HYBRID PHARMACY FAMILY PLANNING TRAINING · WEBINAR

Family Planning Counselling and the MEC Wheel

Access to the **contraceptive method of choice**

Monday 23 November 2026 · 6:00 to 7:00 PM EAT
Google Meet · code cdq-txrg-yqo



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MINISTRY OF HEALTH

DIVISION OF REPRODUCTIVE MATERNAL, NEWBORN, CHILD

inSupplyHealth
CO-CREATING INNOVATIONS FOR HEALTH

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Tonight's panel



Fridah Kaitany

Moderator · Senior Analyst, inSupply Health



Hambulle Mohammed

MOH, DRMNCAH

Opening remarks



Hellen Odeny

Master Trainer

BCS+



Cecilia Wanjiru

Master Trainer

C4C



Robina Anene

Master Trainer

Empathy-based counselling



Evans Nyabwari

Master Trainer

MEC wheel and app

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How the hour runs

6:00	6:05	6:12	6:22	6:30	6:40	6:52
Welcome and housekeeping	**Opening remarks**	**Balanced Counselling Strategy Plus**	**Counselling for Continuation**	**Empathy-based counselling**	**MEC wheel and app walkthrough**	**Your questions and close**
Fridah Kaitany	Hambulle Mohammed	Hellen Odeny	Cecilia Wanjiru	Robina Anene	Evans Nyabwari	Fridah Kaitany

Questions can go in the chat at any time. Fridah will collect them and put them to the panel in the last eight minutes. Microphones stay muted for participants.

01

Opening remarks

Why counselling sits at the centre of contraception in the pharmacy



Hambulle Mohammed
MOH, DRMNCAH

Counselling decides whether a client starts, and stays, on a method

Hambulle Mohammed
MOH, DRMNCAH



Many clients walk into a pharmacy before they reach a clinic. What happens at that counter shapes the choice they make.

- Good counselling helps clients understand the methods well enough to make an informed choice.
- It also raises uptake and helps clients keep using the method they chose.
- Tonight the panel shows four tools that fit into one conversation with the client.



Family planning or contraception?

Hambulle Mohammed
MOH, DRMNCAH



Family planning

or

Contraception

Which word do you use with clients at your counter, and does the choice of word matter?

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Four tools, one conversation

Hambulle Mohammed
MOH, DRMNCAH



BCS+

Gives the visit a structure, from rapport to screening for other services.

with Hellen

C4C

Starts from what matters most to the client and what she wants from a method.

with Cecilia

Empathy

Helps the provider hear and answer fear, especially about self-injection.

with Robina

MEC

Checks that a chosen method is medically safe for this client.

with Evans

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02

Balanced Counselling Strategy Plus (BCS+)

A practical, interactive approach that uses job aids to guide the consultation



Hellen Odeny
Master Trainer

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BCS+ moves through four stages

Hellen Odeny
Master Trainer



1 Stage 1
Pre-choice

Build rapport, assess her needs, rule out pregnancy and set aside methods that do not fit.

2 Stage 2
Method choice

Compare the methods left by effectiveness and let the client choose.

3 Stage 3
Post-choice

Explain the chosen method with its brochure, then give it, refer or offer a back-up.

4 Stage 4
Screening

Look for other services she may need: postpartum care, cancer screening, STI/HIV, safety.

The five job aids: the BCS+ algorithm, counselling cards, method brochures, the user guide and the WHO MEC wheel.

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Pre-choice: six questions narrow the method cards

Hellen Odeny
Master Trainer



Before the questions

- Welcome her warmly and keep the tone friendly
- Ask about family size and current method; counsel on healthy timing and spacing
- Rule out pregnancy with the checklist
- Lay out all the method cards and ask if she has one in mind

a	**Do you want children in the future?**	Yes: set aside vasectomy and tubal ligation
b	**Have you given birth in the last 48 hours?**	Yes: set aside the pill (COC) and combined injectables
c	**Are you breastfeeding a baby under 6 months?**	Yes: set aside COC and combined injectables. No, or periods are back: set aside LAM
d	**Does your partner support contraception?**	No: set aside condoms, Standard Days, Two Days and withdrawal
e	**Any medical conditions or medicines?**	Yes: check the MEC wheel and set aside what is not advised
f	**Any method you do not want or could not tolerate?**	Yes: set those cards aside

Each time a card goes aside, tell her why.

