and be comfortable during the sessions.

- **Baseline Assessment (Pre-Test):** Prior to the launch of the program, recruited couples will take a simple pre-test. This assessment will be administered by SCOPE project staff and will offer additional insights into the drivers and barriers for joint decision-making and couple communication. The assessment will also ask couples to rate their comfort with engaging on the topics covered in *Families Together*. This baseline assessment can be

¹⁶ Family Life Education is a five-session curriculum that equips faith leaders to communicate about sexual and reproductive health from Christian and Muslim perspectives.

administered verbally or using participatory methods such as voting with stones for participants with low literacy levels, or can be taken with pencil and paper or on a smartphone or tablet, depending on available resources and the comfort level of participants with communicating in these formats.

Stage 2: Couples-focused intervention

This is the heart of *Families Together*. The lessons include stories, games, participatory exercises, discussions and reflection times, facilitated by the Facilitator Couple. Following the couple stories in the curriculum is a way to strengthen the couple dyad, raising issues for discussion within small groups. These sessions include the following topics:

- exploring the nature of mutual trust and security in couples;
- exploring the ways that couples can find mutual enjoyment in sex and support sexual and reproductive health;
- recognizing how inequality, differing status, and unequal power shape our lives;
- exploring cultural norms and family systems;
- introducing family planning and family planning methods;
- encourage love and trust as a foundation for joint decision-making on family planning;
- joint decision making and balancing power in relationships; and
- strategies for supporting families to identify different types of SGBV.

Stage 3: Expanding the Program and Final Assessment

Once the first cohort of couples' groups has gone through the curriculum, Facilitator Couples often start additional cohorts of groups in their communities based on demand. *Families Together* groups form when interest is generated, primarily from the modeling and testimonies of couples impacted by the start group or Training of Facilitators. From this basis, interest can be generated through word of mouth, encouragement, and guidance from faith leaders and their networks, neighbor to neighbor and community groups, such as Care Groups, savings groups, men's groups and farmer groups. Couples who participate in the program and show interest in sharing it can indicate this to a Facilitator Couple. Facilitator Couples offer these couples coaching to expand the curriculum to another group. These couples must participate in a one or two day orientation on facilitation techniques with the Facilitator Couple, and these couples will also need to be provided with the facilitators' manual.

- **Final Assessment (Post-Test):** At the end of the curriculum, an assessment will be administered to participants who also received the baseline assessment to understand what, if anything, the participating couples have learned, and to gather feedback to improve the sessions should the Facilitator Couple facilitate another group through *Families Together* in the future.

PROTECTION OF PROGRAM PARTICIPANTS

Given the sensitivity and nature of the questions being asked during baseline and endline, program participants will be reminded during all interviews (quantitative and qualitative) that all information they share is strictly confidential, and that they do not have to answer any questions

that they do not wish to answer. Participants' names will never be used in any reports or papers produced from this activity. If quotes or narratives are used, identifying details will be changed as necessary so that participants are not identifiable. All interviews will be held in private locations where others cannot overhear the interview to protect confidentiality. While some questions may elicit information that participants feel is personal or painful, participants will be repeatedly reminded that they do not have to answer any questions that they choose not to. Thus, any risk or discomfort to participants will be minimized.

Data will be de-identified before being stored and analyzed. The only staff/personnel who will have access to identified data are the data collector who carries out the survey or interview, and the Study Field Coordinator who reviews the consent form to verify that written consent was given. All staff/personnel who do have access to identified data will be instructed on the importance of confidentiality, and required to have current Human Subjects Training certification, as per WR's policies.

COVID-19 precautions will also be taken to protect clients (See COVID section below) as per WR's policies to ensure handwashing when entering the training venue, physical distancing, and wearing of masks.

TRAINING OF FACILITATORS

The Training of Facilitators is estimated to take five full days to cover all of the content in the ten sessions. Additional time may need to be scheduled for the Facilitator Couples to practice re-teaching sessions and to receive feedback. The five-day training should take place on consecutive days when possible.

