

Whole Site Orientation



1. Overview of family planning (FP)
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4. Progestin Only Pills
5. Emergency Contraceptives
6. Progestin Only Injectable
7. Implants
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11. Standard Days method / Cycle Beads
12. Myths and Misconceptions about FP
13. Inventory Management for FP Commodities
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Overview of Family Planning



Family Planning:

- The ability of individuals and couples to anticipate and attain their desired number of children, as well as the spacing and timing of their births.*

**Source: Working definition used by the WHO Department of Reproductive Health and Research*

Population Growth in Kenya

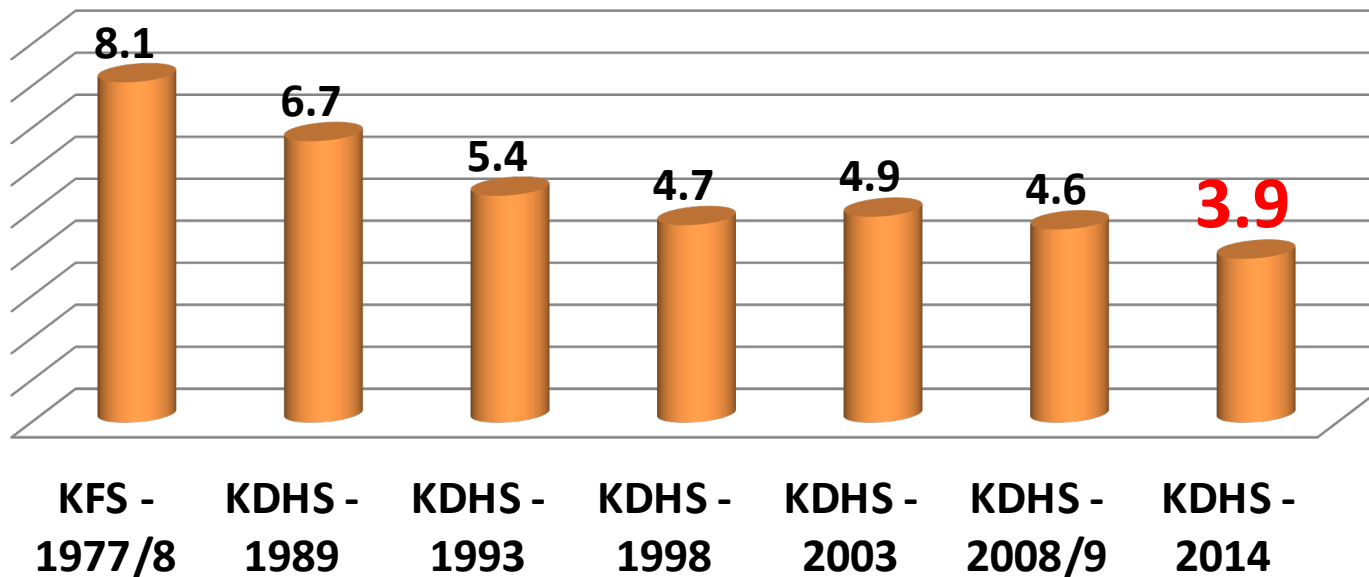
YEAR	POPULATION
1969	10.9 million
1979	15.3 million
1989	21.4 million
1999	28.7 million
2009	38.6 million

At current growth rates, the population will double to 71.5 million in 2030

Trends in fertility - Kenya

Trends in total fertility rates, 1978 – 2014
(Source: KDHS 1978 – 2014)

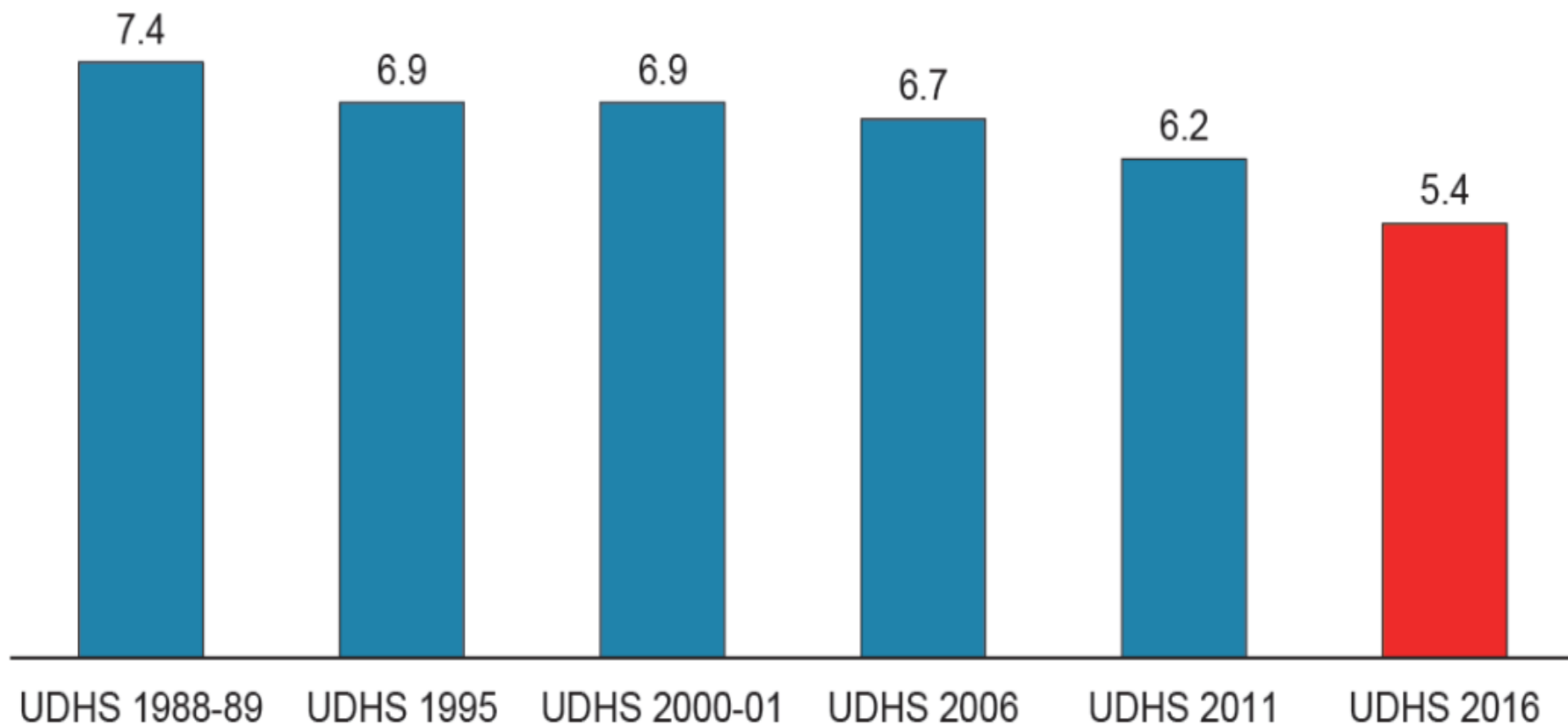
TFR for women age 15-49



Trends in Fertility - Uganda

Figure 1 Trends in total fertility rate, 1988-89–2016

Births per woman



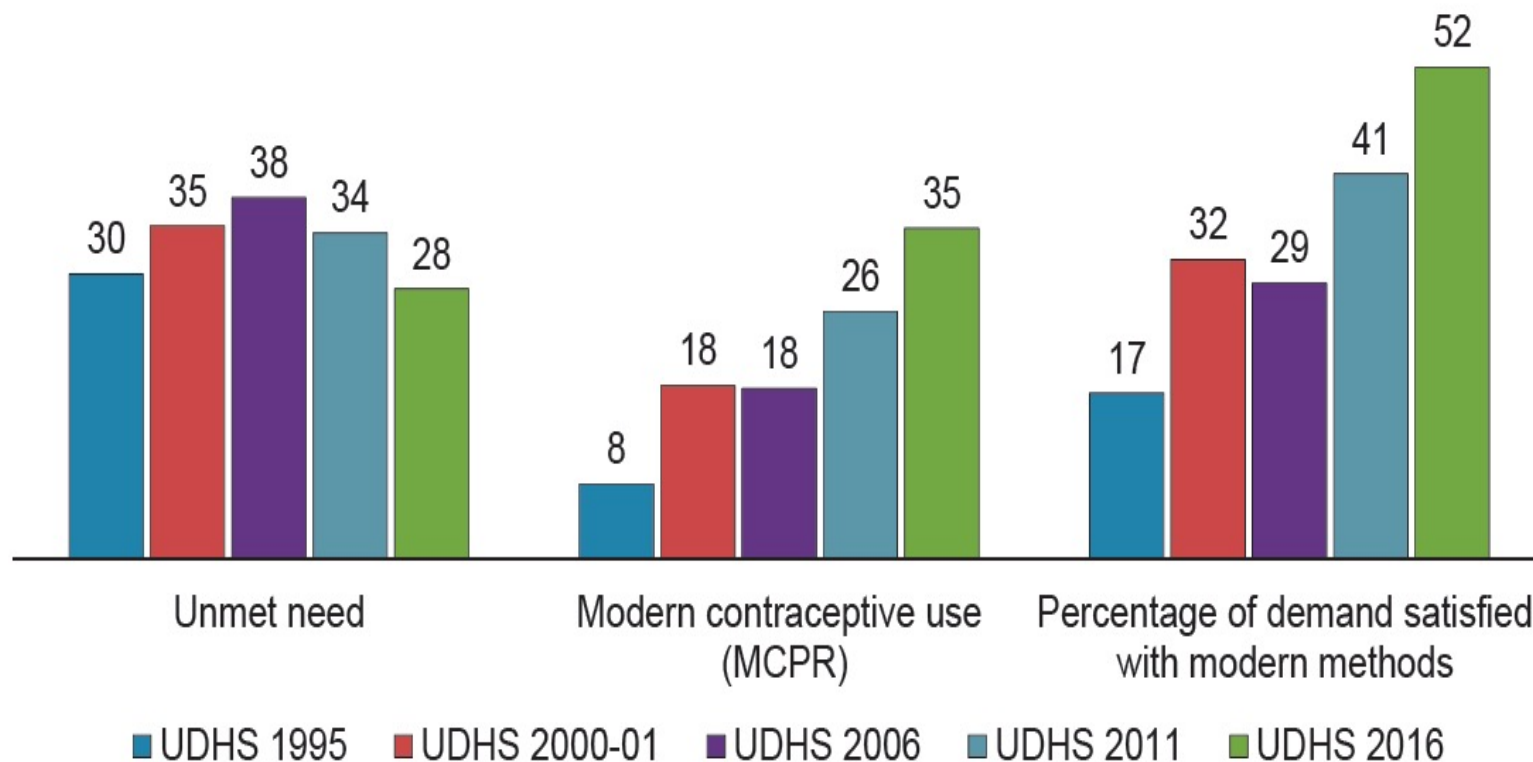
TFR and CPR trends – Kenya

YEAR	TFR	CPR (%)
1978	8.1	7
1989	6.7	17
1993	5.4	27
1998	4.7	39
2003	4.9	39
2008-9	4.6	46
2014	3.9	58 (CPR-Any Method) 53.2 (CPR – Any Modern Method)