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Choosing the method, then making the choice stick

Hellen Odeny
Master Trainer



Method choice

7. Arrange the remaining cards from most to least effective and go through each briefly

8. Ask her which method suits her best. An adolescent can choose any method

9. Check the brochure section "Method not advised if you…". If it is not advisable, she picks again

Post-choice

10. Talk through the chosen method with its brochure and check what she has understood

11. Confirm her decision, then give the method, a referral or a back-up method

12. Encourage her to bring her partner into the decision, by talking or visiting together

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Stage 4: look beyond contraception

Hellen Odeny
Master Trainer



Postpartum, newborn and child

Recent birth or abortion? Review postpartum, newborn or post-abortion care. Under-fives: immunisation and growth monitoring.

Cervical and breast cancer

Offer cervical screening if the last one was over 3 years ago, or 6 to 12 months if she is HIV positive.

STI and HIV

Talk about dual protection, offer condoms, assess risk and ask whether she knows her HIV status.

Safety at home

Use the women's support and safety card. Refer her if you see signs of intimate partner violence.

Provide or refer for each service, then give follow-up instructions and agree the next visit.

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03

Counselling for Continuation (C4C)

A client-centred approach built around the Choice Book for Providers



Cecilia Wanjiru
Master Trainer

C4C starts from what matters to the client

Cecilia Wanjiru
Master Trainer



The Choice Book for Providers

A job aid and visual tool that provider and client look at together. It helps deal with the root causes of unmet need and of stopping a method early.

The client is at the centre

She is the expert on her own life. Her needs and preferences guide the decision.

Rooted in informed choice

Information is given in a way that makes sense to her.

Shared decision-making

She brings her past experience, her lifestyle and the benefits she cares about.

Built for continuation

A method she is happy with is a method she keeps using.

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Six steps in a C4C session

Cecilia Wanjiru
Master Trainer



1 Greet

Introduce yourself, ask her name and tell her that what she says stays confidential.

2 Ask

How can I help you today? Ask about her past experience with contraception and her concerns. Say less, listen more.

3 Tell

Period changes are NORMAL. Then name the 2 or 3 methods that best meet what she said she needs.

4 Help

Compare those 2 or 3 methods, check the medical eligibility criteria, and let her decide.

5 Explain

The 3 Ws: what to do, what to expect, when to come back. Ask her to repeat them and plan for side effects.

6 Return

Come back any time you have questions.

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The counselling matrix: from all methods to two or three

Cecilia Wanjiru
Master Trainer



Counselling matrix, Choice Book for Providers. From the Hybrid training participant's manual, Figure 10.

A page in the Choice Book that rates each method against what clients often care about.

Great for Good for Not good for

1. Listen first. Ask what matters to her: discreet, few visits, quick return to fertility, lighter periods?
2. Read across those rows and narrow down to the 2 or 3 methods that fit best
3. Turn to each method's own page in the Choice Book to look at it closely, with the MEC
4. Self-administration is a row too. Injectables score well because of DMPA-SC self-injection

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04

Empathy-based counselling

First in contraception counselling generally, then for DMPA-SC self-injection



Robina Anene
Master Trainer

Empathy in contraception counselling

Robina Anene
Master Trainer



PART A · CONTRACEPTION

Empathy-based counselling means the provider actively tries to understand the client's feelings and worries, and responds to them. It builds trust and emotional safety, and supports a decision that is truly hers.

What it does for the visit

- Builds trust and comfort
- Makes communication easier
- Helps her open up
- Eases anxiety and clears up myths

A good contraception counsellor

- Respects her dignity, concerns and ideas
- Is non-judgemental and open-minded
- Listens actively, and is honest and sensitive
- Knows their own biases and puts them aside

WHO asks for care that is ***"respectful, empathetic, non-judgmental, and free from coercion."***

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Listen so that she feels heard

Robina Anene
Master Trainer



Paraphrasing

Repeat what she said, so she knows you are following.

"So when you spoke to your husband, he was supportive?"

Clarifying

Ask to be sure you understood exactly what she means.

"When you say he is supportive, do you mean he has agreed to you using contraception?"

Affirming

Show you understand where she is coming from.

"I understand why you feel that way."

Empathy

Let her know what she feels is normal.

"This happens to many women like you."

SOLER: your body talks too

- **S** Sit squarely
- **O** Open posture
- **L** Lean forward
- **E** Eye contact
- **R** Relax

Ask open questions. They can show if she is a covert user or faces violence at home.