The Training of Facilitators should be facilitated by World Relief staff with prior experience facilitating *Families for Life* or *Families Together* or partners with prior experience that have been certified by World Relief in these curricula, as well as adult learning and facilitating discussions. The trainers who introduce this Training of Facilitators to Facilitator Couples should have previous experience facilitating gender and sexual and reproductive health topics. This can include experience such as facilitating the World Relief/SCOPE [Family Life Education curriculum](#). The training will focus on orienting the Facilitator Couples to the *Families Together* manual and materials presented from this point forward. The training will also demonstrate how each Training of Facilitators session will be run, and should allow additional time for the Facilitator Couples to ask questions.

FACILITATION METHODS

Families Together uses a participatory, learner-focused methodology, engaging learners as they listen and reflect, discuss and draw conclusions individually and as a group. Couples are provided an opportunity to learn with their peers, share reactions and observations, reflect upon implications and consequences, develop practical and conceptual understanding, and apply this to real-life situations.

The facilitators are not lecturer; rather, he/she facilitates understanding by guiding learners to receive value and internalize information, ideas and attitudes. This approach is key to true empowerment and serves as a role model for couples to model this approach when they engage with their community members.

The facilitator's manual uses a combination of small and large group discussions, stories, case studies, and other structured learning activities to engage participants and support the learning process. It draws on the participants' personal experiences, both past and present, as an important source of learning.

The facilitator can adapt stories, case studies and any other activities to make them more appropriate for a specific context. Before presenting the lesson, the facilitator should review and be familiar with all the content and learning activities.

Note: The training team will follow any current local health guidance for COVID-19 prevention to ensure the health and safety of participants and staff.

MATERIALS NEEDED

Facilitator Couples will need materials/items that are indicated in the lesson plan. Teaching materials can be adapted to those that are available locally. The facilitator should prepare all materials needed for each lesson prior to the training. Each facilitator will receive a copy of the facilitator manual.

LEARNING OUTCOMES

At the end of the course, participants (couples in long-term relationships) will learn about:

Power

- Discuss how different status and power might privilege certain groups
- Discuss how women and men are brought up to behave in different ways
- Discuss the different expectations and challenges women and men face

Emotions and behaviors

- Learn more about how emotions, our values, and our behaviors interact and can support mutual decision-making

Trust and the importance of building trust

- Consider the meaning of love and mutual trust between partners in a long-term relationship
- Reflect on how to increase trust and mutual pleasure in their relationship
- Identify differences in desire and arousal that are important for consent and contentment
- Understand the importance of earning a young person's trust so that they can openly discuss concerns (especially issues related to sexual health)
- Discuss the importance of talking to our young children about puberty, their changing bodies and sexuality.

Joint decision making

- Discuss how decisions are made in the household

Family Planning

- Understand the importance of protecting the family by deciding together how many children to have, and when to have children.
- Understand when a woman can become pregnant in her monthly cycle
- Interact with a local CHW to learn about family planning
- Understand the importance of protecting the family by deciding how many children to have
- Learn about different family planning methods
- Understand the importance of being ready for sexual debut before committing to a long-term relationship like marriage
- Discuss what couples wants are concerning the size of their families
- Discuss choosing a family planning method meeting their couple's values

Violence

- Discussing the causes and impacts of violence against women and girls
- Discuss and identify different kinds of domestic abuse and the consequences
- Discuss the impacts of violence in the community and the potential for change
- Identify the kinds of support needed and available in the faith community and from health, legal, and social service providers

