



FEDERAL MINISTRY OF HEALTH, NIGERIA

**NATIONAL
FAMILY PLANNING/REPRODUCTIVE HEALTH
POLICY GUIDELINES
AND
STANDARDS OF PRACTICE**



(REPRINT)





FEDERAL MINISTRY OF HEALTH, NIGERIA

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FAMILY PLANNING/REPRODUCTIVE HEALTH
POLICY GUIDELINES
AND
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FOREWORD

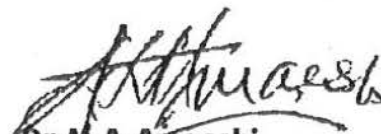
In line with the International Conference on Population and Development (ICPD) Programme of Action the Federal Ministry of Health developed the Re-productive Health (RH) Policy and Strategic Framework, which gave directions for RH implementation in Nigeria. Subsequently, the Guide to Family Planning Practice in Nigeria was formulated to provide step-by-step instructions on quality family planning and RH service provision.

The FP/RH Standards of Practice is a policy document that highlights key Family Planning Methods and other related reproductive health component services, as well as services that can be rendered at every level and location, to specify roles and responsibilities for the different cadres of service provider, and define their limitations.

This document will also enhance provider-client interaction as well as stimulate collaboration among and within all levels of care through effective referrals.

The Standards of Practice is a very crucial tool for all Programme Planners, Managers, Supervisors, Service Providers and Trainers at all levels.

It is my hope that the use of this document will improve the quality of RH/FP Service and enhance community access to services of all levels of health care delivery.



Dr. M.A. Amaeshi

Director

DCDPA

Federal Ministry of Health Abuja.

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INTRODUCTION

BACKGROUND

In 1999, a civilian administration was sworn in after 20 years of military rule during which the health and socio-economic status of Nigeria had deteriorated.

Consequently, the government, through the Federal Ministry of Health, other Ministries, Parastatals and Agencies embarked on a radical remodelling of the health care delivery system. The remodelling was done in line with the 1994 International Conference on Population and Development (ICPD) Programme of Action, which aimed at providing integrated Reproductive Health services and ensuring quality of care. In this regard, the National Policy on Population for Sustainable Development was reviewed.

To specifically address reproductive health issues, a Reproductive Health (RH) Policy was developed. This gave government policy directions and a vision bound by goals, objectives and targets. The policy statements provide guidance for programme/project development and services provided by those working in the area of Family Planning/ Reproductive Health within the health care delivery system.

JUSTIFICATION

Following the development of the RH Policy, the Guide to Family Planning Practice in Nigeria was formulated to provide step-by-step instructions on providing family planning services. However, no guidelines were provided to specify the types of care to be provided by the different cadres of providers and at each level of health care within the RH Care delivery system.

Nigeria National FP/RH Service Policy and Standards

The FP/RH Standards of Practice have been developed to provide a clear understanding of the philosophy and intent of the RH policy with a view to defining location-specific roles and responsibilities for the different cadres of service providers. In doing this, key family planning methods and other related reproductive health component services have been highlighted in consonance with National RH and Population goals and targets.

This document should help providers to appreciate the limits of their provided skills and services, enhance provider-client interaction, stimulate collaboration between and within levels of care through effective referral, thereby promoting quality of FP/RH services.

STRUCTURE OF THE FAMILY PLANNING/REPRODUCTIVE HEALTH SERVICE POLICY GUIDELINES AND STANDARDS

This Policy and Standards of Practice (SOP) document is laid out in two sections for ease of referencing and utilisation. Section One identifies the spectrum of family planning methods available and provided in Nigeria as well as related RH services. Such identified services are prevention of unsafe abortion and its complications, prevention and treatment of reproductive tract infections including HIV, care services for infertility, common cancers of the reproductive systems and menopause/ andropause.

It also specifies the services that can be provided at each level of health care, the cadre of service providers at each level, and those eligible for each specific service. In summary, section one identifies who provides what services, at which level of care

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and for whom the services are intended.

Finally, this section sets out the modalities for training, human resources development and distribution, as well as supervision, monitoring and evaluation.

Section Two prescribes the minimum level of implementation for each method of FP and the related components of RH discussed in Section One. These have been provided in a tabular format to support a clear understanding of the recommendations.

WHO MAY USE THE DOCUMENT

The guidelines set out in the SOP are written for use by those who participate in FP/RH service delivery **at all levels** of health care including within the community. These include programme planners and managers, service managers and supervisors, service providers and trainers **at all levels** in pre-service and in-service training programmes.

HOW TO USE THE DOCUMENT

Programme Managers shall use the guidelines to determine National Service Targets for Family Planning and related components in Reproductive Health, set service objectives and identify the required resources including categories and numbers of staff to be trained for specific service components. Service Providers shall use the guidelines to identify types of services to be provided at each level and how to organise these to meet the prescribed standards. Training Programme Planners shall use the guidelines to set training targets and priorities, identify required resources and prepare training strategies that respond to service needs and service standards. The guidelines shall be used to monitor and evaluate service availability, accessibility, quality and utilisation.

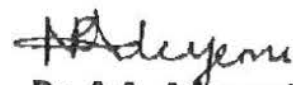
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ABBREVIATIONS

AIDS	- Acquired Immunodeficiency Syndrome
BCC	- Behavioural Change Communication
CBD	- Community Based Distribution
CHEWs-	Community Health Extension Workers
CHOS	- Community Health Officers
COC	- Combined Oral Contraceptive
CYP	- Couple Year Protection
DCDPA	- Department of Community Development and Population Activities
FLE	- Family Life Education
FMOH	- Federal Ministry of Health
FP	- Family Planning
Hb	- Haemoglobin
HIV	- Human Immunodeficiency Virus
ICPD	- International Conference on Population and Development
IEC	- Information, Education and Communication
IUD	- Intra-Uterine Device
IV	- Intravenous
LAM	- Lactational Amenorrhoea Method
LGA	- Local Government Area
LNG	- Levonorgestrel
LT	- Laboratory Technician
M&E	- Monitoring and Evaluation
MIS	- Management Information System
MVA	- Manual Vacuum Aspiration
MW	- Midwife
NAFDAC	- National Agency for Food and Drug Administration and Control
NERDC-	Nigerian Educational Research and Development Council
NGO	- Non-Governmental Organisation
NHMIS	- National Health Management Information System

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OB/GYN	- Obstetrics and Gynaecology
ORS	- Oral Rehydration Solution
PAP	- Papanicolaou
PCV	- Packed Cell Volume
PHC	- Primary Health Care
PHN	- Public Health Nurse
PHY	- Physician
PID	- Pelvic Inflammatory Disease
PLWHA	- People Living With HIV/AIDS
PMTCT	- Prevention of Mother to Child Transmission
PPIUD	- Post-partum IUD
PSA	- Prostate Specific Antigen
PSI	- Population Services International
RH	- Reproductive Health
RTI	- Reproductive Tract Infection
RVF	- Recto Vaginal Fistula
SDP	- Service Delivery Point
SOP	- Standards of Practice
SPEC	- Specialist
STI	- Sexually Transmitted Infection
TBA	- Traditional Birth Attendant (Trained)
TV	- Television
VCT	- Voluntary Counselling and Testing
VCR	- Video Cassette Recorder
VHW	- Voluntary Health Worker
VSC	- Voluntary Surgical Contraception
VVF	- Vesico-Vaginal Fistula

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SECTION ONE

FAMILY PLANNING/ REPRODUCTIVE HEALTH SERVICE POLICY GUIDELINE

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1.0 REPRODUCTIVE HEALTH SERVICE POLICY

1.1 FAMILY PLANNING

The aims of family planning are to:

- Provide information to individuals and couples to enable them to freely and responsibly decide the number and spacing of their children
- Provide affordable and accessible contraceptive services and make available a full range of safe and effective methods
- Provide information on child bearing and support the institution of marriage
- Assist couples as well as individuals who desire to have children

All individuals and couples are eligible for family planning services.

In view of the increasing problems associated with adolescent sexuality and teenage pregnancies in Nigeria, it is considered appropriate that sexually active adolescents who seek contraceptive services shall be counselled and served where appropriate.

In the case of the mentally challenged, the decision to use family planning services shall be made by such persons as parents, guardians or partners in consultation with trained service providers.

The services shall include:

- BCC - Behavioural Change Communication

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- ♦ Counselling
- ♦ Provision of contraceptives
- ♦ Management of side effects and complications
- ♦ Referral

Contraceptive services shall be offered to:

- ♦ Prevent pregnancies
- ♦ Delay child-bearing
- ♦ Space births
- ♦ End child-bearing where desirable
- ♦ Prevent RTI including STI/HIV/AIDS

The following family planning methods shall be made available in Nigeria

Temporary Methods

Short Term

- ♦ Condoms
- ♦ Spermicides
- ♦ Diaphragms
- ♦ Oral Contraceptive Pills
- ♦ Lactational Amenorrhoea Method (LAM)
- ♦ Natural Family Planning

Long Term

- ♦ Injectables
- ♦ Intra Uterine Device (IUD)
- ♦ Implants

Permanent Methods

- ♦ Bilateral Tubal Ligation
- ♦ Vasectomy

New contraceptives and contraceptive methods shall be approved and registered by the National Agency for Food and Drugs Administration and Control (NAFDAC) before being used in Nigeria.

At the various delivery points, the following service providers shall provide contraceptive services:

- ♦ Community Level: CBDs, trained TBAs, CHEWs, Patent Medicine Dealers and Pharmacists
- ♦ Health Post: CHEWs, Nurses, Midwives
- ♦ Basic Health Centres and Maternity Homes: CHEWs, Nurses, Midwives, Community Health Officers (CHOs)
- ♦ Comprehensive Health Centres CHEWs, Nurses, Midwives, CHOs and Physicians
- ♦ General Hospitals: CHEWs, Nurses, Midwives, CHOs, Physicians and Specialists (obstetrics/gynaecology)
- ♦ Specialist/Tertiary Hospitals: Midwives, Physicians and Specialists (obstetricians/gynaecologists)

The different services shall be made available at all levels of the health system based on the category of staff and infrastructure at each level of care.

- ♦ Community Level: Behavioural Change Communication, counselling, condoms provision, spermicides, re-supply of oral contraceptives and lactational amenorrhoea method
- ♦ Health Post: BCC, counselling, condom provision, spermicides, LAM, re-supply of oral contraceptives
- ♦ Basic Health Centre: BCC, counselling, condom provision, spermicides, LAM, oral contraceptives, IUD
- ♦ Comprehensive Health Centre: BCC, counselling, condoms, diaphragms, spermicides, LAM, oral contraceptives, IUD, injectables, implants, permanent

- (tubal ligation, Vasectomy) contraception, and infert management
- ♦ General Hospital: all of the above plus managemen of complications
- ♦ Specialist/Tertiary: as in general hospital plus advanced management of infertility

A variety of service delivery approaches shall be used to make family planning services accessible, available and affordable to all eligible individuals and couples. Such approaches shall be:

- ♦ Clinic based services
- ♦ Community based services
- ♦ Outreach services

Clients shall be referred to a higher level of service delivery where services required are not provided at the lower level or where management of complications and side effects are beyond the competence of the service provider(s).