TFR and CPR trends – Uganda

Figure 2 Trends in unmet need, modern contraceptive use, and percentage of demand satisfied with modern methods, 1995-2016

Percent of currently married women



Discontinuation Rates

- 31 percent of family planning users in Kenya discontinue using the method within 12 months of starting its use. (KDHS, 2014)
- Discontinuation rates are highest for users of condoms (59 percent) and the pill (43 percent) and lowest for injectables (29 percent)

Unmet need for FP

- Unmet need – the woman does not intend to get pregnant but is not on any FP method
- 25% of currently married women in Kenya have an unmet need for family planning, which remains unchanged since 2003 (KDHS, 2008)

Benefits of Family Planning

- Improves health/well-being of families and communities
 - Mothers and babies are healthier when risky pregnancies are avoided.
 - Having more than 4 children makes childbirth riskier.
 - After having a child, it is healthier to wait at least 2 years to try to become pregnant again.
- Smaller families mean more money and food for each child.
 - Parents have more time to work and to be with family.
- Delaying first pregnancy lets young people stay in school.
 - Ideally, young women and men should wait until at least 18 years or have finished their education, and are ready before having children.

Policies around Family Planning

- Counselling is an important pre-requisite for the initiation and continuation of a family planning method
- Service providers must keep in mind that it is only condoms (male and female) that are known to provide protection against both STIs (including HIV), and pregnancy
- Contraceptives should be provided to clients in accordance with the approved method-specific guidelines and job-aids, by providers who have been trained in provision of that method
- All clients who choose a family planning method must be informed of the appropriate follow up requirements and be encouraged to return to the service provider should they have any concerns

Policies around Family Planning

- Clients that require or choose a method that is not available at a facility must be advised where the method can be obtained. Providers should follow the established referral system
- Service providers are expected to ensure they have consistent supply of methods available in order to offer clients choice
 - Maintenance of an efficient logistic system avoids both commodity understocking and overstocking
 - All providers of family planning should maintain proper records on each client and the distribution of contraceptives
- Everyone has a right to her or his own beliefs. However, health care providers have a professional obligation to provide care in a respectful and non-judgmental manner
- Service providers at all levels, whether public, mission or private, must at all times seek to provide quality services based on the Kenya Quality Model (KQM), and other quality improvement models

Young people and Family Planning

- Service providers can encourage utilisation of family planning services by adolescents and youth by;
 - adopting positive attitudes
 - ensuring privacy
 - Confidentiality
 - convenient hours of service



Medical Eligibility Criteria



- Medical Eligibility criteria for starting use of contraceptive methods is based on WHO guidelines
- MEC helps a provider to decide whether a particular contraceptive method can be used, in the presence of a given individual characteristic or medical condition
- Each condition is defined as representing either an individual's characteristics (e.g., age, history of pregnancy) or known pre-existing medical (diabetes, hypertension)

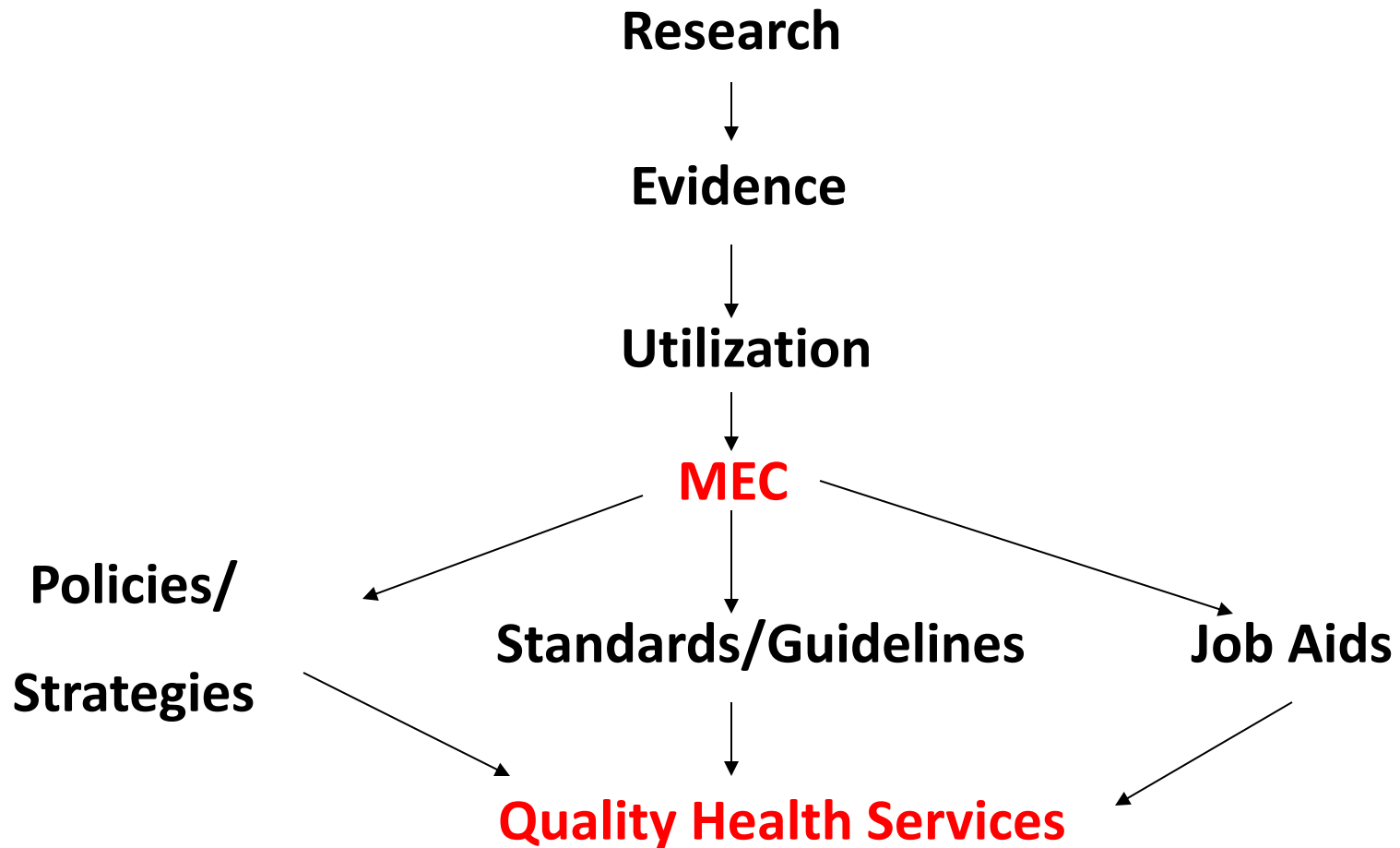
Purpose of the Medical Eligibility

1. To base guidelines for family planning practices on the best available evidence
2. To address misconceptions regarding who can and cannot safely use contraception
3. To reduce medical barriers
4. To improve access and quality of care in family planning

What Is Answered by WHO's MEC?

In the presence of a given individual characteristic or medical condition, can a particular contraceptive method be used?