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What gets in the way of an empathetic conversation

Robina Anene
Master Trainer



- Language
- Age difference
- Values and beliefs
- Education background
- No privacy
- Weak confidentiality
- Gender bias
- Partner left out
- No time: high workload, client in a hurry
- Distractions: other staff, phones

In a busy pharmacy, find a quiet corner and give her the few minutes she needs.

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Now apply it to DMPA-SC self-injection

Robina Anene
Master Trainer



PART B · DMPA-SC SELF-INJECTION

1

BCS+

Use the job aids to guide the visit

2

Position SI first

Tell her about self-injection before the provider-given option, so she can choose it

3

DMPA-SC

A progestin-only injectable given under the skin

4

Empathy

Understand and answer her emotions and concerns

This is the order in the training manual. Empathy comes in when she hesitates, which is often.

4 in 5

women who did not take up self-injection after being trained named fear of needles as the reason.

PATH research, Uganda

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Why she hesitates, and why we sometimes do

Robina Anene
Master Trainer



A woman who has chosen self-injection may worry about

- The pain of the injection, often from bad experiences as a child
- The needle itself
- Doing it wrong, or forgetting the steps once she is home
- Her partner finding out she uses contraception
- Myths about the method, or the idea that only health workers can inject
- DMPA-SC being a "new drug"

Providers hold back when they

- Doubt she can inject correctly because of her age or schooling
- Doubt she will remember the instructions at home
- Are not yet confident demonstrating the steps themselves

Find out which fear it is before you answer it. Each one needs a different message.

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Offer both three-month injectables, self-injection first

Robina Anene
Master Trainer



DMPA-SC she gives herself

- Small needle, so it may hurt less than the provider injection
- Into the thigh or abdomen, the way people with diabetes inject insulin
- You teach her, then give up to a year of injections and a self-injection calendar
- Fewer trips, which saves her time and money

Depo-IM given by you

- Injected in the upper arm or buttock
- She comes back every 3 months
- She can switch to self-injection whenever she feels ready
- Wants DMPA-SC but not ready to inject? You can give it for her

Both protect for three months and have similar side effects. Close with: ***"Would you like to learn how to self-inject, or would you like the provider injection?"***

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Words that help her feel able

Robina Anene
Master Trainer



For lack of confidence	• "Women of all life experiences, young or old, rural or urban, have learned to self-inject." • "People have safely self-injected medicines for diabetes and other conditions for decades."
For worries about a "new drug"	• "It is the same type of drug as Depo, now with an easier way to give it." • "It is just as effective and is given every 3 months (13 weeks), like Depo."
For fear of getting it wrong	• Walk her through the four critical steps and tell her each unit holds the right dose. • Practise on a condom filled with salt, and remind her she can call you any time.
Support at home	• Paper instructions, the Viya chatbot and the toll-free line +254 701 727 174. • Explain bleeding changes with the NORMAL job aid before they worry her.

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She decides when she is ready, then you prepare her

Robina Anene
Master Trainer



Her decision

Hear her out and find where the fear comes from, then answer that fear.

If she wants to try, let her, even if her hands shake. Take the time she needs.

Still not ready? Give the DMPA-SC injection yourself if she wants it, or help her choose another method.

Once she has chosen

- Check her medical eligibility with the checklist
- Talk about side effects: bleeding changes are normal, and fertility can take some months to return
- Mention the good ones too, such as easier period cramps
- Back-up method for 7 days if the first injection is not within 7 days of her period starting
- Teach her to self-inject, and agree on safe storage and disposal
- Plan the next injection, and ask her to call you with any concern

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05

The WHO MEC wheel and app

Checking that a method is medically safe for the client in front of you



Evans Nyabwari
Master Trainer

The one question MEC answers

Evans Nyabwari
Master Trainer



"With this characteristic or medical condition, can she safely use this method?"

The criteria come from WHO's evidence-based guidelines and have been adapted by the Ministry of Health. A characteristic, such as age or pregnancy history, or an existing illness/condtion, such as diabetes or hypertension.