1.2 PREVENTION AND MANAGEMENT OF UNSAFE ABORTION AND POST-ABORTION CARE

Abortion is the loss of pregnancy before the foetus is viable. An abortion is unsafe when performed either by persons lacking necessary skills or in an environment lacking minimal medical standards or both.

Services for unsafe abortion and post-abortion care have the followings aims:

- ♦ Prevent unwanted pregnancies through family planning counselling and services
- ♦ Create public awareness on the dangers and

- ♦ complications of unsafe abortion
- ♦ Manage and/or refer abortion complications

The target groups shall include

- ♦ Men and women
- ♦ Adolescents

The strategies shall include

- ♦ Clinic-based
- ♦ Community - based
- ♦ Outreach

The activities shall be

- ♦ Education on dangers of unsafe abortion
- ♦ Family planning counselling and services
- ♦ Recognition and management of abortion complications
- ♦ Linkages with other RH services
- ♦ Referral

At each level, the services and providers shall include:

- ♦ **Community Level**

Services: FP counselling, education on dangers of unsafe abortion, postabortion, FP services, referral

Providers: CBDs, TBAs, CHEWs, Patent Medicine Dealers, Pharmacists

- ♦ **Health Post**

Services: Same as for community level

Providers: CBDs, CHEWs

- ♦ **Basic Health Centre Level**

Services: Same as for community plus management of complications

Providers: CHEWs, Nurses, Midwives, CHOs, Physicians

- **Comprehensive Health Centre**

Services: Same as for Basic Health Centre plus management of complications, including surgery
Providers: CHEWS, Nurses, Midwives, PHN-CHO, and Physicians

- **General Hospital**

Services: Same as for Comprehensive Health Centre
Providers: Nurses, Midwives, Physicians and Obstetricians, Laboratory Technicians

- **Specialist / Tertiary Hospital**

Services: Same as at General Hospital.
Providers: Nurses, Midwives, Physicians, Obstetricians and Laboratory Scientists

The logistics support including BCC materials, MVA kit, contraceptives and equipment which shall be provided as appropriate for each level.

1.3 PREVENTION AND MANAGEMENT OF REPRODUCTIVE TRACT INFECTIONS INCLUDING STIs, HIV/AIDS

The aim of STIs services is to:

- Prevent and manage RTIs including STIs, HIV/AIDS

The target group shall include

- All sexually active men and women
- Adolescents

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- Pregnant women
- Sex workers
- Neonates (eye care)
- Children with HIV

The following activities shall be provided:

- BCC (Behavioural Change Communication) including counselling
- Client screening
- Syndromic diagnosis and treatment
- Laboratory diagnosis and definite treatment
- Partner notification
- Immunisation (Hepatitis B)
- Follow-up care
- Management of long term complications
- Care and support for people living with HIV/AIDS (PLWHA)

The service delivery strategies shall include:

Prevention

- Advocacy
 - Mass-media campaigns
 - Enter-educate (Entertainment Education)
 - Interpersonal communication
- Family Life Education
- Promotion of condoms
- Provision of condoms

Management of cases

- Compliance with service standards
- Use of treatment protocols/guidelines
- Referral of cases

The following services shall be provided at the different levels of the health care delivery system:

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♦ **Community**

Services: Counselling including Prevention of Mother-To-Child Transmission (PMTCT), BCC, promotion and sale of condoms, and vaginal foaming tablets, follow-up and referral

Providers: TBAs, Patent Medicine Dealers, CHEWs and Pharmacists

♦ **Health Post**

Services: BCC/ counselling, PMTCT, promotion and sale of condoms, spermicides, LAM, and re-supply of oral contraceptives

Providers: CBDs, TBAs, CHEWs

♦ **Basic Health Centre**

Services: As in the health post plus syndromic management of STIs, counselling for PMTCT

Providers: CHEWs, Nurses, Midwives, Pharmacy technicians, and CHOs

♦ **Comprehensive Health Centre**

Services: As in the Basic Health Centre plus laboratory diagnosis and management of STI's, epidemiological surveillance and Voluntary Counselling & Testing (VCT)

Providers: CHEWs, Nurses, Midwives, Pharmacy Technicians, CHOs, Laboratory Technicians and Physicians

♦ **General Hospital**

Services: As in comprehensive health center plus reference laboratory

Providers: CHEWs, Nurses, Midwives, Pharmacy

Technicians, CHOs (Nurse Midwives) plus Specialists, Researchers and HIV/AIDS counsellors

♦ **Specialist / Tertiary**

Services: As in the General Hospital plus specialist care

Providers: Nurses, Midwives, Pharmacy Technicians, PHN-CHOs and Specialists

Appropriate logistic support shall be provided at all levels for the prevention and management of STIs, including HIV/AIDS.

1.4 PREVENTION AND MANAGEMENT OF INFERTILITY

The aims of this service component are:

- ♦ Prevention of infertility
- ♦ Treatment of infertility

The target groups shall include:

- ♦ Persons in the reproductive age group
- ♦ Patients with RTIs
- ♦ Infertile couples
- ♦ Infertile individuals

The activities to be undertaken shall include:

Prevention

- ♦ Advocacy
- ♦ Multi-media channels
- ♦ Mass-media campaigns
- ♦ Interpersonal communication
- ♦ BCC
- ♦ Counselling
- ♦ Family life education
- ♦ Promotion of condoms

- ♦ Treatment of RTI (syndromic and etiologic)

Management

- ♦ Counselling
- ♦ Clinical examination
- ♦ Laboratory test and specialised investigation
- ♦ Definitive treatment including artificial insemination
- ♦ Assisted conception and adoption
- ♦ Referrals

Services and service providers for prevention and management of infertility shall include:

- ♦ **Community**
Services: BCC, counselling, promotion of condoms, and referral
Providers: CBD, TBAs, CHEWs, Pharmacists.
- ♦ **Health Post**
Services: BCC, counselling, condoms promotion and referral.
Providers: CHEWs, Pharmacy Technicians
- ♦ **Basic Health Centre**
Services: As in the health post plus clinical examination and syndromic treatment of RTIs
Providers: Midwives, Nurses, CHEWs, CHO (Nurse Midwives)
- ♦ **Comprehensive Health Centre**
Services: As in the Basic Health Centre plus syndromic and definitive treatment of RTIs, clinical examination and laboratory tests and some definitive treatment of infertility such as aduction of ovulation
Providers: Same as Basic Health Centre plus Physicians, Laboratory technicians

- ♦ **General Hospital**

Services: As in the comprehensive plus specialised investigations and some other treatments such as insemination, adoption

Providers: Same as Comprehensive Health Centre level plus specialists

- ♦ **Specialist / Tertiary Hospital**

Services: As in the General Hospital plus other definitive treatments such as assisted conception

Providers: Same as General Hospital

Appropriate logistic support shall be provided as indicated in the standards.

PREVENTION AND MANAGEMENT OF CANCERS OF THE FEMALE AND MALE REPRODUCTIVE SYSTEMS

Cancers of the reproductive systems shall include cancers of breast, cervix and prostate.

The aims of this service component are:

- ♦ Prevention of reproductive tract cancers
- ♦ Early detection of reproductive tract cancers
- ♦ Treatment of patients with reproductive system cancers
- ♦ Management of terminally ill patients including home based care

The target groups shall include:

- ♦ Men
- ♦ Women
- ♦ Adolescents

The activities to be undertaken shall include:

- BCC
- Counselling
- Provision of condoms (to help prevent RTIs which are risk factors for cervical cancer)
- Early detection and definitive treatment of RTIs and definitive treatment of pre-malignant conditions of the cervix, breast and prostate
- Definitive treatment of the specific cancers
- Follow-up
- Referrals
- Management of terminally ill patients

The services and providers shall be:

- **Community**
Services: BCC, counselling, promotion and provision of condoms, referrals and follow-up
Providers: TBAs, CHEWs, CBDs
- **Health Post**
Services: As at the community level
Providers: As at the community level
- **Basic Health Centre Level**
Services: As at the health post plus syndromic management of RTIs and early detection of pre-malignant conditions especially of the cervix through direct visual observation and gynoscropy
Providers: CHEWs, Nurses, Midwives, CHOs (Nurse Midwives)
- **Comprehensive Health Centre**
Services: As at the Basic Health Centre plus biopsy of lesion

- Providers: As at the Basic Health center plus Physicians
- **General Hospital**
Services: As at Comprehensive Health Centre plus laboratory diagnosis of early stage of diseases e.g. Prostate Specific Antigen (PSA) test, mammography where available
Providers: As at the Comprehensive Health Center plus specialist
- **Specialist / Tertiary**
Services: As at General Hospital plus definitive treatment of pre-malignant conditions and specific cancers
Providers: Same as General Hospital

Appropriate logistics support shall be provided at all levels for the management of reproductive system cancers as indicated in the standards.

1.6 RESPONDING TO CONCERNS ABOUT MENOPAUSE AND ANDROPAUSE

The aims of this service are to

- Create awareness and educate people about menopause and andropause (awareness and education)
- Provide appropriate management for patients with symptoms and signs of menopause and andropause

The target groups are:

- Men and women of reproductive age and above
- Clients with menopause and andropause symptoms
- Spouses/partners of clients with menopause and andropause symptoms

The activities to be undertaken for menopause and andropause management shall include:

- ♦ BCC
- ♦ Counselling
- ♦ Clinical examination
- ♦ Laboratory investigation
- ♦ Treatment
- ♦ Referral when applicable

The strategies for responding to concerns about menopause and andropause shall include:

- ♦ Interpersonal communication
- ♦ Mass-media communication
- ♦ Enter-educate (Entertainment Education)
- ♦ Focus group discussions
- ♦ Clinic based services

The services and providers shall be:

- ♦ **Community**
Services: BCC, counselling, referral
Providers: CBDs, TBAs, CHEWS
- ♦ **Health Post**
Services: Same as at community level
Provider: CHEWs as community level
- ♦ **Basic Health Centre**
Services: BCC, counselling, clinical examination and referrals
Providers: CHEWs, Nurses, Midwives, CHOs
- ♦ **Comprehensive Health Centre**
Services: As at the Basic Health Centre plus laboratory investigation and treatment

Providers: As for Basic Health Centre plus Physicians and laboratory technicians

- ♦ **General Hospital**

Services: As at the Comprehensive Health Centre

Providers: As at the Comprehensive Health Centre plus specialists

- ♦ **Specialist / Tertiary:**

Services: Same as for General Hospital plus Specialist care

Providers: Same as for General Hospital

Appropriate logistic support shall be provided at all levels as needed.