Utilization of evidence-based information



MEC Classification of Categories

Category 1: A condition for which there is no restriction for the use of the method

Category 2: A condition where the advantages of using the method generally outweigh the theoretical or proven risks

Category 3: A condition where the theoretical or proven risks usually outweighs the advantages of using the method

Category 4: A condition that presents an unacceptable health risk if the contraceptive method

Classification	With clinical judgment	With limited clinical judgment
1	Use method in any circumstances	Yes Use the method
2	Generally use: advantages outweigh risks	Yes Use the method
3	Generally <u>do not</u> use: risks outweigh advantages	No Do not use the method
4	Method not to be used	No Do not use the method

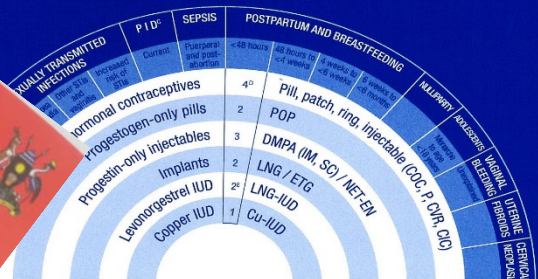
WHO Classifications for Sterilization

A = Accept

C = Caution

D = Delay

S = Special



MEC 5TH EDITION

New Methods Added

- ✓ Methods for immediate post partum within 48 hours
 - ✓ Implants
 - ✓ Progesterone only pills
 - ✓ Hormonal IUS
 - ✓ BTL up to 7 days after which wait until after 6 weeks
- ✓ Between 48hrs and 6 weeks postpartum
 - ✓ Implants
 - ✓ Progesterone only pills
- ✓ New Methods
 - ✓ SC – DMPA
 - ✓ Progestrine Vaginal Ring
 - ✓ Ulipristal acetate (UPA) as emergency contraception

MEC 5TH EDITION

Recommendations on Specific Topics

Combined hormonal contraceptive use (CHC)

- ✓ Breastfeeding women and post partum women
- ✓ Should not use CHCs if less than 6 weeks post partum (MEC 4)
- ✓ ≥ 6 weeks to < 6 months postpartum generally should not use CHCs (MEC 3)
- ✓ ≥ 6 months postpartum can generally use CHCs (MEC 2)

Progestogen-only contraceptive (POC) and Levonorgestrel-releasing intrauterine device (LNG-IUD) use among breastfeeding women

- ✓ Implants (LNG, ETG) and progestogen-only pills (POPs) can now be offered in the immediate postpartum period
- ✓ LNG-IUD can be immediately inserted in first 48 hours

MEC 5TH EDITION

Recommendations on Specific Topics

Copper-bearing IUD (Cu-IUD) or LNG-IUD use for women with increased risk of sexually transmitted infections (STIs)

- ✓ Initiation - Many women with increased risk of STIs can generally undergo IUD initiation (MEC Category 2); unless with a very high individual likelihood of STIs in which they generally should not have an IUD inserted until appropriate testing and treatment occur (MEC Category 3)
- ✓ Continuation - Women at increased risk of STIs can generally continue use of either Cu-IUD or LNG-IUD (MEC Category 2)

Contraception for women at High Risk of HIV Infection and living with HIV

For women at high risk of HIV or living with HIV, WHO recommends no restrictions for:

- ✓ Combined hormonal contraceptives or progestogen-only contraceptives
- ✓ Women and couples at high risk of HIV infection & using Progestin Only Injectable should be informed about (and have access to) HIV preventative measures, including male and female condoms.
- ✓ LNG - IUDs can generally be used; however, initiation should be generally avoided if advanced/severe disease

Contraception for women living with HIV using Antiretroviral Therapy (ART)

For women taking ART, WHO recommends they are generally eligible to use hormonal contraception:

- ✓ Special consideration for efavirenz or nevirapine & some protease inhibitors may be warranted.

Consistent and correct use of condoms, male or female, is critical to protect against STIs/HIV and for prevention of HIV transmission

WHO MEC Quick Reference Chart

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), levonorgestral intrauterine system (LNG-IUS)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum					
	6 weeks to < 6 months postpartum				See i.	See i.
	6 months postpartum or more					
Postpartum not breastfeeding	< 21 days					
VTE – venous thromboembolism	< 21 days with other risk factors for VTE*				See i.	See i.
	≥ 21 to 42 days with other risk factors for VTE*					
Postpartum timing of insertion	≥ 48 hours to less than 4 weeks	See i.	See i.	See i.		
	Puerperal sepsis					
Postabortion (immediate post-septic)						
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension	History of (where BP cannot be evaluated)					
BP = blood pressure	BP is controlled and can be evaluated					
	Elevated BP (systolic 140-159 or diastolic 90-99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of)				I C		I C
Stroke (history of)				I C		
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I C		I C	

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Headaches	Migraine without aura (age < 35 years)	I C				
	Migraine without aura (age ≥ 35 years)	I C				
	Migraines with aura (at any age)		I C	I C		I C
Unexplained vaginal bleeding (prior to evaluation)					I C	I C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I C	I C
	Endometrial				I C	I C
	Ovarian				I C	I C
Breast disease	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion (due to fibroids or anatomical abnormalities)						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C	I C
	Current pelvic inflammatory disease (PID)				I C	I C
	Very high individual risk of exposure to STIs				I C	I C
Pelvic tuberculosis					I C	I C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of related to oral contraceptives)						
Hepatitis (acute or flare)		I C				
Cirrhosis (severe)						
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
AIDS	No antiretroviral (ARV) therapy	See ii.	See ii.	See ii.	I C	I C
	Not improved on ARV therapy				I C	I C
Drug Interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy**					

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

- Category 1** There are no restrictions for use.
- Category 2** Generally use; some follow-up may be needed.
- Category 3** Usually not recommended; clinical judgment and continuing access to clinical services are required for use.
- Category 4** The method should not be used.

I/C Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.

NA Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.

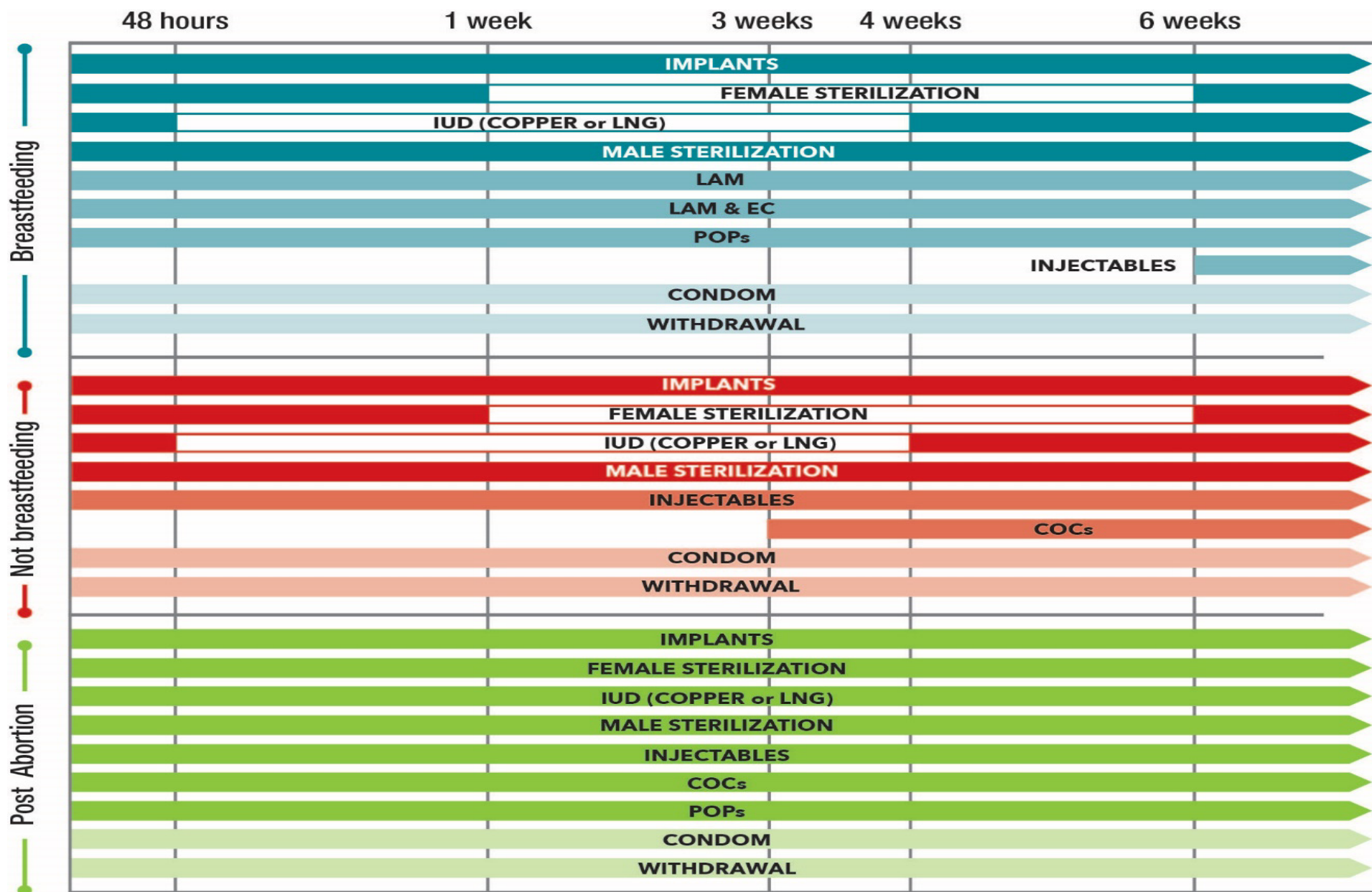
i The condition, characteristic and/or timing is not applicable for determining eligibility for the method.

ii Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.

* Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.

** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.





MEC 5TH EDITION Recommendations

✓ Details of the recommendations on the methods are available in the full MEC 5th edition document.



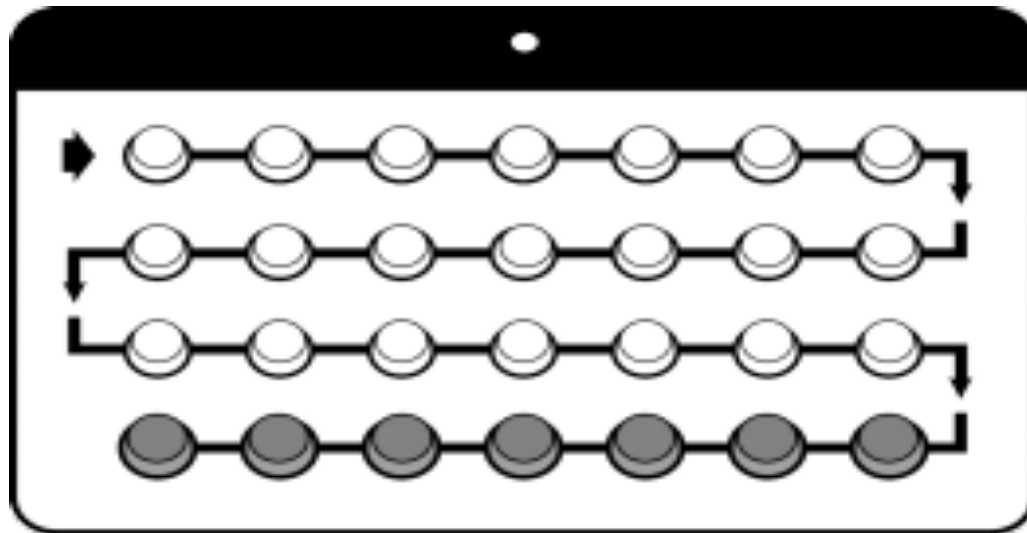
http://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/

Combined Oral Contraceptives



What is it ?