AGENDA AT A GLANCE






SESSION TITLE	OBJECTIVES	SUGGESTED DELIVERY TIME	PREPARATION/ MATERIALS NEEDED
SESSION 1: THE HAPPY FAMILY	<ul style="list-style-type: none"> • Be introduced to the facilitators and other participants • Be introduced to the series' themes, structure, and expectations • Reflect on the characteristics of what makes a happy home 	2 hours	<ul style="list-style-type: none"> • Picture 1: Illustration of the family of Mateyo and Chisomo showing their “happy home” • Picture 2: Illustration of a baobab tree • Picture 3: Illustration of Mateyo and Chisomo talking while she cooks dinner
SESSION 2: THE HAPPY RELATIONSHIP	<ul style="list-style-type: none"> • Discuss how different status and power might privilege certain groups • Learn more about how emotions, our values, and our behaviors interact and can support mutual decision-making • Identify qualities of happy families 	2 hours	<ul style="list-style-type: none"> • Picture 1: Illustration of the family of Mateyo and Chisomo showing their “happy home” • Picture 4: Side by side illustration on one side, Mateyo at work thinking about Chisomo, on the other side, Chisomo working in the garden and thinking about Mateyo • Picture 5: Illustration of the fallen baobab tree (with a rotten inside) • Picture 6: Two illustrations of hands, one with counting fingers and one with a closed fist
SESSION 3: FRIENDSHIP IN RELATIONSHIPS (PART 1)	<ul style="list-style-type: none"> • Reflect on the characteristics of friendship • Consider the meaning of friendship in couples • Identify ways a male and female partners can be good friends to each other • Discuss how women and men are brought up to behave in different ways 	2 hours	<ul style="list-style-type: none"> • Two baskets, boxes or buckets and some stones/rocks (around 30 or so) • Picture 6: Two illustrations of hands, one with counting fingers and one with a closed fist • Picture 7: Illustration of Mateyo and Chisomo looking lovingly at each other • Picture 8: Illustration of Mateyo sitting with Rute in his lap, watching Madalitso build a house with rocks • Picture 9: Illustration of Mateyo and Chisomo talking to each other
SESSION 4: FRIENDSHIP IN RELATIONSHIPS (PART 2)	<ul style="list-style-type: none"> • Identify ways male and female partners can be a good friend to each other. 	2 hours	<ul style="list-style-type: none"> • Picture 9: Illustration of Mateyo and Chisomo talking to each other


SESSION TITLE	OBJECTIVES	SUGGESTED DELIVERY TIME	PREPARATION/ MATERIALS NEEDED
	<ul style="list-style-type: none"> Discuss the different expectations and challenges women and men face. 		
SESSION 5: THE SATISFIED COUPLE	<ul style="list-style-type: none"> Reflect on how to increase trust and mutual pleasure in their relationship Identify differences in desire and arousal that are important for consent and contentment 	2 hours	<ul style="list-style-type: none"> Picture 7: Illustration of Mateyo and Chisomo looking lovingly at each other Picture 10: Illustration of Mateyo and Yohane talking
SESSION 6: THE PROTECTED FAMILY (PART 1)	<ul style="list-style-type: none"> Understand the importance of protecting the family by deciding together how many children to have, and when to have children. Understand when a woman can become pregnant in her monthly cycle Discuss how we can learn from the different views of others Interact with a local community health worker to learn about family planning 	2 hours	<ul style="list-style-type: none"> 31 dried beans or small stones A community health worker is invited to Session 6 and 7. Please make arrangements ahead of time to invite your local community health worker and provide details on what is expected of them at the meeting according to the instructions in the manual Picture 11: Umbrella or illustration of umbrella Picture 12: Picture with 3 Rows of Circles (7 open circles on the top row, 12 on the second row that are shaded in, and 12 open circles on the third row)
SESSION 7: THE PROTECTED FAMILY (PART 2) (PART 1)	<ul style="list-style-type: none"> Understand the importance of protecting the family by deciding how many children to have Learn about different family planning methods Discuss how decisions are made in the household 	2 hours	<ul style="list-style-type: none"> Review Annex 1 (Family Planning Guidance) and have a printed copy of the one-page illustrations on different methods of family planning for this session Sticks to make two large squares Seven rocks or pieces of cloth Two loaves of bread/ugali mounds/packets of biscuits A community health worker is invited to Session 6 and 7. Please make arrangements ahead of time to invite your local community health worker and provide details on what is expected of them at the meeting according to the instructions in the manual
SESSION 8: COMMUNICATING WITH	<ul style="list-style-type: none"> Understand the importance of earning a young person's trust so 	2 hours	<ul style="list-style-type: none"> Contact information for the local community health worker or faith leader who has undergone Family Life Education training.