- Base practice on the best available evidence
- Correct myths about who can and cannot use contraception
- Remove medical barriers that are not needed
- Improve access to, and quality of, contraceptive care

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Four categories tell you what to do

Evans Nyabwari
Master Trainer



	With full clinical judgement	Where clinical judgement is limited
1	No restriction. Use the method in any circumstances.	**Yes, use it**
2	Generally use. The advantages outweigh the theoretical or proven risks.	**Yes, use it**
3	Generally do not use. The risks usually outweigh the advantages.	**No, do not use**
4	Do not use. The method poses an unacceptable health risk.	**No, do not use**

Categories 1 and 2 mean the method can be used. Categories 3 and 4 mean choose another method unless a clinician decides otherwise.

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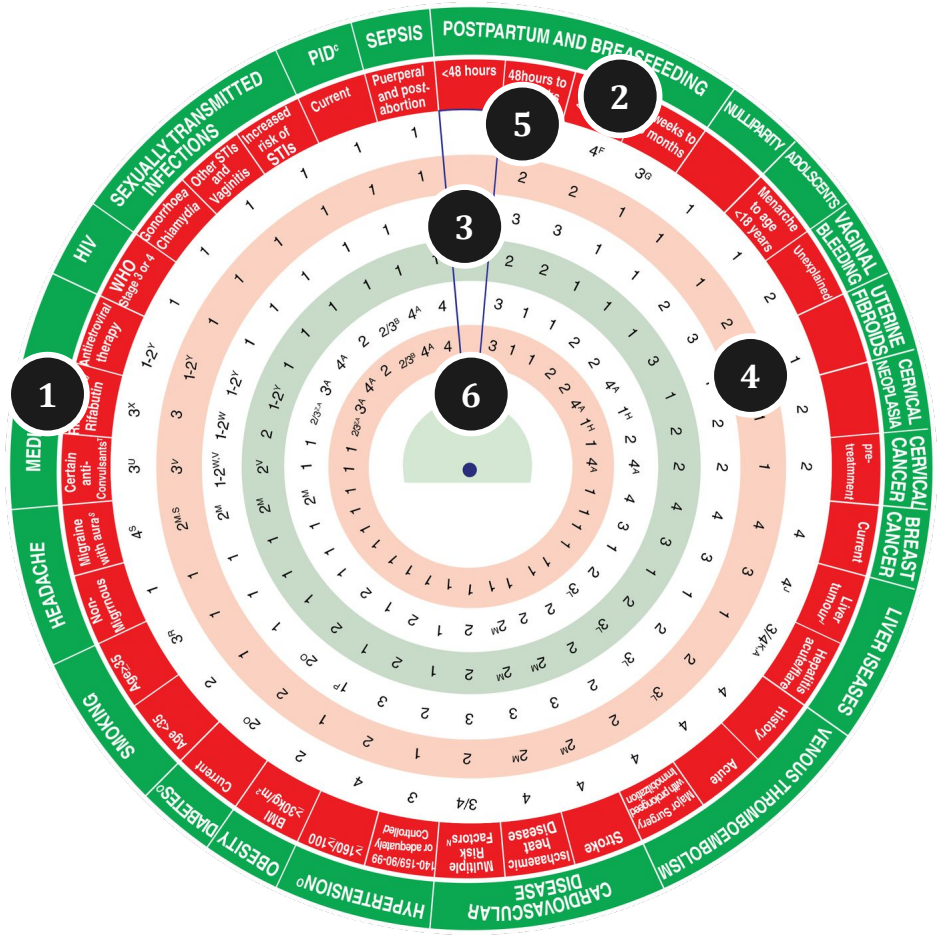
The Kenya MEC wheel, part by part

Evans Nyabwari
Master Trainer



Kenyan adaptation of the WHO MEC wheel. Ring key and footnotes are on the wheel itself.

1 Sector headings

The green outer band names each group of conditions, such as Postpartum and breastfeeding or Medications. Start here.

2 Her exact condition

The red band below gives the precise condition. "48 hours to <4 weeks" and "4 weeks to <6 weeks" give different answers.

3 The window on the jacket

Turn the top disc until the window sits over her condition. Every method's category then shows through it.

4 Method rings and numbers

Each ring is one method. The number where it meets her condition is that method's category, 1 to 4.

5 Small raised letters

Letters such as 4^{D} or 3^{G} point to footnotes with exceptions. Never skip them.

6 Centre pivot

The disc turns on this point, lining up her condition with all the methods at once.

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Reading the wheel during a consultation

Evans Nyabwari
Master Trainer



1 Find the sector

Locate the group her condition belongs to on the green outer band.