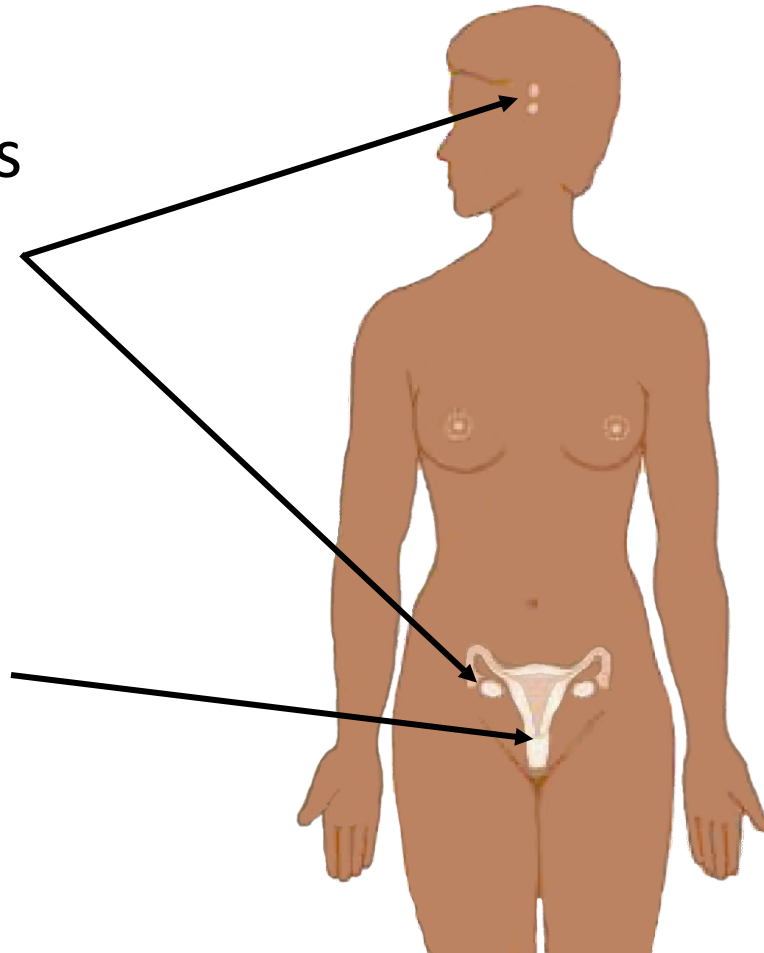
These are pills containing oestrogen and progesterone similar to the natural hormones in a woman's body.



How Combined Pill works

Suppresses hormones
responsible for
ovulation

Thickens
cervical mucus to
block sperm



How to use

Take one pill every day for 21 days. Rest 7 days before starting a new packet (21 day packet)

If the packet has 28 pills e.g. femiplan, 21 pills have hormone while 7 are plain. In such a case take the pill daily till the last day and continue the next packet the following day

Who can use COC ?

- Sexually active women of reproductive age
- Women of any parity, including nulliparous with established menses
- Women who want highly effective protection against pregnancy
- Breastfeeding mothers after 6 months postpartum
- Women who can follow a daily routine of pill taking
- Post-abortion clients

Who should not use COC...

- Breastfeeding mothers before 6 months postpartum (MEC 4)
- Women who are pregnant or suspected of being pregnant
- Women with a history of blood clotting disorders (MEC 4)
- Women with a history of heart disease or stroke (MEC 4)
- Women with active liver disease (MEC 4)
- Women with hypertension (MEC 3 or 4 depending on severity)
- Women with complicated diabetes mellitus (MEC 3 or 4)
- Women >35 years who smoke >15 cigarettes per day (MEC 4)
- Women who have undergone major surgery with prolonged immobilization. (MEC 4)
- Women taking certain anticonvulsants (Carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate) (MEC 3)

When to start

- Anytime of the menstrual cycle when the service provider is reasonably sure that the client is not pregnant
- Six months after delivery if breast feeding.
- Within three weeks post delivery if not breastfeeding
- Within seven days post abortion
- Immediately when switching from another reliable method
- Between day 1 to day 7 of the menstrual cycle

Benefits

- Highly effective
- Effective immediately
- Easy to use
- Safe
- Can be provided by trained non-clinical service provider
- Return to fertility immediate
- Reduces menstrual cramps and pain
- Decreases menstrual flow hence prevention of anaemia

Limitations

- Does not protect against STI/HIV/AIDS
- Some women have nausea, mild headaches and breast pains that usually go away after first few months.
- Effectiveness is lowered when taken with other drugs e.g. anti TB like Rifampicin, anti epilepsy drugs e.g. phenobarbitone, phenytoin)
- Requires strict daily pill taking preferably at the same time every day
- Affects quantity and quality of breast milk.
- Effectiveness may also be lowered in the presence of gastroenteritis, vomiting and diarrhoea



Progesterone Only Pills (POPS)



Mechanism of action

- **Contain progesterone only in smaller dose (*typically 10-50%*)**
- **POPs do not contain estrogen**
- **Thicken cervical mucus making it hard for sperm to reach the egg**
- **Partially inhibit ovulation (in 50% of cycles)**

Who can use POPs ?

Women of any reproductive age or parity who:

- ✓ Want to use this method of contraception
- ✓ Cannot or should not take pills containing estrogen
- ✓ Are breastfeeding (POPs do not suppress breast milk production)

Who should not use POPs ?

- Suspected pregnancy
- Current breast cancer
- Liver disease
- Women suffering from deep venous thrombosis (DVT)
- Clients on rifampicin/rifabutin

Advantages

- Safe
- Effective, especially for breastfeeding women
- Have no effect on breast milk
- Easy to discontinue
- Immediate return to fertility upon discontinuation

Disadvantages

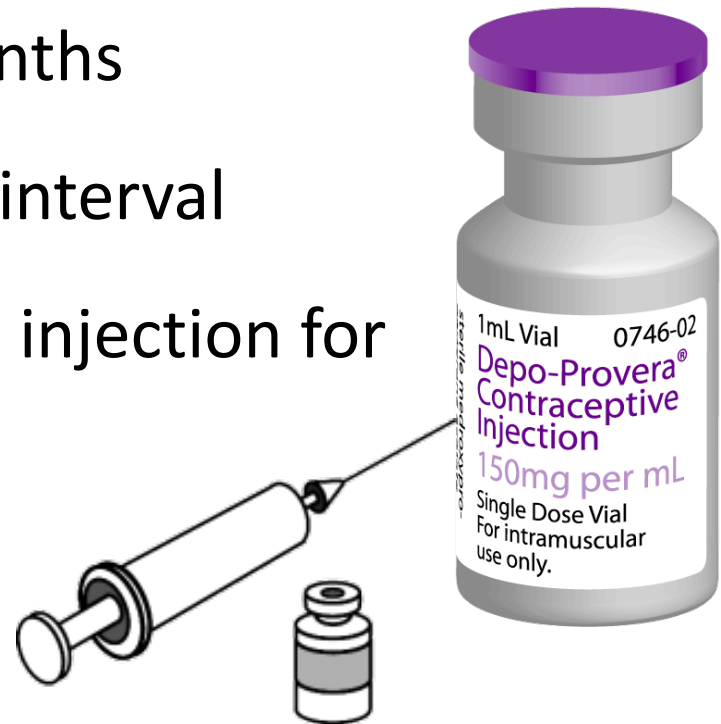
- Requires strict daily pill taking, preferably at the same time
- Less effective to non breast feeding women
- Does not protect one against STIs and HIV/AIDS
- Side effects include:
- Irregular spotting or bleeding, irregular cycles
 - Nausea
 - Breast tenderness
 - Headache and dizziness
 - Amenorrhea
 - Mood changes

Progestin Only Injectables



What is it

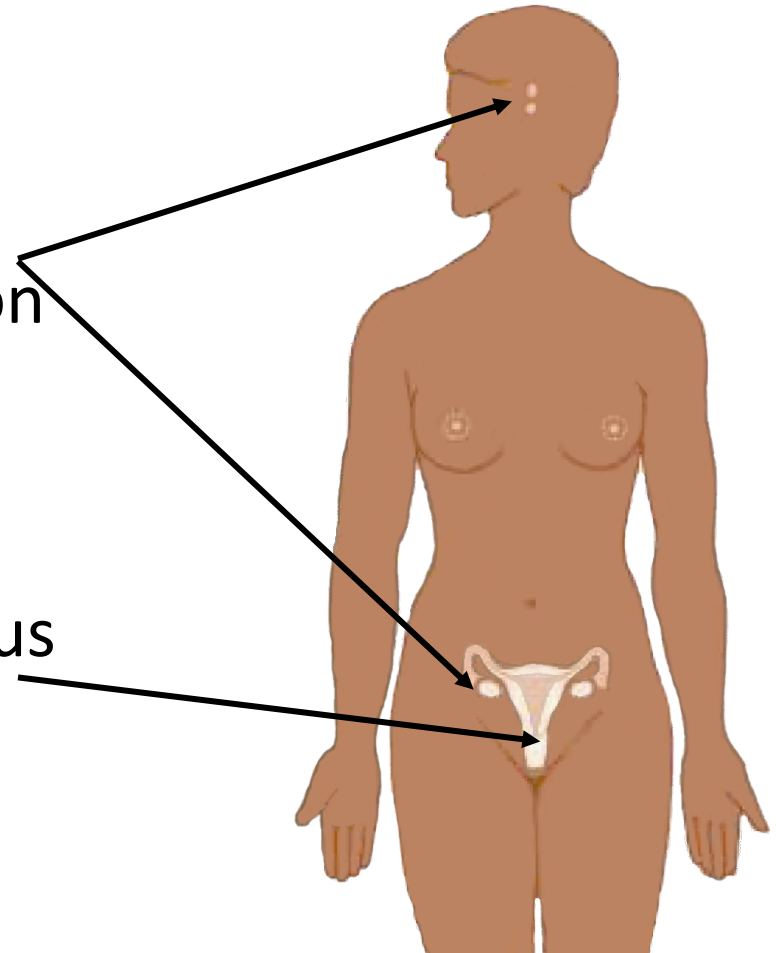
- Contains progesterone
- Depo-Provera is the most widely used injectable contraceptive
- DPMA is given every 3 months
- NET EN given in 2 months interval
- DPMA SC a sub-cutaneous injection for 3 months