2.0 BEHAVIOURAL CHANGE COMMUNICATION (BCC) AND COUNSELLING

Behavioural change communication is the process of educating, persuading and disseminating information to people, to positively influence their behavioural patterns and enable them take actions that will enhance their reproductive health status.

The aims of this service component are to -

- ♦ Increase awareness and use of family planning/child spacing methods and other relevant reproductive health services
- ♦ Promote client/provider interaction

For effective BCC, a multimedia approach shall be used. BCC messages shall be correct, timely, audience specific, culturally sensitive and acceptable.

The target groups shall include

- ♦ Policy makers
- ♦ Opinion leaders
- ♦ Religious bodies
- ♦ Adolescents and youth
- ♦ All men and women
- ♦ Clients with reproductive health concerns or problems

The main BCC activities for the promotion of reproductive health shall include the following:

- ♦ Data collection, analyses and presentation
- ♦ Community involvement
- ♦ Training
- ♦ Material production
- ♦ Field testing
- ♦ Presentation
- ♦ Material distribution
- ♦ Resource mobilisation
- ♦ Community mobilisation e.g. during new yam festival, durbars
- ♦ Counselling
- ♦ Interpersonal communication

The following strategies shall be used for the promotion of Reproductive Health

- ♦ Advocacy
- ♦ Community mobilisation / involvement
- ♦ Involvement of the adult literacy programmes (in and out of school) at promoting Family Life Education (FLE)
- ♦ Strengthening the use of reproductive health database
- ♦ Intensifying outreach programmes

- ♦ Training

BCC promotion shall be undertaken at various levels by the following category of providers/officers:

Community

- ♦ CBD
- ♦ TBAs
- ♦ Patent Medicine Dealers
- ♦ VHWs
- ♦ Community Volunteers
- ♦ Peer Counsellors
- ♦ Teachers
- ♦ CHEWs

Health Post

- ♦ As for community level

Basic Health Centre

- ♦ Same as community level
- ♦ Public Health Nurses
- ♦ Midwives

Comprehensive Health Centre

- ♦ Same as Basic Health Centre
- ♦ School Counsellors
- ♦ Physicians
- ♦ Public Health Nurses
- ♦ Health Educators
- ♦ Peer Counsellors
- ♦ Social Health Workers
- ♦ NGOs

General Hospital

- ♦ Same as Comprehensive Health Centre
- ♦ Health Education Officers of different agencies
- ♦ BCC specialists
- ♦ NGOs

Specialist/Tertiary Hospital

- ♦ Same as above

Local Govt. Level

- ♦ LGA Chairmen
- ♦ PHC / Director / Coordinator

State Level

- ♦ Ministry of Information
- ♦ Ministry of Health
- ♦ Ministry of Education

National Level

- ♦ The Health Education Branch of the Federal Ministry of Health
- ♦ DCDPA, Federal Ministry of Health
- ♦ Population Information and Communication Bureau (Federal Ministry of Information)
- ♦ Nigerian Education Research and Development Council (NERDC)

3.0 TRAINING OF FP/REPRODUCTIVE HEALTH SERVICE PROVIDERS

All persons involved in the provision of family planning/reproductive health services shall be given the appropriate training.

TRAINING CONTENT

Training shall focus on:

- ♦ BCC
- ♦ Counselling Skills
- ♦ Interpersonal Communication Skills
- ♦ Family Planning/Contraceptive Technology
- ♦ Adolescent Reproductive Health
- ♦ RTI including STI/HIV/AIDS and PMTCT
- ♦ Prevention and Management of Infertility
- ♦ Infection Prevention
- ♦ Post-abortion Care
- ♦ Reproductive System Cancer Prevention and Screening (breast, cervix, prostate)
- ♦ Menopause/Andropause
- ♦ Clinical Skills
- ♦ Training and Facilitation Skills
- ♦ Contraceptives Logistics Management
- ♦ Management Information System
- ♦ Supervision, Monitoring and Evaluation
- ♦ Operations Research

PRE-SERVICE TRAINING

- ♦ FP/RH shall continue to be integrated in the pre-service training curricula of all health workers in order to provide for full integration of reproductive health services in the National Health Care Delivery System

IN-SERVICE TRAINING

- ♦ In-service training in FP/RH shall be in line with the Reproductive Health standards using the approved curricula to ensure sustained quality of service
- ♦ In-service training programmes shall ensure coverage of all service providers in both public and private sectors with regular updating of knowledge and skills
- ♦ The RH Division of the Federal Ministry of Health, in concert with other stakeholders collaborating in reproductive health, shall regularly review the Policy, Standards, Protocols and curricula as necessary
- ♦ Relevant aspects of reproductive health shall become an integral part of structured in-service training by health care providers
- ♦ In-service training services shall be decentralised to the States, LGAs and NGOs using identified and experienced RH trainers

POST BASIC AND POST GRADUATE TRAINING

The training of Nurses, Midwives, Physician & Specialists shall include:

- ♦ Reproductive health components
- ♦ Revision of curricula
- ♦ Specialised training in reproductive health planned according to the needs

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TRAINING OF OTHER REPRODUCTIVE HEALTH SERVICE PROVIDERS

- ♦ Trained staff shall be expected to transfer the knowledge and skills to colleagues in their work place. On-the-job training shall accompany all monitoring and supervisory activities prescribed by the Standards
- ♦ Duration of training shall be commensurate with the content and level of skills needed, as determined by accredited resource persons and as required by training modules
- ♦ All service providers shall be required to have undergone the appropriate in-service training before carrying out any additional or new tasks
- ♦ The Federal Ministry of Health, in collaboration with other relevant stakeholders and resource persons, shall regularly update resource materials, which should be made available to all training centres

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4.0 HUMAN RESOURCE DEVELOPMENT

Human Resource Development shall address issues related to the cadres of healthcare providers, their numbers, functions, distribution, competences and the training and support they need to ensure equitable and quality RH services. It shall also take care of the present and future needs as an integral part of the National Human Resources Development Policy for Health.

PLANNING OF HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

- The Health Sector, at all tiers of governance, shall develop projections of future needs and supply of Reproductive Health Service providers
- Management of the Reproductive Health workforce shall involve decentralised processing of personnel administration through the appropriate department or agency
- Appropriate cadres of service providers shall be distributed, according to workload as well as geographical spread, to cater for equitable access to services
- Community participation shall include provision of incentives for officers with heavy workloads and those working in 'hardship' areas

TRAINING AND HUMAN RESOURCE DEVELOPMENT

- All pre-service training curricula shall include Reproductive Health components

- Polyvalent-skilled cadres shall provide Reproductive Health services that are integrated into other health services

These workers will increase the availability of Reproductive Health skills at all levels for service provision.

- Specialised training shall take into consideration National, State and LGA requirements and needs
- Access to Reproductive Health services, especially in rural areas, shall remain an important factor in the development and assignment of service providers

5.0 MANAGEMENT INFORMATION SYSTEM (MIS)

The aim of management information system is to

Gather information that will facilitate decision-making for planning, implementation and evaluation of FP/RH services.

To achieve this, data collection tools shall be standardised. Data shall be collected, collated and analysed to inform and influence decisions at all levels.

All Ministries and Non-Governmental Organisations (NGOs) shall ensure timely feedback to the appropriate levels through the established channels.

Information shall be collected on the following:

General

- Client records
- Service statistics
- Logistics records
- Contraceptive methods
- Personnel
- Equipment

Family Planning

- Contraceptive method
- Method mix-modern, traditional
- Couple Year of Protection (CYP)
- Contraceptive prevalence by methods

Post-abortion Care

- Number of post-abortion care services rendered
- % of post-abortion care clients using a FP method

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- % of admission for abortion related complications
- Number of deaths as a result of abortion

STI Management

- % of clients counselled and given treatment on STI/HIV at SDP
- Types and number of condoms distributed
- STI/HIV prevalence

Reproductive Tract Cancer Management

- Number of clients screened
- Types of cancer
- Number of cases referred

Prevention and Management of Infertility

- Numbers of clients screened
- Numbers of pregnancies achieved

Management of Menopause/Andropause

- Numbers of clients reporting
- Numbers of clients treated
- Numbers of clients referred

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6.0 QUALITY ASSURANCE

The aim of quality assurance is to improve provider's performance and increase client's satisfaction.

Special attention shall be paid to:

- ♦ Client-Provider Interaction
- ♦ Privacy and confidentiality
- ♦ Counselling for informed choice/decision
- ♦ Access to widest possible range of effective FP/RH services
- ♦ Access to Integrated Services
- ♦ Infection Prevention and Control
- ♦ Mechanisms to ensure follow-up
- ♦ Effective logistics management system
- ♦ Technical competence of service providers
- ♦ Service providers morale
- ♦ Effective referral system

Strategies shall include:

- ♦ Training and acquisition of skills
- ♦ Provision of:
 - Practical Guidelines
 - Administrative Procedures
 - Performance Standards and Protocols
 - Specifications
- ♦ Development of indicators to monitor quality of service delivery
- ♦ Provision of materials to support services
- ♦ Supportive supervision, monitoring and evaluation

Mechanisms/strategies to perform continuous monitoring of quality of care shall be based on clients' satisfaction and perception of the quality of care.

7.0 FINANCIAL RESOURCES

The aim of these guidelines about financial resources shall be to ensure that adequate funds are available to support the provision and sustenance of quality and FP/RH services at all levels.

The sources of funding shall be both internal and external.

- ♦ Government and people of Nigeria shall strive to increase internal funding for FP and related RH programmes
- ♦ Federal, State and Local Governments shall provide annual budgetary allocations and release funds for implementation of FP/RH policy and programmes
- ♦ Federal Government shall mobilise external funds from development partners for FP/RH policy programme implementation including the RH Strategic Framework and Plan
- ♦ Federal, State and Local Governments shall provide necessary counterpart funding and contributions for the implementation of donor-assisted programmes and projects
- ♦ Government shall encourage organised private sector to support FP/RH programmes and activities
- ♦ Other financial management issues shall be as decided/directed by relevant governments, communities and partners

SECTION TWO

FAMILY PLANNING/ REPRODUCTIVE HEALTH SERVICE POLICY STANDARDS

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8.0 SUPERVISION, MONITORING, EVALUATION AND RESEARCH

SUPERVISION

The aims of supervision are to:

- ♦ Guide, assist and support staff in order to improve their performance in their assigned tasks
- ♦ Provide support to providers to resolve emerging concerns and problems

MONITORING AND EVALUATION (M&E)

The aims of M&E are to:

- ♦ Assess, on a continuous and periodic basis how resources are being deployed to achieve set goals
- ♦ Provide information to make judgements and decisions on programmes

Monitoring assesses the progress of implementation while evaluation determines the effectiveness of activities and strategies.

Managers and Service Providers shall carry out monitoring and evaluation at all levels of the health care delivery system.