2 Find the exact condition

Move in to the red band and pick the precise condition or characteristic.

3 Find the method's ring

Follow that column in to the ring for the method she is asking about, using the wheel's key.

4 Read the category

The number is the MEC category, 1 to 4. If there is a raised letter, read the footnote first.

5 Apply the Kenya recommendation

Provide; provide and refer; or do not provide and offer another method.

6 Tell her what you found

The wheel is a counselling tool, not a verdict. Explain what the category means and what her options are.

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Get the WHO Contraception tool on your phone

Evans Nyabwari
Master Trainer



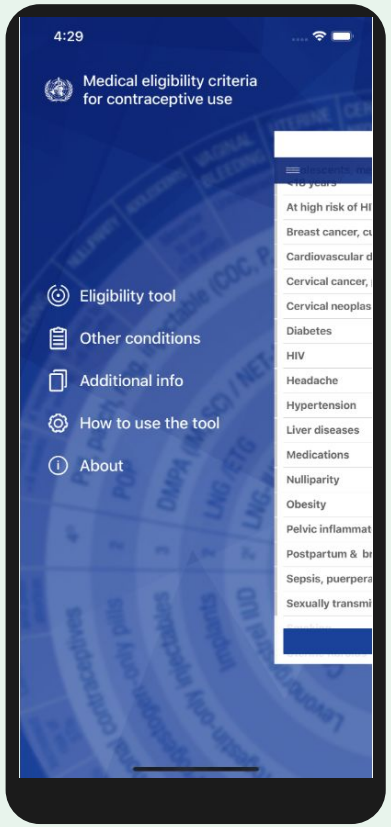
Android · Google Play

play.google.com/store/apps/details?id=com.who.mecwheel

iPhone · App Store

apps.apple.com/app/id1439446129

- Free, and published by WHO as the digital version of the MEC wheel
- Search for "WHO Contraception tool" if you cannot scan



Open the app and you land on this menu.

Eligibility tool is where the walkthrough starts. Other conditions, Additional info and How to use the tool are there too.

Covers starting nine common types of methods, from combined pills to the copper IUD

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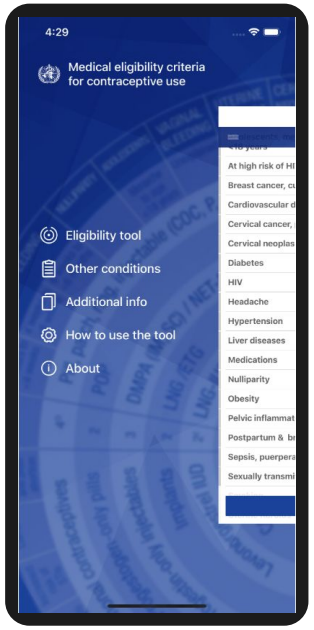
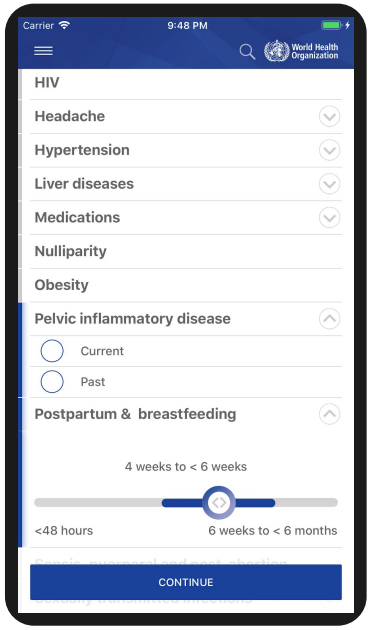
Walkthrough: from her conditions to an answer

Evans Nyabwari
Master Trainer



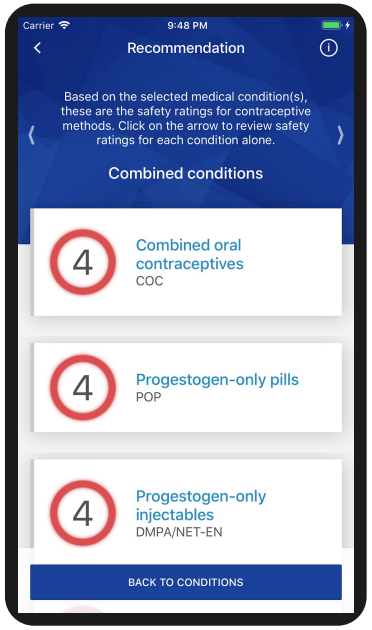
1 Tap Eligibility tool

From the menu, open the tool.