Mechanism of Action

Suppresses Hormones
responsible for ovulation

Thickens cervical mucus
to block sperm



Who can use Injectables

- Women of any parity including nulliparous with established menses
- Breastfeeding mothers after 6 weeks post partum
- Post abortion clients
- Women with uncomplicated diabetes, hypertension, valvular heart disease
- Women with STI, PID,
- Women with HIV/ AIDS and doing well on ARVs

Who should not use Injectables

- Breastfeeding women less than 6 weeks
- Women with liver disease
- Women with breast cancer
- Women with severe hypertension,
- Women with unexplained abnormal vaginal bleeding
- Women suffering from deep venous thrombosis (DVT)

Benefits

- Highly effective
- Safe
- Easy to use
- Long acting
- Reversible
- Can be discontinued without provider's help
- Can be provided outside of clinics
- Use can be private
- Has no effect on breastfeeding

Disadvantages

- Side effects including
 - menstrual changes (irregular spotting or bleeding,
 - prolonged bleeding,
 - amenorrhea.
- Headache, dizziness, nausea, breast tenderness,
- Weight changes
- After stopping the injections there may be delay in return to fertility
- Does not protect against STI/ HIV



Contraceptive Implants



What are they

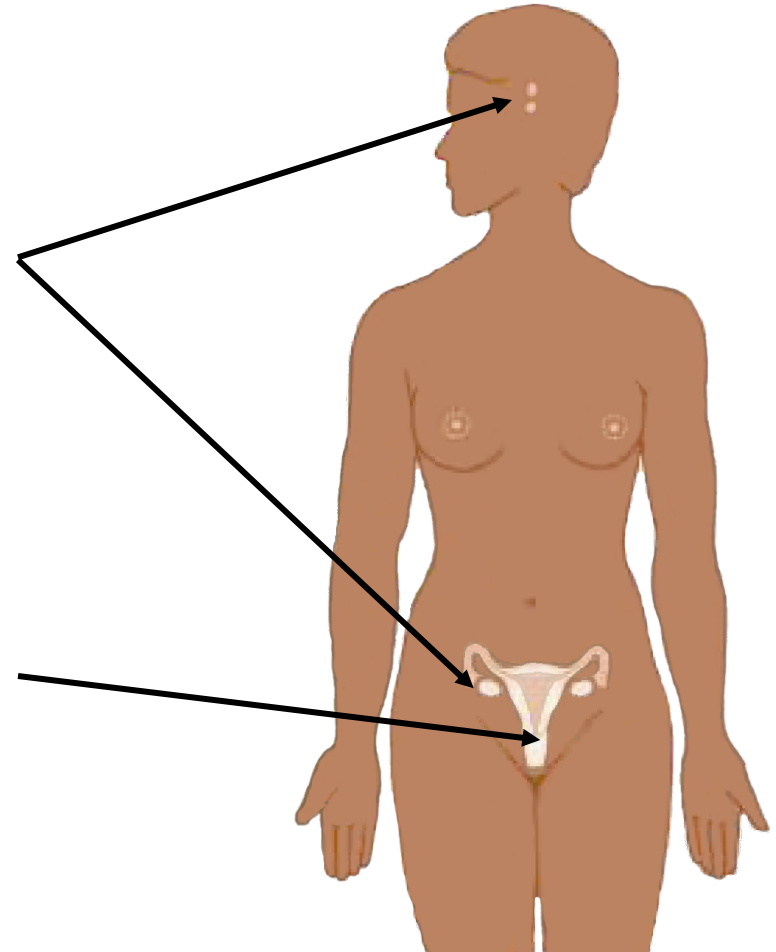
Progestin-filled rods or capsules that are inserted under the skin and release the hormone slowly over a long period to prevent pregnancy



Mechanism of Action

Suppresses hormones
responsible for ovulation

Thickens cervical mucus
to block sperm



Types

Implant	Design	Hormone	Duration
Jadelle	2 rods	Levonorgestrel (75mg/rod)	5years
Implanon Classic	1 rod	Etonogestrel (68mg)	3years
Implanon NXT	1 rod	Etonogestrel (68mg)	3years

Visibility of Implants to Imaging

Imaging type	Implanon Classic	Implanon NXT	Jadelle
Visible on X ray	No	Yes	Yes
Visible on Ultra Sound	Yes	Yes	Yes
Visible on CT Scan	No	Yes	Yes
Visible on MRI	Yes	Yes	Yes

Who Can Use ?

Women:

- Of any reproductive age
- Of any parity including nulliparous women
- Who want highly effective, long-term protection against pregnancy
- With desired family size who do not want voluntary sterilization
- Who are breastfeeding immediately after delivery
- Who are postpartum and not breastfeeding
- Who are post abortion

Who should not use Implants

- Pregnancy (known or suspected)
- Women with unexplained vaginal bleeding (category 3)
- History of or current breast cancer (Category 4)
- Liver tumor or severe liver disease (Category 3)
- Acute venous thromboembolism (Category 3)

Use of Progestin only implants by women with HIV Aids

- Women with HIV and AIDS can use progestin only implants without restriction, regardless of whether or not they are on ART
- However, some research shows that women on some regimens (EFV, NVP) may experience contraceptive failure. Women on these regimens who wish to use contraceptive implants should be counseled on the possible risk of contraceptive failure and the need for dual protection

Benefits

- Highly & rapidly effective
- Long-term method
- Easy to use
- Long-acting pregnancy protection but easily reversible
- Do not interfere with intercourse, private
- Have no effect on the quality or quantity of breast milk
- Have non-contraceptive health benefits (help prevent ectopic pregnancy and iron deficiency anemia)

Limitations

- Must only be inserted and removed by trained providers
- Require minor surgical procedure for insertion and removal
- Common side effects include:
 - menstrual changes (irregular spotting or bleeding, prolonged bleeding, and amenorrhea)
 - headache, dizziness, nausea, breast tenderness,
 - weight changes
- Does not protect against STI/ HIV

When to insert Implant

- A woman does not need to wait until she is menstruating to have a hormonal implant inserted
- She can start using implants any day of the menstrual cycle. If she is starting within seven days after the start of her menstrual cycle (five days for Implanon), she does not need to use a backup method.
- If it is more than seven days after the start of her menstrual cycle (more than five days for Implanon), she can have implants inserted as long as it is reasonably certain she is not pregnant. In this case, she will need to abstain from sex or use a backup method for the first seven days after insertion.
- Postpartum:
 - Immediately after delivery whether breastfeeding or not.
- Post abortion
 - Immediately

Dispelling Myths & Misconception

Progestin-only implants do not:

- Break and move around within a woman's body
- Cause birth defects
- Cause cancer
- Cause abortion if inserted during a pregnancy
- Have any contraindication for use by adolescents

***Source: Adapted from the Technical Resource Package for Family Planning
Contraceptive Implants Module***



Intrauterine Contraceptive Device (IUCD)

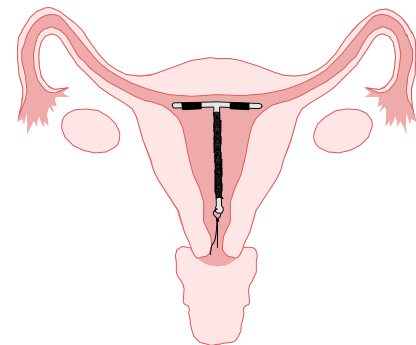


What it is

Small, flexible, plastic "T" device wrapped in copper wire that is placed in the uterus

Mechanism of Action of Copper IUDs

- Prevents sperm from meeting the egg by changing the uterine environment
- Impairing the viability of the sperm
- IUCD does NOT cause abortion

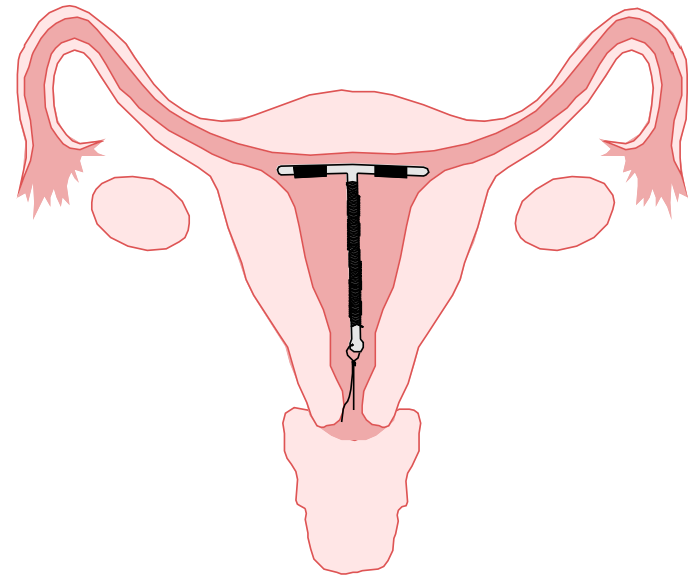


Mechanism of Action of Copper IUDs

Prevents sperm from meeting the egg by changing the uterine environment

Impairing the viability of the sperm

IUCD does NOT cause abortion



Source: Ortiz, 1996.