RESEARCH

The aims of research are to:

- ♦ Find out the magnitude of RH issues and collect information to help formulate appropriate strategies
- ♦ Generate information to influence policy

Governments at all levels shall encourage the development of a research culture within government, agencies, training and research institutions and NGOs in support of Reproductive Health programmes.

This shall include basic and operations research, the findings of which shall be disseminated and applied to improve the reproductive health status of the people.

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9.0 BCC METHODS, CHANNELS AND MATERIALS

Behavioural Change Communication (BCC) is a crosscutting activity for all FP/RH services. It shall be provided at all levels of health care (Community, Health Posts, Basic and Comprehensive Health Centres, General Hospitals and Specialist / Tertiary Centres) through the following methods and using the underlisted materials:

METHODS/CHANNELS

- ♦ Health Talks
- ♦ Demonstrations
- ♦ Video shows
- ♦ Drama, songs
- ♦ Cultural festivals
- ♦ Community meetings
- ♦ Home visits
- ♦ Discussions with organised groups
- ♦ Film shows
- ♦ Radio and TV
- ♦ Quizzes
- ♦ Debates
- ♦ Panel discussions

MATERIALS

- ♦ Flip Charts
- ♦ Posters
- ♦ Leaflets
- ♦ Pamphlets
- ♦ Video and audio equipment
- ♦ Video camera
- ♦ Films/Slides

- ♦ Projectors
- ♦ Models (penile, breast, pelvic)
- ♦ Samples of contraceptives
- ♦ Newspapers
- ♦ Billboards
- ♦ Banners
- ♦ Souvenirs
- ♦ RAPID* Presentation

**RAPID is Resources for the Awareness of Population In Development. It is an advocacy tool used in promoting issues of population as they impact on development.*

These methods and materials shall be used at all levels depending on the target group and resources available.

10.0 INFORMATION FOR CLIENTS SEEKING RH SERVICES

It is important that providers observe all ethical issues in clients seeking FP/RH services. At the end of the session, the client shall be provided information appropriate to his/her need from the topics listed below, to enable him/her to make an informed decision regarding the FP/RH service.

General Topics

Relevant elements of:

- ♦ Anatomy and physiology of the human reproductive system
- ♦ Human growth and development
 - Menarche/Male Puberty
 - Fertilisation
 - Pregnancy
 - Adolescence
 - Adulthood
 - Parenthood
 - Menopause/Andropause
- ♦ STI and HIV/AIDS risk behaviours
- ♦ Breastfeeding
- ♦ Gender issues
- ♦ Social/Cultural issues
- ♦ Rumours/Misconceptions

Family Planning

- ♦ Types of available methods
- ♦ How the method for which client shows interest works
- ♦ Advantages and disadvantages for methods that interest the client
- ♦ Effectiveness of the method

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- ♦ Side effects and their management
- ♦ Eligibility and non-eligibility criteria
- ♦ Return to fertility
- ♦ Clarification of misconceptions/rumours
- ♦ Where to get them and cost
- ♦ Warning signs for early return to the health facility
- ♦ Follow up and re-supply (where applicable)
- ♦ Proper storage and maintenance
- ♦ Proper disposal of used and expired supplies

STIs & HIV/AIDS

Information:

- ♦ On the causes of STIs including HIV/AIDS
- ♦ On Voluntary Counselling and Testing (VCT)
- ♦ On risk factors and how to prevent them

Infertility

- ♦ Causes of infertility
- ♦ Relationship between infertility and RTIs
- ♦ Principles of management of infertility

Cancers Of Reproductive System

- ♦ Information regarding common cancers – cervix, breast, prostate
- ♦ Risk factors
- ♦ Early detection (screening)
- ♦ Principles of management

Menopause & Andropause

- ♦ Information on the physiology of menopause and andropause
- ♦ Common symptoms and signs
- ♦ Coping mechanisms
- ♦ Principles of management

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11.0 FAMILY PLANNING METHODS AND SERVICES

Types of family planning methods and services provided at each level of the health delivery system and the various cadres of service providers:

LEVELS OF SERVICES	TYPES OF FAMILY PLANNING METHODS AND SERVICES	SERVICE PROVIDERS
♦ Community	<ul style="list-style-type: none"> ♦ Counseling ♦ Condoms ♦ Spermicides ♦ LAM ♦ Re-supply of oral contraceptives 	<ul style="list-style-type: none"> ♦ CBD Agent, TBA ♦ Patent medicine dealers ♦ Pharmacists ♦ CHEWs
♦ Health Post	Same as community	♦ CHEWs
♦ Basic Health Centre	Same as for above plus <ul style="list-style-type: none"> ♦ Fertility awareness methods ♦ Injectables ♦ IUD ♦ Oral contraceptives ♦ Diaphragms ♦ Emergency Contraception 	<ul style="list-style-type: none"> ♦ Midwives ♦ Nurses ♦ CHO
♦ Comprehensive Health Centre	Same as for basic health centre above plus <ul style="list-style-type: none"> ♦ Implants and ♦ Sterilization for both men and women 	Same as for basic health centre plus <ul style="list-style-type: none"> ♦ Physicians ♦ Specialists (Ob/Gyn) if available
♦ Specialist / Tertiary Hospital	Same as above	Same as above plus Specialists (Ob/Gyn)

12.0 HISTORY TAKING AND PHYSICAL EXAMINATION

HISTORY TAKING

History taking is the process of collecting information from the client to enable the service provider assist the client in making an informed decision/choice. Ensuring privacy and confidentiality are important requirements during history taking.

The information obtained shall include

BIODATA

- ♦ (Name, age, address, sex, marital status, religion)
- ♦ Social History
- ♦ Medical History (Past and Present)
- ♦ Menstrual History
- ♦ Sexual History
- ♦ Gynaecologic /Obstetric History
- ♦ Contraceptive History

PHYSICAL EXAMINATION

Physical examination assesses the client's health status and suitability for a chosen service. This consists of the general and systemic examinations.

General Examination

- ♦ Gait
- ♦ Facial expression
- ♦ Pronounced disability or obvious ill-health
- ♦ Pallor
- ♦ Jaundice
- ♦ Temperature

- ◆ Pulse
- ◆ Respiration rate
- ◆ Blood pressure
- ◆ Weight
- ◆ Height

Systemic Examination (if relevant and accepted by client)

- ◆ Breast
- ◆ Abdomen
- ◆ Pelvic – speculum and bimanual
- ◆ Rectal (Prostate examination) men for over 50 years

**13.0 FAMILY PLANNING /REPRODUCTIVE HEALTH
BASIC LABORATORY TESTS**

These tests shall be carried out at various levels of care, where indicated, as facilities permit. However where facilities are not available for necessary tests, the client shall be referred appropriately.

TYPES

- ◆ Urinalysis (hot and cold) – albumin, glucose and acetone
- ◆ Blood for Hb, PCV, malaria parasites and sickling test
- ◆ Pregnancy test
- ◆ Pap smear
- ◆ Microscopy, culture and sensitivity (high vaginal / endocervical swabs)

14.0 ELIGIBILITY CRITERIA FOR FAMILY PLANNING METHODS

The following tables will guide the provider in assessing the eligibility of clients to use the various methods of family planning.

METHODS	WHO CAN USE	WHO CANNOT USE
Fertility Awareness Method	<ul style="list-style-type: none"> ◆ Client's choice is influenced by religious or other personal reasons ◆ Other methods are unsuitable ◆ Medical care is inaccessible ◆ An inexpensive method is required <p>Who can use with caution</p> <ul style="list-style-type: none"> ◆ LAM is not advisable for HIV positive mothers because of risk of transmission from mother to child. However, if HIV+ mother chooses to breastfeed, LAM is recommended. 	<ul style="list-style-type: none"> ◆ Absence of knowledgeable instructor to teach the client ◆ Client is not motivated ◆ Client cannot understand how to use the methods ◆ Menses are irregular (for calendar method) ◆ There is alteration of cervical mucus e.g. infections, erosions ◆ Immediate postpartum, post-abortion, during breastfeeding ◆ LAM cannot be used in clients treated for some chronic illnesses such as hypertension and diabetes (because of presence of drug in breastmilk). ◆ LAM can not be used in clients treated for some chronic illnesses
Spermicides	<ul style="list-style-type: none"> ◆ Client does not want to use systemic or other forms of contraception ◆ Other methods are not suitable ◆ Intercourse is infrequent ◆ There is need to enhance the effectiveness of the diaphragm and/or condom ◆ There is fear that other methods may interfere with successful lactation ◆ Emergency Contraception is more effective than Spermicides for failed withdrawal ◆ Medical personnel are unavailable or inaccessible to initiate other clinical methods ◆ There is a need to delay first pregnancy. 	<ul style="list-style-type: none"> ◆ Allergy to ingredients of the spermicides ◆ Cervical or vaginal lesions ◆ High risk of STIs ◆ HIV/AIDS: risk of HIV transmission is increased ◆ Its typical high failure rate makes it unsuitable for those whose health will be endangered by pregnancy e.g. in sicklers.

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Diaphragm	<ul style="list-style-type: none"> ◆ Intercourse is infrequent ◆ No other contraceptive method is available or acceptable to client ◆ Other contraceptives are unsuitable ◆ The woman's choice is diaphragm 	<ul style="list-style-type: none"> ◆ History of allergy or sensitivity to latex rubber or spermicides ◆ Past toxic shock syndrome
Male Condom	<ul style="list-style-type: none"> ◆ Non-prescription-type contraceptive is desired ◆ The male wants to share the contraceptive responsibility ◆ No other contraceptive methods are available or acceptable to the couple ◆ Multiple sexual partners are involved ◆ Back up contraceptive for some other methods, if required, or dual protection ◆ Sexual intercourse is infrequent ◆ Wants STI/HIV protection 	<ul style="list-style-type: none"> ◆ Allergy to latex (rubber) ◆ Inability to sustain erection
Female Condom	<ul style="list-style-type: none"> ◆ Non-prescription-type contraceptive is desired ◆ No other contraceptive methods are available or acceptable to the couple ◆ Clients not eligible for IUD & hormonal contraceptives ◆ Multiple sexual partners are involved ◆ Back up contraceptive for some other methods is required 	<ul style="list-style-type: none"> ◆ Genital prolapse ◆ Vaginal abnormalities e.g. septa, atresia/stenosis