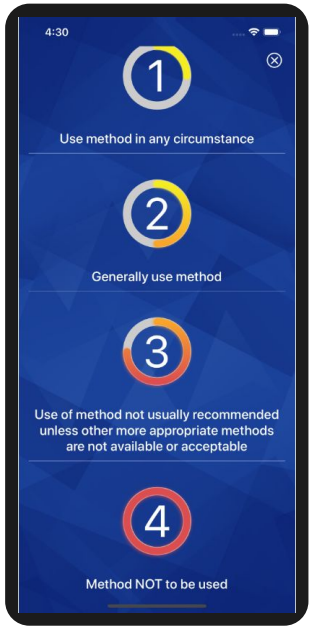
2 Tick her conditions

Some open up, like postpartum and breastfeeding. Then tap Continue.



3 Read the rating

Each method gets a number. Arrows show each condition on its own.



4 Check the meaning

Tap the i icon on the results screen to see what each number means.

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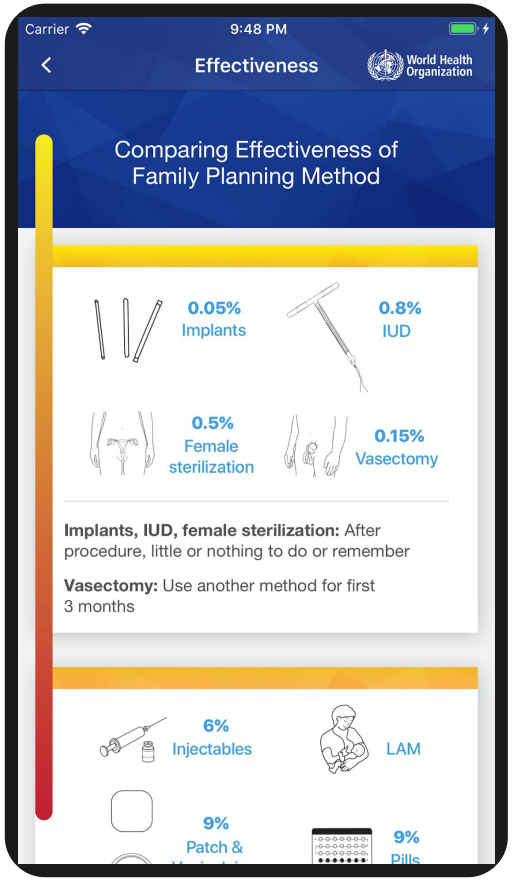
Use it in the conversation, not after it

Evans Nyabwari
Master Trainer



The Effectiveness screen compares methods side by side

It shows how many women in 100 get pregnant in a year with each method, the same order BCS+ uses when you arrange the cards.

1. **Ask first, then check.** Use question (e) from BCS+, "Do you have any medical conditions or take any medicines?", and enter every answer.

2. **Combine conditions.** Tick all of them together. The first screen rates the combination; use the arrows to see each condition alone.

3. **Keep the wheel close.** The app follows WHO's 2015 criteria. The Kenya MEC wheel and national guidelines stay the reference.

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Try it on the app: three clients

Evans Nyabwari
Master Trainer



Estela, 23

Gave birth normally 2 months ago and is fully breastfeeding her first baby. Never used contraception. Knows the 3-month injection from friends. Wants to wait 3 years.

Cristina, 36

Five children. On the 3-month injection for 3 years and tired of the visits. Wants a longer-acting method like the IUD, but a friend told her it can travel to the heart.

Isabel, 24

Gave birth to her first baby last night at this facility. Heard at ANC that contraception can start right after delivery. Not sure which method suits her.

For each one: which conditions do you tick, and which methods come out as category 1 or 2?

Short on time tonight? Take a screenshot of this slide and practise on the app afterwards.

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Your questions

Type your question in the chat and say which speaker it is for. Fridah will put them to the panel.



Fridah Kaitany
Moderator, inSupply Health

Asante sana

Thank you for joining the panel tonight.


Hambulle Mohammed


Hellen Odeny


Cecilia Wanjiru


Robina Anene


Evans Nyabwari


Fridah Kaitany

Questions after tonight: **learning@insupplyhealth.com**

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