Who Can Use Copper IUDs

- Women of any age and parity
- Women with medical conditions e.g. hypertension, heart disease, diabetes, Deep Venous Thrombosis (DVT)
- Immediately after a delivery (**within 48 hours of delivery, otherwise wait after 4 weeks after delivery**)
- Women who prefer a non hormonal contraceptive

Who Should Not Use Copper IUDs

- High individual risk of STIs, AIDS i.e. Clients at high risk of Chlamydia and Gonorrhea (MEC category 3)
- A woman with cervical cancer (MEC category 4)
- Initiation of IUD in a woman with severe or advance HIV Disease(WHO stages 3 or 4) – (MEC category 3)
- A woman with chlamydia or Gonorrhea (MEC category 4)
- Pregnancy
- When there is infection at the time of initiation;
 - Puerperal sepsis
 - Post abortion sepsis;
 - Pelvic inflammatory disease
 - Cervicitis
 - Pelvic tuberculosis
- Unexplained vaginal bleeding (MEC category 4)
- A woman with a distorted uterus due to uterine fibroids (MEC category 4)
- Endometrial or cervical cancer or ovarian cancer (MEC category 4)
- Women between 48hours and < 4weeks postpartum (MEC category 3)

Advantages

- Highly effective and safe
- Does not interfere with intercourse
- Easy to use
- Long lasting (can be used for up to 12 years)
- Easily reversible and quick return to fertility
- No systemic effects
- Can be removed any time if you want to get pregnant
- Does not cause infertility

Disadvantages

- Side effects, including cramping and increased or prolonged bleeding in the first few months after insertion
- Rare complications include perforation and pelvic inflammatory disease
- Insertion and removal require trained provider
- Does not protect against STI/HIV

Timing of IUD Insertion

- **Interval insertion** - anytime during menstrual cycle if woman is not pregnant
- **Postpartum insertion** - immediately after vaginal or cesarean delivery if no infection or bleeding (within 48 hours)
- **Insertions after Post Abortion Care (PAC)** - immediately if no infection

NB: Copper IUCD can be used as an emergency contraceptive if inserted within 12 days since the onset of menses

IUD use and follow-up

- **Schedule follow-up visit at:**
 - 3 to 6 weeks (or during menses)
- **Counsel on side effects** including signs of complications that require immediate return to the clinic)

Dispelling IUCD Myths

- Are not abortifacients'
- Do not cause infertility
- Do not cause discomfort for the male partner
- Do not travel to distant parts of the body
- Are not too large for small women
- Adolescents/women who have never given birth can use copper IUCDs

Provision of Copper IUCDS Post Abortion

- After 1st trimester abortion the technique is use of inserter as the cervix is minimally dilated. Only an inserter is small enough pass through it; the uterus is relatively small and firm; the risk of perforation with an inserter is small
- After 2nd trimester abortion, the Kelly's forceps technique or inserter can be used depending on cervical dilatation. Forceps is used if the cervix is open enough to allow passage of forceps. If the cervix does not allow the passage of the forceps then an inserter can be used



Permanent Methods Of Contraception



Voluntary Surgical Contraception

Voluntary Surgical Contraception (VSC) includes female and male sterilization procedures that are intended to provide permanent contraception.

As such, special care must be taken to ensure that every client makes a voluntary, informed choice of the method.

Introduction

Particular attention must be given to counseling in the case of

- young people,
- nulliparous women,
- men who are not yet fathers,
- clients with mental health problems, including depressive conditions

All clients must be carefully counseled about the intended permanence of the sterilization and the availability of alternative, long-term, highly effective methods.

Medical Eligibility Criteria

There are no medical condition that would absolutely restrict a person's eligibility for sterilization although some conditions and circumstances will require that certain precautions are taken, including those where the recommendation is C-Caution, D-Delay, or S-Special.

Definitions of Conditions

- A Accept:** no medical reason to deny sterilization to a person with this condition.
- C Caution:** procedure is normally conducted in a routine setting, but with extra preparation and precautions.
- D Delay:** procedure is delayed until the condition is evaluated and/or corrected.
- S Special:** The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anesthesia, and other back up medical support.

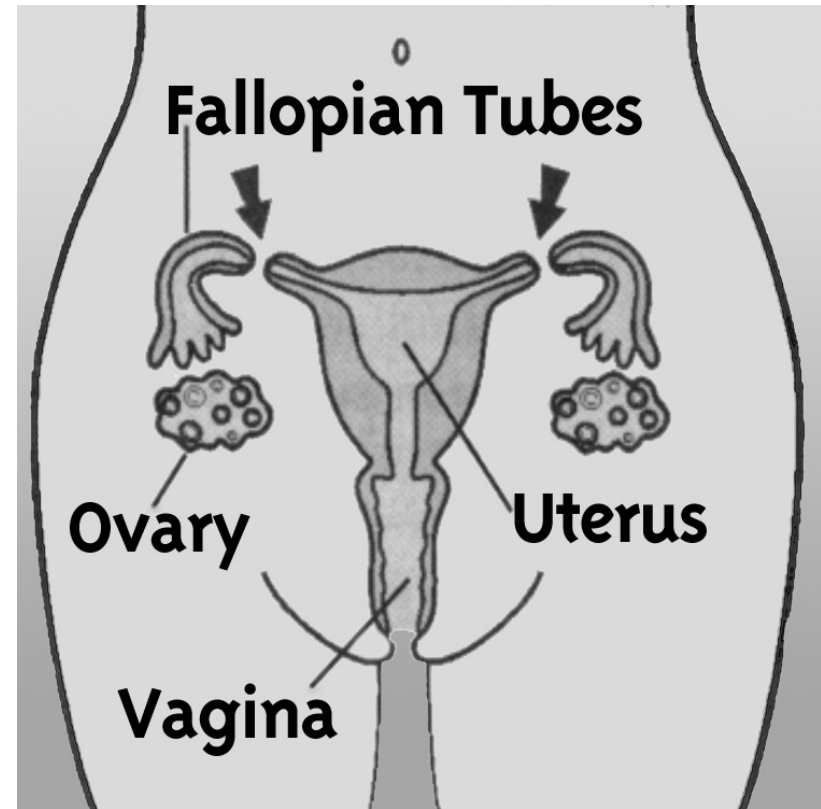


Female Voluntary Surgical Contraception



Definition

- A minor surgical operation, which involves the tying and cutting of the fallopian tubes in order to prevent the egg released by the ovary from being fertilized by sperm
- Generally a safe procedure, and when performed by trained provider
- Overall rates of complications are in the range of 0.4-2.0%



Introduction

- It is a highly effective method of contraception, failing in less than 1% of women in the first year after surgery.
- Tubal ligation can be performed under conscious sedation and local anesthesia.
- Tubal ligation is a permanent FP method (reversal cannot be assured). Hence, Thorough, careful counseling is needed before decision making.
- A consent form must be signed by the client in all cases before the procedure is undertaken.
- In the case of mentally challenged clients, a signature of the parent/guardian must be obtained.

Types

- Minilaparotomy (postpartum or interval)
- Laparoscopic tubal ligation-interval
- At caesarean section or other abdominal surgery

Contraceptive Benefits

- Highly effective
- Immediately effective
- No change in sexual function – does not interfere with intercourse
- Good choice of FP for client if pregnancy would be a serious health risk
- Does not affect breastfeeding

Limitations

- Generally irreversible – success of reversal surgery cannot be guaranteed
- Risks associated with surgical procedures
 - Pain
 - Haematoma
 - Wound infection
- Does not protect against STIs/HIV/AIDS
- Usually painful for a few days after the procedure
- Can only be offered by a trained provider

Who Can Use Tubal Ligation (Category A)

- Women of reproductive age
- Women who are certain they have achieved the desired family size
- Clients in whom pregnancy would pose a serious health risk
- Women who understands and voluntarily follow informed consent procedure

Who Should Not Use

- Clients who are uncertain of their desire for future fertility
- Clients who cannot withstand surgery
- Clients who do not give voluntary informed consent

!!! Caution

Procedure can be conducted in a routine setting, but with extra preparation and precautions:

- Young age
- Obesity
- Hypertension adequately controlled
- History of ischaemic heart disease
- Uncomplicated valvular heart disease
- Epilepsy or
- Depressive disorders
- Uterine fibroids
- Diabetes
- Liver Cirrhosis and Liver tumors
- Anemias
- Previous abdominal or pelvic surgery
- Kidney disease
- Severe nutritional deficiency

!! Delay procedure until condition is evaluated and/or corrected

Delay

Delay procedure until condition is evaluated and/or corrected:

- ✓ Postpartum 7 to 42 days
- ✓ Complicated delivery
- ✓ Post-abortion sepsis Current DVT or PE
- ✓ Current ischaemic heart disease
- ✓ Unexplained vaginal bleeding before diagnosis
- ✓ Current PID or purulent cervicitis
- ✓ Current gall bladder disease
- ✓ Active viral hepatitis
- ✓ Severe anaemia
- ✓ Local infection-abdominal skin
- ✓ Acute respiratory disease