SESSION TITLE	OBJECTIVES	SUGGESTED DELIVERY TIME	PREPARATION/ MATERIALS NEEDED
YOUTH/YOUNG PEOPLE	<p>that they can openly discuss concerns with you</p> <ul style="list-style-type: none"> • Discuss the importance of talking to our young children about puberty, their changing bodies and sexuality. 		
SESSION 9: THE BROKEN RELATIONSHIP	<ul style="list-style-type: none"> • Discuss and identify different kinds of domestic abuse and the consequences • Reflect on problems in their families and extended families needing support • Identify the kinds of support needed and available in the local community and from health, legal, and social service providers • Discuss the impacts of violence in the community and the potential for change 	2 hours	<ul style="list-style-type: none"> • Any pamphlets or brochures on sexually transmitted diseases from the Ministry of Health • Pamphlets or information about health care, social welfare, and legal services that are available for people who have experienced violence in their homes, and others • Picture 2: Illustration of a baobab tree • Picture 5: Illustration of the fallen baobab tree (with a rotten inside) • Picture 13: Illustration of Chisomo comforting Pauline. • Picture 14: Illustration of Yosefe beating Pauline
SESSION 10: THE SUPPORTIVE FAMILY	<ul style="list-style-type: none"> • Consider the meaning of love and mutual trust in a long-term relationship • Discuss what couples wants are with regard to the size of their families • Discuss choosing a family planning method meeting their couple's values • Reflect on how their marriage will be different in the future 	2 hours	<ul style="list-style-type: none"> • A small snack/refreshment to celebrate the final lesson together • Picture 2: Illustration of a baobab tree • Picture 5: Illustration of the fallen baobab tree (with a rotten inside) • Picture 7: Illustration of Mateyo and Chisomo looking lovingly at each other

USING THE LEARNING SESSIONS

Each session begins with **notes to the facilitator**, which provides helpful background information and identifies the main purpose of each lesson. This is followed by the specific objectives for that lesson. A **preparation/materials** section is included to remind the facilitator what materials or activities should be prepared in advance for the lesson. At least one hour is needed for good preparation. A suggested delivery time helps guide the facilitator in allocating time during the sessions. Facilitators are also encouraged to be creative on how they present their own illustrations and use local names for the story characters. The lessons follow a specific similar pattern to help facilitators, especially those who may have limited experience.

FORMATTING OR ICON	KEY
	A square box is placed around key overview information for each session with notes to the facilitator, learning objectives, and preparation/materials.
[Bold]	Bolded text are instructions and reminders to you as the leader, but are not to be read out loud.
?	A question mark (?) is used to indicate questions for discussion or reflection.
<i>Italics</i>	Suggested responses to questions are in italics. This format provides the facilitator with an easy reference while probing the group during discussions. Remember to allow participants to answer the questions, rather than reading the suggested responses.
	Introduction or Review This is very important. It gives an opportunity to think about what was learned in the previous week and provide a review.
	Story/Activity Here the story is told, or participant activities are described. This is the heart of the session. Try as much as possible to tell this story in your own words. Be expressive in your storytelling.
	Discussion Questions These questions will bring out what is happening in the story. They will also help couples think about their own experience. Each question is very important, so do not skip any. There are some suggested answers to each question but do not expect that these are the only answers. It is good to have participants think about the story and share from their own lives. Sometimes, you will be asked to split into groups, with men in one group and women in another. This may make it more comfortable for women to talk.
	Homework We learn best if we practice something we have just learned right away. Each session will suggest a practical way to apply what the session was about in the coming week. Usually, the suggestion will be that the couple practices something together during the week.