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<p>Combined Oral Contraceptives</p>	<ul style="list-style-type: none"> ◆ Adolescents ◆ Nulliparous women ◆ Post partum (3 weeks if not breast feeding) ◆ Immediate Post-abortion ◆ Women with varicose veins ◆ Any weight (fat or thin) ◆ Asthmatic client <p>Women with these conditions can use COCs with caution (i.e. being seen by physician)</p> <ul style="list-style-type: none"> ◆ Diabetes mellitus (stabilised; without kidney, eye or vascular disease) ◆ Severe headaches (migraine) ◆ Epilepsy ◆ Varicose veins (deep) ◆ Benign breast disease (non oestrogen dependent) ◆ Uterine fibroids ◆ Endometriosis 	<ul style="list-style-type: none"> ◆ Pregnancy ◆ History of raised blood pressure (Systolic above 140 mmHg and/or diastolic above 90mmHg). ◆ History of cerebrovascular disease (stroke) ◆ Have coronary artery disease (heart attack) ◆ History of pre-existing tumours of the breast or genital organs ◆ Current or past thrombophlebitis (e.g. constant and severe pains at the back of the legs). ◆ Age above 35 years and smokes ◆ Breast feeding (less than 6 months post partum) ◆ Existing liver disease (jaundice or yellow eyes) ◆ Gallbladder disease ◆ Use of rifampin or anticonvulsants
<p>Progestin Only Oral Contraceptive</p>	<p>Clients:</p> <ul style="list-style-type: none"> ◆ Of all reproductive ages and parity. (Adolescent and Nulliparous) ◆ Breastfeeding (after 6 weeks) ◆ With raised blood pressure, varicose veins or sickle cell anaemia ◆ With oestrogen related side effects ◆ Desiring minipills ◆ Of any weight (fat or thin) ◆ Who just had an abortion ◆ Smoking cigarette ◆ Benign breast disease ◆ Headaches ◆ Iron deficiency anaemia ◆ Varicose veins ◆ Valvular heart disease ◆ Sickle cell disease ◆ PID ◆ STIs ◆ Heavy painful menstrual period ◆ Uterine fibroid ◆ Epilepsy 	<ul style="list-style-type: none"> ◆ Mononucleosis (relapsing fever) ◆ Tuberculosis patient on rifampicin treatment; anticonvulsants ◆ <6 weeks postpartum & breastfeeding ◆ Severe fibrosis of the liver ◆ Liver tumours (benign & malignant) ◆ Thromboembolic disorders ◆ Unexplained vaginal bleeding ◆ Breast cancer

<p>Emergency Contraceptives</p>	<p>Clients:</p> <ul style="list-style-type: none"> ◆ Of all reproductive ages and parity including adolescents ◆ Who have just experienced rape, or incest ◆ With contraceptive failure e.g. breakage of condom, or missed pill ◆ Who had unplanned sexual intercourse 	<ul style="list-style-type: none"> ◆ There are no contraindications for single use except current severe migraine history of deep venous thrombosis or thromboembolism.
<p>Injectables</p> <ul style="list-style-type: none"> ● Progestin 	<p>Clients:</p> <ul style="list-style-type: none"> ◆ Of all reproductive ages including adolescents and the nulliparous ◆ Who are breastfeeding, after 6 weeks ◆ Desiring hormonal contraception ◆ Who want to use a contraceptive method confidentially ◆ In whom combined pills are contraindicated ◆ With sickle cell disease ◆ With oestrogen-related complications 	<ul style="list-style-type: none"> ◆ Breast and genital cancers ◆ Abnormal vaginal bleeding ◆ Pregnancy ◆ Depression ◆ History of stroke, heart attack or blood clot problem ◆ Hypertension (systolic of 160 mmHg and above and/or diastolic of 100 mmHg and above) ◆ History of liver disease or acute liver disease ◆ Diabetes with vascular diseases
<ul style="list-style-type: none"> ● Combined (oestrogen and progestin) 	<p>Clients:</p> <ul style="list-style-type: none"> ◆ Of all reproductive ages and parity including nulliparous women ◆ Who want highly effective method against pregnancy ◆ Who are breastfeeding (6 months and above) ◆ Who are post partum and not breastfeeding ◆ Who are post abortion ◆ With anaemia ◆ With severe menstrual cramping 	<ul style="list-style-type: none"> ◆ Pregnancy ◆ Breastfeeding of less than 6 weeks post partum ◆ Gallbladder disease ◆ Using anticonvulsants or rifampin ◆ Unexplained vaginal bleeding ◆ Active liver disease (viral hepatitis) ◆ Over 35 years and who smoke ◆ History of heart disease, stroke or high blood pressure (> 180/110 mmHg)

	<ul style="list-style-type: none"> ◆ With irregular menstrual cycles ◆ Who cannot remember to take their pill every day 	<ul style="list-style-type: none"> ◆ Gall bladder disease ◆ Clients using Anti-convulsants or Rifampicin ◆ History of blood clotting problems or uncontrolled diabetes ◆ Migraines and focal neurologic symptoms ◆ Breast cancer
Contraceptive Implant	<ul style="list-style-type: none"> ◆ Want long-term contraception ◆ Want highly effective reversible contraception that does not require daily action ◆ Are delaying the start of their family, have completed their family or do not want children ◆ Require user-independent method ◆ Have completed their family sizes but are not yet decided on, or are not suitable for sterilisation ◆ Cannot use estrogens <p>Women who can use with follow-up visit</p> <ul style="list-style-type: none"> ◆ Benign breast disease ◆ Diabetes mellitus without kidney disease ◆ Blood clotting problems ◆ Raised blood pressure (systolic above 160 mm Hg or diastolic above 100mm Hg) ◆ Epilepsy ◆ Gallbladder disease ◆ Mental depression ◆ Headaches ◆ Sickle cell disease ◆ Thyroid disease ◆ Obesity ◆ Iron deficiency anaemia ◆ Varicose veins ◆ Benign ovarian tumours and fibroids 	<ul style="list-style-type: none"> ◆ Liver disease (jaundice, painful or enlarged liver, viral hepatitis, tumour) ◆ Unexplained vaginal bleeding ◆ History of blood clot in the legs, lungs or eyes ◆ Cancer of the breast ◆ Stroke ◆ Little tolerance for menstrual bleeding irregularities ◆ Breastfeeding < 6 weeks ◆ On rifampicin or griseofulvin ◆ On anticonvulsants

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Intra Uterine Devices	<ul style="list-style-type: none"> ◆ Desiring child spacing ◆ Prefers it and has no contraindication ◆ For whom hormonal contraceptives are contraindicated ◆ Has completed childbearing but does not wish to have surgery ◆ Has menorrhagia of functional nature (use progestin -bearing IUD where available) <p>Women who can use IUD with follow-up</p> <ul style="list-style-type: none"> ◆ Chronic Pelvic Inflammatory Disease ◆ Recurrent heavy periods (use IUD with levonorgestrel) ◆ Cervicitis or cervical erosion ◆ Severe anaemia (PCV less than 25%) ◆ Uterine fibroids (mainly sub-mucous ones) ◆ Age less than 16 years except in special circumstances ◆ Nulligravida ◆ Multiple sexual partners ◆ Sickle cell disease ◆ Vascular heart disease ◆ Clotting disorders (excessive bleeding) 	<ul style="list-style-type: none"> ◆ Suspected pregnancy, (Intrauterine or ectopic) ◆ Malignancy of the genital organs ◆ Abnormal vaginal bleeding of undetermined origin ◆ Acute pelvic inflammatory disease (PID) ◆ TB pelvis ◆ STI/HIV/AIDS ◆ Chorioamnionitis ◆ Prolonged premature rupture of membranes (for PPIUD only) ◆ History of acute PID (within the last three months) ◆ After septic abortion (i.e. immediately after abortion involving genital tract infection) ◆ Allergy to copper (for copper IUDs)
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Voluntary Surgical Contraception

- ◆ Client preference
- ◆ Couples who do not want more children
- ◆ Clients with bad obstetric history. e.g. severe pregnancy-induced hypertension, those who have had 3 or more repeated caesarean sections, and grandmultiples)
- ◆ Couples with serious inherited diseases such as haemophilia
- ◆ Systemic conditions such as severe kidney, liver or heart disease.
- ◆ Clients that have severe mental and physical handicaps that make carrying a pregnancy or motherhood a major problem
- ◆ Contraindications to temporary methods
- ◆ HIV/AIDS

Can use with follow-up Women:

- ◆ Age less than 18 years (only in special conditions)
- ◆ Has not become pregnant since PID (without using contraceptives)
- ◆ Ischaemic/valvular heart disease
- ◆ Strokes
- ◆ Uterine fibroids
- ◆ Obesity
- ◆ Hypothyroidism
- ◆ Blood diseases, e.g. sickle cell disease
- ◆ Anaemias (inherited, iron deficiency, anaemia with Hb of 7-10gm/dc)
- ◆ Epilepsy

Can use with follow-up: Men

- ◆ with diabetes

Women Who Cannot Use

- ◆ Pregnancy
- ◆ Infection
- ◆ Genital tract cancers
- ◆ Anaemia

Men Who Cannot Use

- ◆ Scrotal Infection
- ◆ Filariasis / Elephantiasis of the scrotum
- ◆ Intrascrotal mass
- ◆ Client uncertain about the decision

15.0

CLIENT SCREENING

Procedures at initial visit by method

PHYSICAL EXAMINATION/ LAB. TEST	BARRIER METHODS		CONTRACEPTIVE METHODS		INJ	NORPLANT	OCP	IUD	STERILISATION	
	CONDOM		SPERMICIDES						VASECTOMY	Tubal Ligation
	M	F	DIAPHRAGM							
PHYSICAL EXAMINATION										
Weight	C	C	A	C	A	A	C	C	C	A
Anaemia	C	C	C	C	C	C	A	A	B	A
Jaundice	C	C	C	C	A	A	A	C	C	A
Teeth/Gums	C	C	C	C	C	C	C	C	C	B
Breast Examination	C	C	C	C	A	A	B	C	N/A	A
Blood Pressure	C	C	C	C	A	A	A	C	C	A
Abdominal Examination	C	C	C	C	C	C	C	A	C	A
PELVIC EXAMINATION										
Speculum Examination	C	C	A	C	C	C	B	A	N/A	A
Bimanual Examination	C	C	A	C	C	C	C	A	N/A	A
LAB TEST										
Haemoglobin	C	C	C	C	C	C	C	C	B	B
Urinalysis	C	C	C	C	C	C	C	C	B	B
High Vaginal Swab	C	B	B	C	C	C	C	B	N/A	C
PAP Smear	C	C	C	C	C	C	C	C	N/A	C

Key

- A = essential and mandatory in all circumstances, for safe use of the contraceptive method
- B = recommended in some circumstances for safe use of contraceptives
- C = may be appropriate for good preventive health care, but not related to safe use of the contraceptive method
- N/A = not applicable

17.0 CLIENT SCREENING: SPECIAL CONSIDERATIONS

- Screening shall include the following services Pap smear, colposcopy, gynoscropy
- For diabetic clients, it is advisable to perform random and fasting blood sugar before providing hormonal, surgical, or IUD to assess the degree of the control of the diabetics
- For clients with raised BP, blood pressure measurement is mandatory prior to initiation and re-supply of hormonal methods and prior to provision of sterilisation
- The combined oral contraceptive (COC) and combined injectable contraceptives (CIC) are not the first choice for clients with sickle cell disease