Vasectomy



Special

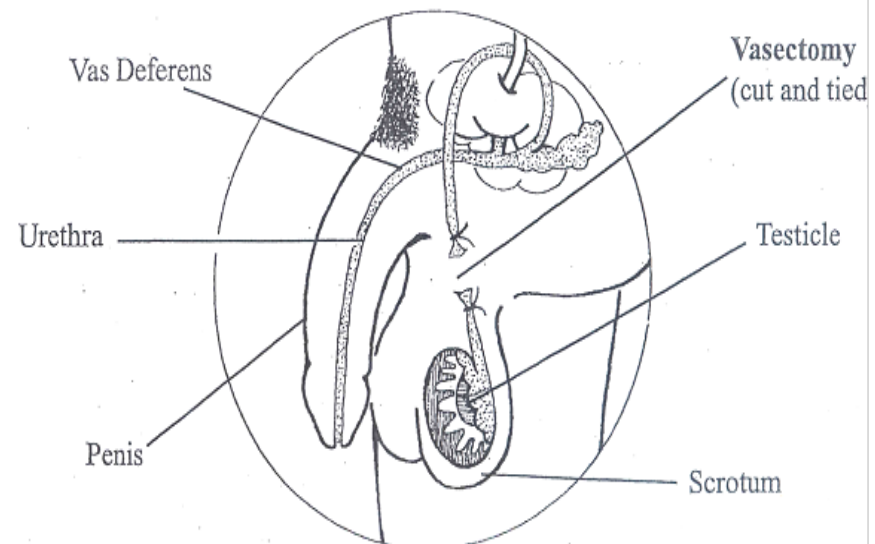
Procedure requires experienced surgical team, equipment for GA,

- Fixed uterus due to previous surgery, PID or endometriosis
- Known pelvic TB
- Hypertension complicated by vascular disease
- Valvular heart disease-complicated
- Diabetes with vascular complications
- Liver Cirrhosis-severe
- Coagulation disorders
- Chronic respiratory disease
- AIDS

Definition

- Surgical process of cutting the vas deferens in order to stop the sperm from mixing with semen, so that the semen is ejaculated without sperm.
- Performed under a local anesthesia
- Not synonymous with castration and does not affect sexual ability.
- Has a failure rate of less than 1% in most studies.

Vasectomy does not become effective immediately. It is important that clients use condoms or another FP method for 3 months after the operation to be completely safe.



How Vasectomy Works

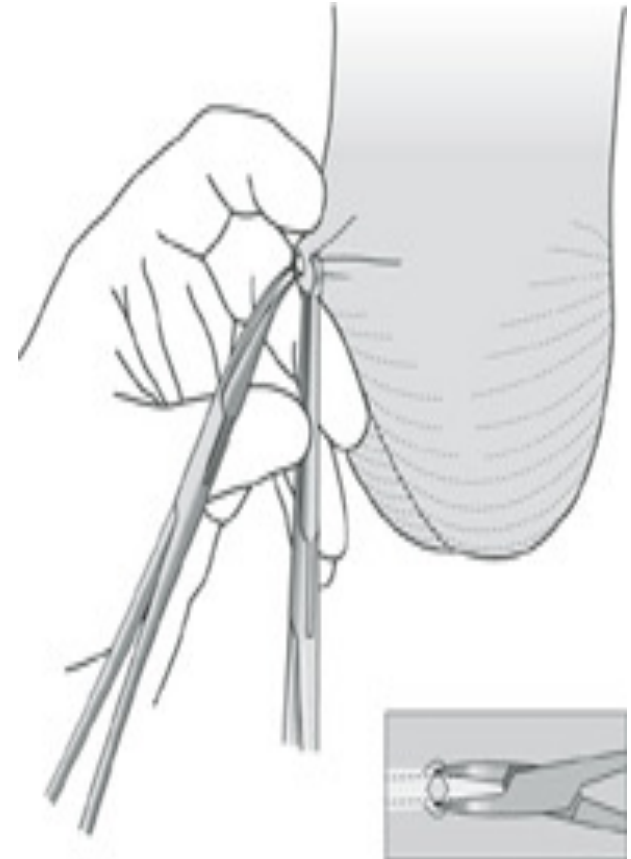
- After vasectomy is done, a man continues to produce sperms and hormones.
- The hormones are released into the blood stream, since the two vas deferens are blocked, the sperms produced by the testis have no outlet; therefore they are broken down and re-absorbed by the body as proteins.
- Since the hormones that are responsible for manhood continue to be produced, a man who has had vasectomy continues to experience sexual arousal, erection and successfully engage in sexual intercourse and ejaculates satisfactorily.

Techniques

- Scalpel vasectomy
- Non-scalpel vasectomy

Who Can Use Vasectomy?

- Men of reproductive age
- Men who have achieved desired family size
- Men who understand and voluntarily give informed consent for the procedure



Limitations of Vasectomy

- Not immediately effective
- Not reversible (cannot be turned around to have babies)
- No protection against HIV/STIs

!! CAUTION

Procedure can be conducted in a routine setting, but with extra preparation and precautions

- Young age
- Depressive disorders
- Diabetes
- Previous scrotal injury
- Large varicocele or hydrocele
- Cryptorchidism

Delay

Delay procedure until condition is evaluated and/or corrected

- Local skin infection
- Active STI or Systemic infection
- Filariasis or elephantiasis
- Intra-scrotal mass

Procedure requires experienced surgical team, equipment for GA,

- » Coagulation disorders
- » AIDS
- » Inguinal hernia



Natural Family Planning



Definition

Way by which a couple will learn to achieve or avoid a pregnancy by applying proper sexual behaviour during the fertile and infertile phases of the menstrual cycle.

Lactation Amenorrhoea Method

The term Lactation Amenorrhoea Method (LAM) refers to the traditional method of breast-feeding as a family planning method

Mechanism of Action

- Inhibits ovulation
- For LAM to be effective the following criteria must all be met:
 1. The baby is less than 6 months old
 2. The baby is breastfeeding exclusively
 3. The woman has not resumed her menses
- When any of these 3 criteria is no longer met, another FP method must be introduced in a timely manner to ensure healthy birth spacing.

Advantages

- Effective protection against pregnancy as long as all three LAM criteria are met
- Does not interfere with sexual activity
- No known health risks
- Return to fertility is immediate
- Affordable- no direct costs for family planning

Limitations

- LAM provides temporary protection from pregnancy (as soon as any of 3 requirements are not met, protection decreases)
- No protection against STIs
- Effectiveness after 6 months is uncertain
- Exclusive breastfeeding may not be convenient for some women
- Small chance of MTCT during breastfeeding if mother is HIV-positive,

Who can use

Women who:

- Are fully or nearly fully breastfeeding
- Have not had return of menses
- Are less than 6 months postpartum¹

Natural Family Planning methods

- Checking cervical mucus (it becomes thin, watery and stretchable during the fertile period)
- Basal body temperature (there is slight increase in body temperature during the fertile period)
- Calendar/Rhythm method (calculating the fertile period from the menstrual cycle)
- Standard Days method
- Coitus interruptus

Who can use

- All clients of reproductive age
- Women with regular menstrual cycles
- Couples willing to abstain from intercourse for more than one week each cycle
- Couples who are able to maintain effective events records

Who should not use

- Women with irregular cycles
- Women who dislike touching their genitals
- Women whose partners will not cooperate
- Couples who want highly effective protection against pregnancy

Billing method

- Identify start and end of the fertile period
- A woman checks every day for any cervical secretion
- The secretions have a peak day; when they are most slippery, stretch and thin, the couple continues to avoid genital sex until four days after the peak day.

Basal Body Temperature

- The woman MUST take her body temperature in the same way either orally, rectally or vaginally at the same time each morning before she gets out of bed and record it on a special graph.
- The temperature rises 0.20 – 0.50C around the time of ovulation (about midway through the menstrual cycle for many women).
- The couple avoids sex, from the first day of menstrual bleeding until the woman's temperature stays up for 3 full days. This means that ovulation has occurred and passed.
- After this the couple can have sex over the next 10 –12 days until her next menstrual bleeding begins.

Calendar (Rhythm) Method

- Before relying on this method, the woman records the number of days for each menstrual cycle for at least **6 months**. The first day of menstrual bleeding is always counted as **Day 1**.
- The woman subtracts **18** from the length of her **shortest** records cycle. This tells her the estimated first day of her fertile time, she then subtracts **11** days from the length of her **longest** cycle. This tells her the last day of her fertile time.
- If her record cycles vary from **26-32 days**;
 - $26 - 18 = 8$ (start abstinence on day 8)
 - $32 - 11 = 21$ (have sex after day 21)
 - Thus 14 days i.e. **8 – 21** of abstinence

Withdrawal (coitus interruptus)

Coitus interruptus is one of the **traditional methods** of birth control. A couple using the method may have intercourse in any way acceptable to them until ejaculation is about to occur, at which point the male withdraws his penis from the vagina and external genitalia of the female in order to prevent sperm from entering woman's reproductive tract. .

Benefits Of NFP

- No physical side effects
- Free
- Promotes involvement of male partner
- Increases knowledge of reproductive system
- Can be used either to achieve or avoid the pregnancy
- Encourages couple communication and co-operation

Limitations of NFP

- 1) Low effectiveness
- 2) Effectiveness relies greatly on correct and consistent use
- 3) Requires daily record keeping
- 4) Vaginal infections interfere with normal mucus
- 5) Does not protect against STI, HBV, HIV/AIDS
- 6) Long period of training and counselling is required before use of the methods
- 7) Both partners must be willing to co-operate and participate
- 8) Frustration due to long abstinence



Barrier Methods



Condoms

Female condom



Male condoms

Mechanism of Action

- Prevents the sperm from gaining access to the upper reproductive tract, preventing it from meeting the egg.
- In addition condoms offer the best protection against HIV and STI.