	<p>Personal Reflection This section gives the opportunity to think about what the main points have been and how they apply to individual lives. You do not need to take much time, but it is important for people to think about the session's story, content, and their own lives. This is a time for individual thinking, not answering out loud in the group.</p>
<p>Annex/ Resources</p>	<p>Resources: At the end of the manual is a resource section to give more information on a specific area, such as discussion on youth and more information about sexual and reproductive health and family planning. Use this section to help you as the facilitator learn more and answer questions that may come up during discussions.</p>

COVID-19 PREVENTION/SAFETY GUIDE

During the training of facilitators, enumerators and during group sessions, the participants will be briefed on the guiding procedures regarding prevention of COVID-19. These will be observed during the duration of the program activity, guided by local MOH guidance.

Preventive/safety measures to be observed during the baseline survey shall include:

General Measures

Physical Distancing

While interacting with communities, personnel will adopt physical distancing measures to avoid inhaling or having other contact with liquid droplets that may contain the virus. These measures include:

- Avoiding body contact, including shaking hands;
- Observe a 1 meter apart distance when passing by someone either indoors or outdoors, hugs
- Maintaining a distance of at least 2 meters (6 feet) between yourself and participants
- Avoiding large gatherings –this means any group of 15 or more.
- Conducting interviews outside. Do not enter the home.
- Conducting trainings in large venues where physical spacing is possible.

Practicing Good Respiratory and Hand Hygiene

COVID-19 can be passed through sneezing and coughing. Hands can transfer COVID-19 if this guidance is not followed. Therefore, handwashing with soap and water whenever feasible, especially before and after interacting with others. The program team should use handwashing stations and hence ask everyone attending interviews or program trainings or couples groups to hand wash before and after the activity. If not possible, use a hand sanitizer

- Wearing face masks by the staff and enumerators during the duration of the activity. These will be packaged in an envelope that will be sealed and handed to the program participant to put on at the beginning of the activity.
- Using alcohol-based hand sanitizers/sprays or washing hands with soap before and after finishing each interview/survey/household, and/or training and/or couple-group session.
- Pass brief messages on COVID-19 when opening/introducing the sessions. Facilitators and enumerators will be trained on how to communicate brief COVID-19 messages to the community/respondents

Specific measures

Recruitment of Facilitators

- Facilitators will have to receive health screenings during recruitment.
- They will also be required to confirm they have not been in contact with individuals who have tested positive for COVID-19 and sign a form indicating they will follow the agreed preventive measures.

Training

- Training of Facilitators will be conducted while observing social distancing rules and they will be screened every time they arrive for the training sessions.
- While at the training, unnecessary movements will not be encouraged and participants will have to wear masks. Handwashing facilities will be available and need to be utilized.
- Facilitators should also be oriented on COVID-19 preventive measures.

Transportation

- During the exercise, personnel will be transported in shifts of just a few (leaving middle seats open) at a time to allow for social distancing while in the vehicles, and they shall all wear masks while in the vehicles.
- In addition to vehicle sitting arrangement (1 meter apart) ensure that the vehicle is well ventilated, program staff are putting on face masks and their temperatures are taken and recorded daily.
- Personnel should wash hands with soap before boarding the vehicle and when getting out of the vehicle.
- Only the driver should be responsible for opening and closing the doors.

Fieldwork During Surveys

- Enumerators will be screened every day before and after going to the field for symptoms or exposure and if any symptoms are reported, they will be replaced with a different enumerator and supported to seek care or self-quarantine and others who rode with them or were interviewed by them will be notified. All enumerators will be provided with hand sanitizer during fieldwork.
- Advise participants who feel sick to remain at home and not to attend sessions.

- When required to provide signing sheets to participants, call the participants one by one from their sitting arrangement to maintain the spacing.
- When distributing materials to participants, try to arrange small groups of 5 people and such activity should take place at an open space.
- Recipients of materials should maintain a spacing of 1m apart between individuals.

Tablets

- Tablets will be cleaned off with sanitized wipes when distributing and returning.

Consent

Tools for informed consent (i.e., tablet or a pen) will be sanitized after each use