FOLLOW-UP SCHEDULES AND QUANTITY OF SUPPLIES

Contraceptive Methods	First Follow Up Visit		Subsequent Visits	
	Schedule	Supplies	Schedule	Supplies
Condom and Spermicides	When necessary	As required by client	When necessary	As required by client
Diaphragm	3 months	One extra cap or diaphragm	1 year	As required by client
Injectables:				
DMPA	3 months/12 weeks	N/A	Every 3 months/12 weeks	N/A
NET-EN	2 months/8 weeks	N/A	Every 2 months/8 weeks	N/A
Gydan	1 month/4 weeks	N/A	Every month/4 weeks	N/A
Implants	One week	N/A	Yearly	N/A
Oral Pills	1-3 months	1-5 cycles	6-12 months	7-13 cycles
IUD (Interval/ Postpartum)	4 weeks-6 weeks	N/A	Yearly	N/A
Sterilization	1 week	N/A	N/A	N/A

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FOLLOW - UP VISIT CONTRACEPTIVE METHODS

PHYSICAL EXAMINATION / LAB. TEST	BARRIER METHODS			SPERMICIDES	INJ	NORPLANT	OCP	IUD	STERILISATION	
	CONDOM	DIAPHRAGM	VASECTOMY						BTL	
Weight	C	C	B	C	A	A	C	C	C	C
Blood Pressure	N/A	N/A	C	C	A	A	C	C	C	C
Breast	C	C	C	C	A	A	C	C	C	C
Abdomen	C	C	C	C	A	A	C	C	C	C
Pelvis	N/A	N/A	B	C	C	C	C	C	C	C
Haemoglobin	C	C	C	C	C	C	C	C	C	C
Urine	C	C	C	C	C	C	C	C	C	C
*Pap Smear	C	C	C	C	C	C	C	C	C	C
HVS	C	C	C	C	C	C	C	C	C	C

Key = A = essential and mandatory in all circumstances, for safe use of the contraceptive method

B = recommended in some circumstances for safe use of contraceptives

C = may be appropriate for good preventive health care, but not related to safe use of the contraceptive method

INJ = Injectables

BTL = Bilateral Tubal Ligation

OCP = Oral Contraceptive Pill

IUD = Intrauterine Device

LAB = Laboratory

N/A = Not applicable

*NB: Every woman should be encouraged to do a pap smear every 2 years

- (1) TBAs/CBDs and Patent Medicine Dealers shall not initiate OCPs but can resupply
- (2) Clients should be reminded of the time they must come for removal of the IUD or the implant
- (3) Irrespective of this schedule, client should be encouraged to return to the clinic if they have any concerns

KEY

- N/A - Not applicable
- DMPA - Depot Medroxy Progesterone Acetate
- NET-EN - Norethisterone Enanthate

18.0

POST-ABORTION SERVICES

Trained service providers at the appropriate level of service delivery shall provide post-abortion care

ACTIVITY/ PROVIDER	LEVELS													
	Community	Health post	Basic Health			Comprehensive Health			General Hospital			Specialist / Tertiary		
	TBA	CHEW	N /MW	CHEW	CHO-PHN	N /MW	PHY	CHO-PHN	N /MW	PHY	OBS	N /MW	PHY	OBS
Registration	+	+	+	+	+	0	0	0	0	0	0	0	0	0
History	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Physical Exam	0	0	+	+	+	+	+	+	+	+	+	+	+	+
Obst Exam	0	0	+	+	±	+	+	+	+	+	+	0	+	+
Vaginal Exam	0	0	+	+	±	+	+	+	+	+	+	0	0	0
Lab	0	0	+	+	+	+	+	+	+	+	+	0	0	0
Resuscitation	0	0	+	+	+	+	+	+	+	+	+	+	+	+
Referral	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mgt of complications	0	0	+	+	+	+	+	+	+	+	+	+	+	+
Use of MVA	0	0	+	0	0	+	+	±	±	+	+	±	+	+
FP Counselling and services	+	+	+	+	+	+	+	+	+	+	+	+	+	+

Key :
 0 = No
 + = Yes
 ± = Where Trained / Competent to perform

PHY = Physician
 N/MW = Nurses/Midwife
 OBS = Obstetrician / Gynaecologist
 CHEW = Community Health Extension Worker

CHO-PHN = Community Health Officer with Public Health Nurse

Where Trained / Competent to perform

Key
 0 = No
 + = Yes
 ± = Where Trained / Competent to perform

ACTIVITY/PROVIDER	LEVELS																					
	General						Specialist/Tertiary															
	CHOPHN		LT		PHY		SPEC		N/MW		PHY		SPEC		LT							
History																						
Physical Examination																						
Laboratory tests																						
Counselling																						
Immunisation																						
Syndromic treatment																						
Definitive treatment																						
Provision of condom																						
Contact tracing																						
Management of contact																						
BCC																						
Referral																						
Follow-up																						

PREVENTION AND MANAGEMENT OF RTIs INCLUDING STIs/HIV/AIDS (Contd)

General Hospital and Specialist / Tertiary Health Centre

19.0

PREVENTION AND MANAGEMENT OF RTIs INCLUDING STIs / HIV/AIDS

Community, Basic Health Centre, and Comprehensive Health Centre

ACTIVITY/ PROVIDER	LEVELS											
	Community			Basic Health			Comprehensive Health Centre					
	CBD	TBA	CHEWs	CHEWs	CHO- PHN	N/MW	CHEWs	LT	N/MW	CHO- PHN	PHY	
History	+	+	+	+	+	+	+	0	+	+	+	+
Physical Exam	0	0	+	+	+	+	0	0	+	+	+	+
Laboratory Tests	0	0	+	0	+	+	0	+	+	0	0	0
Counselling	+	+	+	+	+	+	+	+	+	+	+	+
Immunisation (HBV)	0	0	0	0	0	0	0	0	0	0	0	0
Syndromic treatment	0	0	0	0	0	+	0	0	0	0	0	+
Definitive treatment	0	0	0	0	0	0	0	0	0	0	0	0
Provision of condom	+	+	+	+	+	+	+	+	+	+	+	+
Contact tracing	+	+	+	+	+	+	+	+	+	+	+	+
Management of patients / contacts)	0	0	0	0	+	+	0	0	0	0	0	+
BCC	+	+	+	+	+	+	+	+	+	+	+	+
Referral	+	+	+	+	+	+	+	+	+	+	+	+
Follow-up	+	+	+	+	+	+	+	0	+	+	+	+

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ACTIVITY / PROVIDER	LEVELS														
	Community			Basic Health Centre			Comprehensive Health Centre			Specialist/Tertiary Hospital					
	CBD	TBA	CHEWS	CHEWS	CHO-PHN	LA	PHA	MW	CHEWS	CHO-PHN	LT	N/MW	PHA	PHY	
BCC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Provision of condom	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
History	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Physical Exam	0	0	+	+	+	0	0	+	+	+	0	+	+	+	+
Counselling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Laboratory Test	0	0	0	0	0	+	0	0	0	+	+	+	+	+	+
Speciality investigations e.g. Laparoscopy / Hysterosalpingography	0	0	0	0	0	0	0	0	0	0	0	0	0	0	+
Definitive treatment: Ovulation Induction & Monitoring	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tubal micro-surgery and Laparoscopic tubal surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Assisted Conception	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Artificial Insemination	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adoption	0	0	0	0	0	0	0	0	0	0	0	0	0	0	+
Referral	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

20.0

INFERTILITY PREVENTION AND MANAGEMENT

INFERTILITY PREVENTION AND MANAGEMENT (Contd)

ACTIVITY/ PROVIDER	LEVELS											
	General						Specialist/Tertiary Hospital					
	LT	CHO-PHN	N/MW	PHA	PHY	SPEC	LT	N/MW	PHA	PHY	SPEC	
BCC	0	+	+	+	+	+	+	+	+	+	+	
Provision of Condom	0	+	+	+	+	+	0	0	0	+	+	
History	0	+	+	+	+	+	0	0	0	+	+	
Physical Exam	0	+	+	+	+	+	0	0	0	+	+	
Counselling	0	+	+	+	+	+	0	0	0	+	+	
Laboratory tests	0	+	+	+	+	+	0	0	0	+	+	
Specialised invest e.g. Laparoscopy & HSG	0	+	+	+	+	+	0	0	0	+	+	
Definitive treatment - Ovulation induction and monitoring	0	0	0	0	+	0	0	0	+	+	+	
- Tubal micro-surgery and laparoscopic tubal surgery	0	0	0	0	0	0	0	0	0	0	0	
Assisted conception	0	0	0	0	0	0	0	0	0	0	0	
Artificial insemination	0	0	0	0	0	0	0	0	0	0	0	
Adoption	0	0	0	0	0	0	0	0	0	0	0	
Referral	0	+	+	+	+	+	+	+	+	+	+	

Key
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ACTIVITY / PROVIDER	Community				Basic Health Centre				Comprehensive Health Centre					
	CBD	TBA	CHEWS	CH-PhN	CHO-PhN	PHA	N/MW	LA	CHEWS	CHO-PhN	LT	N/MW	PHA	PHY
BCC	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Provision of condom	+	+	+	+	+	0	+	+	+	+	+	+	+	+
History	+	+	+	+	+	+	0	+	+	+	+	+	+	+
Counselling	+	+	+	+	+	+	0	+	+	+	+	+	+	+
Pevic Exam	0	0	0	+	+	0	+	0	+	0	+	0	0	+
Pap Smear	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unaided visual inspection of cervix	0	0	0	0	0	+	0	0	0	0	0	0	0	+
Gynoscropy	0	0	0	0	0	0	+	0	0	0	0	0	0	+
Colposcopy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Punch Biopsy	0	0	0	0	0	0	0	0	0	0	0	0	0	+
Cone Biopsy	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Referral	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Definitive Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up	0	0	+	+	+	+	0	0	+	+	+	0	0	+

CERVICAL CANCER

21.0 PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS

Service providers at each level of the health system will perform the following activities for the prevention and management of reproductive tract cancers (especially cervix, breast and prostate).

PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS (Contd)

CERVICAL CANCER

ACTIVITY / PROVIDER	General Hospital				Specialist/Tertiary Hospital				
	CHO-PhN	N/MW	PHA	PHY	SPEC	N/MW	PHA	PHY	SPEC
BCC	+	+	+	+	+	+	+	+	+
Provision of Condom	+	+	+	+	+	+	+	+	+
History	+	+	+	+	+	+	+	+	+
Counselling	+	+	+	+	+	+	+	+	+
Pevic Exam	±	+	+	+	+	+	0	+	+
Pap Smear	±	+	+	+	+	+	0	+	+
Unaided visual inspection of cervix	±	±	0	+	+	+	0	+	+
Gynoscropy	0	±	0	±	+	+	0	+	+
Colposcopy	0	0	0	±	+	+	0	±	+
Punch Biopsy	0	0	0	±	+	+	0	0	+
Cone Biopsy	0	0	0	0	+	+	0	0	+
Referral	+	+	+	+	+	+	+	+	+
Def. Treatment	0	0	0	0	0	0	0	0	+
Follow-up	+	+	0	+	0	0	+	+	+

Key
 0 = No
 + = Yes
 ± = Where Trained / Competent to perform

ACTIVITY / PROVIDER	Community			Basic Health Centre				Comprehensive Health Centre			PHY
	CBD	TBA	CHEWs	CHEWs	PHN-CHO	N/MW	CHEWs	CHO-PHN	N/MW		
BCC	+	+	+	+	+	+	+	+	+	+	
History	+	+	+	+	+	+	+	+	+	+	
Counselling	+	+	+	+	+	+	+	+	+	+	
Teach Breast Self Exam	0	0	+	+	+	+	+	+	+	+	
Routine Breast Exam	0	0	+	+	+	+	+	+	+	+	
Referral	+	+	+	+	+	+	+	+	+	+	
Specialised Investigation	0	0	0	0	0	0	0	0	0	+	
Definitive Treatment	0	0	0	0	0	0	0	0	0	0	
Follow-up	+	+	+	+	+	+	+	+	+	+	

Key
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PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS (Contd)

BREAST CANCER

ACTIVITY / PROVIDER	LEVELS						Specialist / Tertiary	
	General Hospital			SPEC			PHY	SPEC
	CHO-PHN	N/MW	PHY	SPEC	N/MW	PHY	SPEC	
BCC	+	+	+	+	+	+	+	
History	+	+	+	+	+	+	+	
Counselling	+	+	+	+	+	+	+	
Teach Breast Self Exam	+	+	+	+	+	+	+	
Routine Breast Exam	+	+	+	+	0	+	+	
Referral	+	+	+	+	0	+	+	
Specialised Investigations	0	0	±	+	0	+	+	
Definitive Treatment	0	0	0	+	0	0	+	
Follow-up	+	+	+	+	+	+	+	

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Key
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 + = Yes
 = Where Trained / Competent to perform

ACTIVITY / PROVIDER	Community			Basic Health Centre			Comprehensive Health Centre			
	CBD	TBA	CHEWS	CHEWS	CHO-PHN	N/MW	CHEWS	CHO-PHN	N/MW	PHY
BCC	+	+	+	+	+	+	+	+	+	+
History	0	0	+	+	+	+	+	+	+	+
Counseling	0	0	+	+	+	+	+	+	+	+
Teach Prostate Self Exam	0	0	0	0	+	0	0	+	0	+
Rectal Exam	0	0	0	0	+	+	0	0	0	+
Needle Biopsy	0	0	0	0	0	0	0	0	0	0
Laboratory Test	0	0	0	0	0	0	0	0	0	+
Definitive Treatment	0	0	0	0	0	0	0	0	0	0
Specialised Investigation	0	0	0	0	0	0	0	0	0	+
Referral	+	+	+	+	+	+	+	+	+	+
Follow-up	0	0	0	0	+	+	0	+	+	+

PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS
PROSTATE CANCER

PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS (Contd)

PROSTATE CANCER

ACTIVITY / PROVIDER	LEVELS						
	General Hospital		Specialist/ Tertiary Centre		Specialist/ Tertiary Centre		
	CHO-PHN	N/MW	PHY	SPEC	N/MW	PHY	SPEC
BCC	+	0	+	+	0	+	+
History	+	+	+	+	+	+	+
Counseling	+	+	+	+	+	+	+
Teach Prostate Self Exam	+	+	+	+	+	+	+
Rectal Exam	0	0	+	+	0	+	+
Routine Testicular Exam	0	+	+	+	+	+	+
Referral	+	+	+	+	+	+	+
Specialised Investigation	0	0	+	+	0	+	+
Definitive Treatment	0	0	0	+	0	0	0
Follow-up	0	0	+	+	0	+	+

Key
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 + = Yes
 = Where Trained / Competent to perform

Key
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ACTIVITY/PROVIDER	LEVELS											
	General Hospital					Specialist/ Tertiary Centre						
	CHO-PHN	N/MW	PHY	SPEC	N/MW	PHY	SPEC	N/MW	PHY	SPEC		
BCC			+	+			+	+			+	+
Counselling												
History Taking												
Physical Exam												
Laboratory investigation												
Definitive management												
Referral												
Follow-up												

ACTIVITIES FOR RESPONDING TO CONCERNS ABOUT MENOPAUSE / ANDROPAUSE (Contd)

22.0 ACTIVITIES FOR RESPONDING TO CONCERNS ABOUT MENOPAUSE / ANDROPAUSE

Activities for responding to concerns about menopause / andropause will be performed by service providers at each level of health system as follows:

ACTIVITY / PROVIDER	Community				Health Post	Basic Health Centre				Comprehensive Health Centre			
	CBD	TBA	CHEW's	CHEW's		CHEW's	CHO-PHN	N/MW	CHEW's	CHO-PHN	N/MW	PHY	
BCC	+	+	+	+	+	+	+	+	+	+	+	+	
Counselling	0	0	+	+	+	+	+	+	+	+	+	+	
History Taking	0	0	+	+	+	+	+	+	+	+	+	+	
Physical Exam	0	0	+	+	+	+	+	+	+	+	+	+	
Lab Investigation	0	0	0	0	0	0	0	0	0	0	0	+	
Definitive Management	0	0	0	0	0	0	0	0	0	0	0	+	
Referral	+	+	+	+	+	+	+	+	+	+	+	+	
Follow-up	+	+	+	+	+	+	+	+	+	+	+	+	

Key

0 = No
 + = Yes
 = Where Trained / Competent to perform

23.0 FUNCTIONS OF REPRODUCTIVE HEALTH CARE PROVIDERS

SERVICE PROVIDER	FUNCTIONS
CBD/TBA/Patent Medicine Sellers	<ul style="list-style-type: none"> ◆ Counselling clients on family planning methods, STIs/HIV and infertility prevention ◆ Initiate and supply barrier methods (except diaphragm) ◆ Re-supply pills ◆ Refer clients requesting other methods as necessary ◆ Perform activities of safe motherhood care especially those that will help to overcome the three levels of delay ◆ Counsel and refer clients with other reproductive health problems e.g. complications of abortion, infertility, STD, victims of unprotected sexual intercourse ◆ Record keeping and reporting ◆ And any other Reproductive Health functions approved by the Ministry of Health
Pharmacists CHEWs	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Emergency Oral Contraception (as stated in the National FP/RH service protocols) ◆ And any other Reproductive Health functions approved by the Ministry of Health
Nurses	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Initiate and re-supply pills ◆ Administer injectables ◆ And any other Reproductive Health functions approved by the Ministry of Health
Midwives/Family Planning Nurses CHOs (PHN)	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Insertion/Removal of IUD (if trained) ◆ Insertion / Removal of Implants (if trained) ◆ First line management of side effects and complications ◆ Post-abortion care including Manual Vacuum Aspiration (MVA) (if trained) ◆ Prevention and Management of RTI including STIs/HIV/AIDS ◆ Operations research ◆ Any other Reproductive Health functions approved by the Ministry of Health

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Physicians/Specialists	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Voluntary Surgical Contraception (if trained) ◆ Management of method failure ◆ Management of side-effects and complications of contraceptives ◆ Definitive management of Reproductive Health conditions such as infertility and cancers of reproductive organs
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24.0 TRAINING REQUIREMENTS BY TYPE OF HEALTH CARE PROVIDER

SERVICE PROVIDER	TRAINING REQUIREMENTS
CBD/TBA/Patent medicine sellers	<ul style="list-style-type: none"> ◆ Basic Human Reproductive Anatomy and Physiology ◆ Antenatal care (Risk assessment), support for household productio ◆ Rationale for Family Planning ◆ Types of Family Planning methods ◆ EC and Counselling skills ◆ Breast Examination <ul style="list-style-type: none"> • General counselling • Method specific counselling • Counselling on STIs/HIV/AIDS • Dual protection • Adolescent health • Menopause • Cancers of the reproductive system and breast • Infertility and RTIs • Breast Examination ◆ Dispelling rumours and misconceptions in family planning and reproductive health ◆ Promotion of exclusive breastfeeding in the 1st 6 months ◆ Screening for appropriate contraceptive methods using a checklist and referral procedures ◆ Prevention and control of infection, including STIs/HIV/AIDS ◆ Menopause ◆ Prevention of infertility ◆ Identification and referral of clients with abortion and pregnancy related complications ◆ Family Planning Commodities and supplies/logistics management ◆ Record keeping and reporting ◆ Oral Rehydration Therapy ◆ Prevention and Treatment of malaria ◆ Immunisation promotion ◆ Discouragement of harmful practices that affect reproductive system e.g. Female genital mutilation ◆ And any other subjects as per existing curricula
CBD supervisor	<ul style="list-style-type: none"> ◆ All of the above, plus supervision

Pharmacists, CHEWs	<ul style="list-style-type: none"> All of the above, plus ◆ Adolescent reproductive health ◆ Emergency oral contraception
Nurses , CHOs	<ul style="list-style-type: none"> All of the above, plus ◆ Physical examination skills for FP/Reproductive Health (especially recognition of RTIs and reproductive system cancers) ◆ Diagnosis and Management of Reproductive Tract Infections, including STIs and HIV/AIDS ◆ Supervision, Monitoring & Evaluation of services And any other subjects as per pre-service curriculum
Midwives/Family Planning Nurses, CHOs (PHN)	<ul style="list-style-type: none"> All of the above plus ◆ Antenatal care <ul style="list-style-type: none"> • Risk assessment • Tetanus toxoid immunisation • Breast examination • Identification and referral of pregnancy complications ◆ Labour and delivery <ul style="list-style-type: none"> • Use of partograph • Active management of labour including breech • Vacuum extraction • Episiotomy repair • Manual removal of placenta • Resuscitation of mother and/or neonate ◆ Postnatal care <ul style="list-style-type: none"> • Initiation of breastfeeding • Care of the neonate ◆ Prevention and management of unsafe abortion; use of MVA, emergency treatment of abortion complications, counselling and provision of post-abortion, contraceptive method of choice ◆ IUD insertion and removal ◆ Implants insertion and removal ◆ Referral for other Reproductive Health services

	<ul style="list-style-type: none"> ◆ Screening for cancers of reproductive system: <ul style="list-style-type: none"> • Unaided visual inspection • Gynoscopy ◆ Management Information System (MIS) ◆ Clinic organisation and management ◆ Quality assurance of reproductive health services ◆ First line management of side effects and complications of contraceptive methods ◆ Operations research: data collection, basic data analysis, interpretation and application of results ◆ And any other subjects as per pre-service curricula
Physicians	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Low cavity forceps delivery ◆ Caesarean section ◆ Evacuation of the uterus using MVA or dilatation and curettage (D&C) ◆ Endotracheal intubation of the neonate ◆ Cut down procedures done when it is difficult to access the veins ◆ Emergency laparotomy (e.g. for obstetric hysterectomy) ◆ Minilaparotomy Sterilisation ◆ Vasectomy ◆ Screening and management of breast and reproductive tract cancers (pap smear, PSA etc) ◆ Management of infertility: evaluation of infertility (including HSG, laparoscopy/dye test, endometrial biopsy, semen analysis), induction of ovulation ◆ Management of side effects and complications of contraceptive methods including method failure ◆ Management of high-risk pregnancy <ul style="list-style-type: none"> • Pregnancy-induced hypertension • Diabetes in pregnancy • Heart disease in pregnancy • Rhesus isoimmunisation • Anaemia in pregnancy ◆ Complicated deliveries <ul style="list-style-type: none"> • Craniotomy ◆ And any other topics as per undergraduate and/or postgraduate curricula

Obstetrician/Gynaecologist	<p>All of the above plus</p> <ul style="list-style-type: none"> ◆ Specialised management of infertility <ul style="list-style-type: none"> • Tubal microsurgery/Endoscopic surgery • Myomectomy • Laparoscopy and hysteroscopy • Assisted conception techniques • Artificial insemination ◆ Specialised management of cancers of the reproductive tract <ul style="list-style-type: none"> • Cone biopsy • Cryotherapy • Abdominal/vaginal hysterectomy ◆ Repair of obstetric fistulae ◆ Repair of uterovaginal prolapse ◆ Amniocentesis ◆ Chorionic villus sampling ◆ All of the above
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25.0 LIST OF REQUIREMENTS FOR EFFECTIVE TRAINING CENTRE

1. Training Centre Facilities

- ◆ Conference room with appropriate furniture
- ◆ Meeting rooms for group work (up to 4 groups)
- ◆ Washrooms
- ◆ Kitchenette
- ◆ Air conditioning
- ◆ Good lighting
- ◆ Screen
- ◆ Overhead projectors (2)
- ◆ Slide projectors (2)
- ◆ TV and Video-Cassette Recorder (VCR)
- ◆ Flipcharts/easel board (3)
- ◆ Camcorder
- ◆ Radio-cassette player
- ◆ Anatomical Models (pelvic, penis, breast, male and female reproductive system)
- ◆ Posters
- ◆ Public address system
- ◆ Photocopying machine
- ◆ Desktop computer with printer
- ◆ Telephone / fax
- ◆ Reference library
- ◆ Transport facility
- ◆ First Aid kit

2. Personnel

- ◆ Adequate number of effective trainers
- ◆ Logistic Officer
- ◆ Secretarial Staff

3. Training Materials package

- ◆ Standardised, integrated, comprehensive and competency-based curricula for the appropriate types of training e.g. modules, manuals, reference materials
- ◆ Service policy and standards
- ◆ National FP/RH Service Protocols
- ◆ Training schedule
- ◆ Handouts
- ◆ Stationery

4. Practicum Sites

- ◆ Accessible
- ◆ Adequate space
- ◆ Adequate client load
- ◆ Adequate equipment/supplies
- ◆ Adequate number of clinical instructors
- ◆ Anatomical models
- ◆ IEC materials for client education

5. Funds

- ◆ Adequate funds to meet all expenses

**26.0 LOGISTIC STANDARDS
STANDARD EQUIPMENT AND SUPPLY
BY SERVICE DELIVERY POINT**

Community level

- ◆ IEC materials
- ◆ Contraceptive supplies
- ◆ Container for storage of supplies
- ◆ Carrier Bag
- ◆ Megaphone
- ◆ ID cards
- ◆ TBA kit contents
- ◆ Mackintosh sheet
- ◆ Mackintosh apron
- ◆ Soap dish with soap
- ◆ Hand towel
- ◆ 2 medium plastic bowls
- ◆ Blade (pkt)
- ◆ Cord ligature
- ◆ Cotton wool in a bag
- ◆ Dettol or savlon (in bottle)
- ◆ Methylated spirit (in bottle)
- ◆ Bleach (Hypochlorite 0.5%)
- ◆ ORS sachets
- ◆ Gloves
- ◆ Ergometrine tabs
- ◆ Penis model
- ◆ Record forms
- ◆ Referral cards
- ◆ TBA record book
- ◆ Checklist

Basic Health Centre level

- ◆ Furniture e.g. filing cabinet/cupboard
- ◆ IEC material

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- ◆ Stationary
- ◆ Registers
- ◆ Files
- ◆ Out-patient cards
- ◆ ID cards
- ◆ Radio cassette player with audio cassettes
- ◆ Wheel chair
- ◆ Trolley
- ◆ Height measure
- ◆ Gynoscope
- ◆ Cheatle forceps and instrument jar
- ◆ Oxygen cylinder, regulator, mask and tubes
- ◆ Wall clock
- ◆ Examination table with stirrups
- ◆ Pedal bin
- ◆ Angle-poised lamp/torch light with batteries
- ◆ BP apparatus/stethoscope/
foetoscope (sonicaid and Pinnard's)
- ◆ Weighing scales
- ◆ Screen
- ◆ Wooden steps/stool
- ◆ Instrument tray
- ◆ Hand wash basin/sink
- ◆ Storage tank with tap
- ◆ Soap/detergents
- ◆ Bed linen/pillow
- ◆ Sterilisers
- ◆ Disinfectant
- ◆ Arm length gloves
- ◆ Gloves
- ◆ Face mask
- ◆ Dressing
- ◆ Bowls for chlorine solution

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- ◆ Mucus extractor
- ◆ Ambu bag
- ◆ Resuscitation kit
- ◆ Instrument drum
- ◆ Urine testing kit
- ◆ IUD kit
- ◆ Contraceptive supplies
- ◆ IV Infusion set and drip stand
- ◆ Syringes & needles
- ◆ Essential drugs
- ◆ Delivery kit
- ◆ Sanitary pads
- ◆ Cotton wool
- ◆ Microscope, slides and cover slips and reagents
- ◆ Vacuum extractor
- ◆ Bacteriology swabs
- ◆ Generator/hurricane lamp
- ◆ Cervical screening kit
- ◆ Refrigerator
- ◆ Stove
- ◆ Lamp stand
- ◆ Hypochlorite solution
- ◆ Oxytocin
- ◆ ARVs
- ◆ Misoprostol

Comprehensive Health Centre Level

- All of the above plus
- ◆ TV and Video Cassette Recorder (VCR)
- ◆ Video Cassettes
- ◆ Implant Kit
- ◆ MVA Kit (2)
- ◆ Minilap Kits (4)
- ◆ Emergency laparotomy kits (2)
- ◆ Anaesthetic machine (2)

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- ◆ Suction machine
- ◆ Infusion pump
- ◆ Autoclave
- ◆ Theatre table
- ◆ Theatre light
- ◆ Surgical gowns
- ◆ X-ray
- ◆ Blood bank
- ◆ Sponge holding forceps
- ◆ Artery forceps
- ◆ Antibody Test Kit

General Hospital Level

- All of the above plus
- ◆ Laparoscope and specialised equipment
- ◆ Ultra-Sound Scanner
- ◆ Colposcope
- ◆ Amnioscope
- ◆ Hysteroscope
- ◆ Cardiocograph (fetal monitor)

Specialist / Teaching Hospital Level

- All of the above, plus
- ◆ Computerised Axial Tomography Scan
- ◆ Bone scanner
- ◆ Radio Immuno Assay
- ◆ Assisted conception equipment
- ◆ Sperm bank
- ◆ Amniocentesis and Chorionic Villus Sampling equipment
- ◆ Magnetic Resonance Imaging
- ◆ Endoscopic (Tubal) Surgery Equipment/ Tubal Microsurgery Equipment

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27.0 MANAGEMENT INFORMATION SYSTEM

Officers responsible for data collection and types of forms required at each level of family planning/reproductive health service delivery.

Community level

- ◆ The TBA/CBD, VHW, CHEWs, Agent shall collect reproductive health information in his/her record book and forward same to the health facility under which he/she operates monthly.

LGA Level

- ◆ The officer-in-charge of each health facility shall collect data using the following standard forms:
 - Client Forms/Cards
 - Tally Cards
 - Daily Registers
 - Family Planning Monthly Returns Forms
 - FP Daily Consumption Record Forms
 - NHMIS Forms
- ◆ The officer in-charge of MIS at the clinic will use the information obtained from the above forms to complete the monthly FP returns and forward the completed form(s) to the LGA FP/RH supervisor.

The LGA FP/RH Supervisor collates all returns from the health facilities into the LGA monthly returns forms which are forwarded to the State RH Coordinator.

State Level

- ◆ The State FP/RH Coordinator shall have responsibility for the collection of the monthly return forms from the LGAs which are used to complete the quarterly report forms for onward transmission to the Zonal Office of NPHCDA. In addition, the coordinator shall complete the following:

- Requisition and issue forms

Zonal Level

- ◆ At the zonal level, the NPHCDA Coordinator receives and collates data from the state within the zone and forwards semi-annual returns to the DCDPA for further processing.

Non-Governmental Organisations

- ◆ All non-governmental organisations, including private sector practitioners, shall submit their completed service data collection forms to the LGA/States in which they are located

DATA ANALYSIS AND REPORTING

- ◆ All service providers shall collect data, analyse and report periodically as indicated below:
 - Community- monthly
 - LGA - monthly / quarterly
 - State - monthly / semi-annually
 - Zonal / National - semi-annually
- ◆ Officer receiving reports shall send feedback to service providers as indicated above through the established channels.
- ◆ Data collection receive regular feedback concerning the data they provide

28.0 SUPERVISION, MONITORING, EVALUATION AND RESEARCH

- ◆ Determining the adequacy or otherwise of reproductive health resources (human, material and financial)
- ◆ Ensuring provision of services according to set standards
- ◆ Conducting training needs assessment by use of performance assessment instrument (e.g. competency based checklist) and providing on-site training where applicable
- ◆ Examination of stored contraceptives, other supplies and stock cards for the purposes of reconciliation with the records
- ◆ Ensuring compliance with work plan
- ◆ Technical supportive supervision

Supervision responsibilities and activities at different levels of service delivery

LEVEL	WHO	WHAT	HOW	WHEN
Community level	Head of basic health centre	<ol style="list-style-type: none"> 1. Performance objectives: <ul style="list-style-type: none"> - Job description - Task and Target 2. Physical facilities 3. Knowledge and skills <ul style="list-style-type: none"> - BCC and Counselling - Service delivery 4. Logistics and supplies 5. Capacity building 6. Record keeping and reporting/feedback 	<ol style="list-style-type: none"> 1. Guidance and training 2. Assistance with resource and logistics 3. Advocacy support and encouragement 	Monthly
Basic and Comprehensive Centre	LGA FP/RH Supervisor	As above	As above	As above
General and Specialist Hospital	State RH Coordinator	As above	As above	Quarterly

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