Advantages

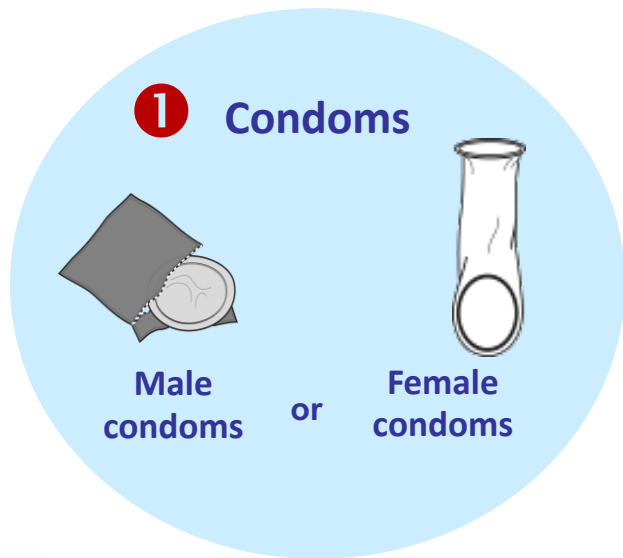
- Effective immediately
- Do not affect breastfeeding
- Can be used as backup to other methods
- No known method-related health risks
- No known systemic side effects
- Widely available
- No prescription or medical assessment is required
- Inexpensive (in the short term)

Limitations

- A new condom must be worn for each act of sexual intercourse
- May cause itching for a few people who are allergic to latex
- Effectiveness as contraceptives depends on willingness to follow instructions. Most effective when used correctly and consistently.
- User-dependent (requires continued motivation and use with each act of intercourse).
- Disposal of used condoms may be a problem. If not properly disposed of, may be a source of infection to others, especially children

Dual protection and dual method use

- Dual protection - use of condoms for FP and for protection against STI/HIV)



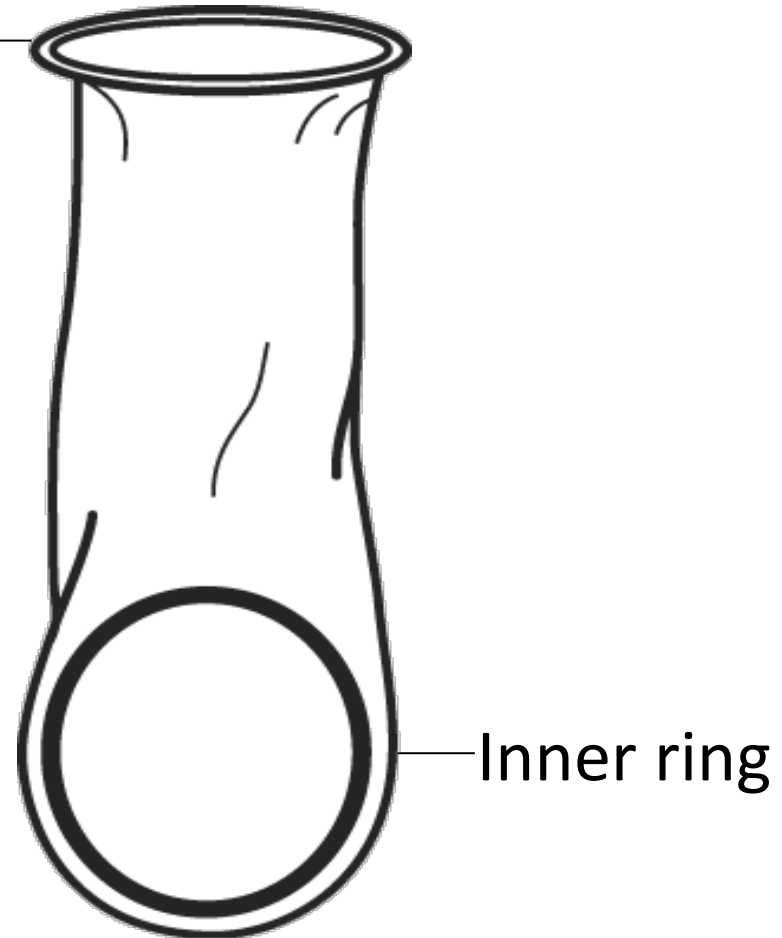
- Dual method use of another method for FP and condoms for protection against STI/HIV



How to Use a Female Condom

Step 1 Outer ring

Open package
carefully
Make sure the
condom is well-
lubricated inside

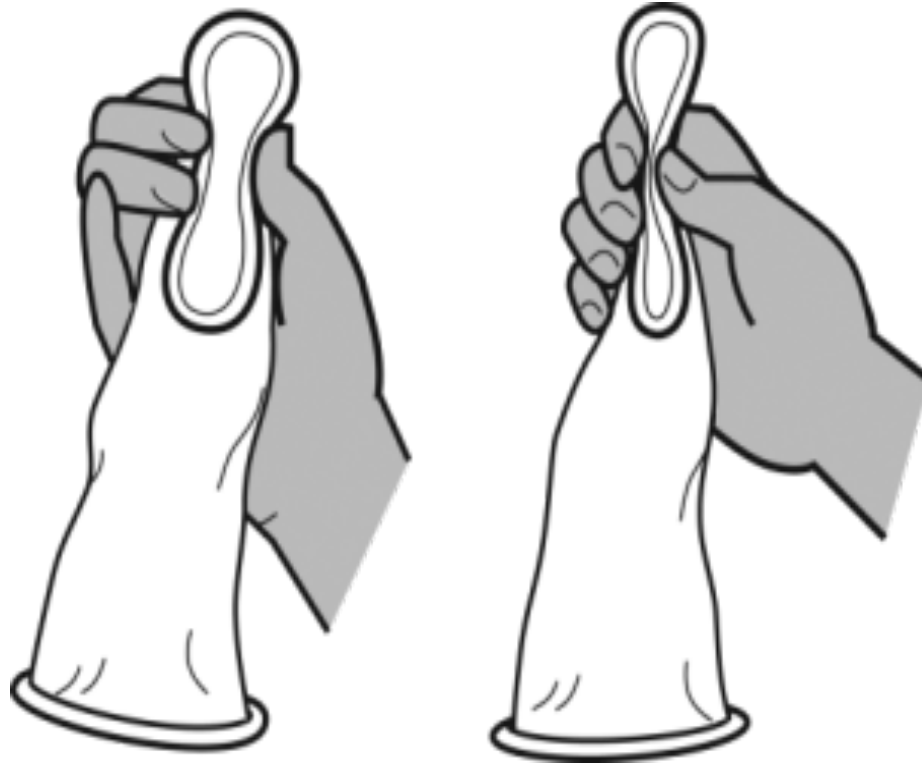


Step 2

Choose a
comfortable
position

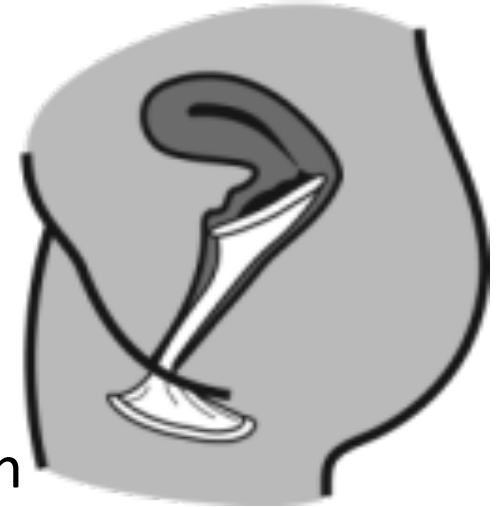


Step 3



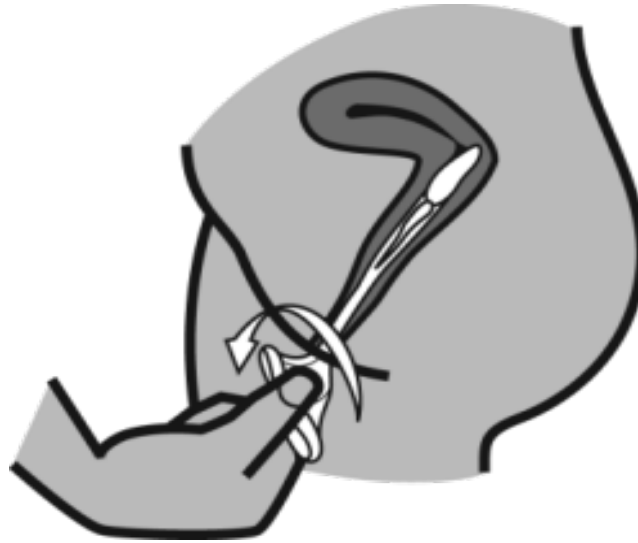
Squeeze the inner ring, at the closed end

Step 4



- Gently insert the inner ring into the vagina
- Place the index finger inside condom, and push the inner ring up as far as it will go
- Make sure the outer ring is outside the vagina and the condom is not twisted
- Be sure that the penis enters inside the condom and stays inside it during intercourse

Step 5



- Reuse is not recommended
- To remove, twist outer ring and pull gently
- Throw away condom safely



Standard Days or Cycle Beads Method

How does cycle Bead Work

- ❖ They are a string of 32 color – coded Beads
- ❖ Each Beads represents a day of a woman's menstrual cycle
- ❖ The Beads have a black rubber ring which a woman moves each day following the arrow
- ❖ When the woman starts her menses, she moves the rubber ring on to the Red Bead
- ❖ She continues moving the ring, one bead each day of her menses
- ❖ When the ring is on the very Dark Bead, she can have sexual intercourse without worrying of becoming pregnant
- ❖ When she is on the white Beads she may become pregnant if she has unprotected sexual intercourse

The Standard Days Method

- ❖ Identifies days 8-19 of the cycle as fertile.
- ❖ Is for women with menstrual cycles between 26 and 32 days long.
- ❖ Helps a couple avoid unplanned pregnancy by knowing which days they should not have unprotected intercourse.
- ❖ A client can use a color-coded string of beads to help her keep track of where she is in her cycle and know when she is fertile.



Who Can use this Method?



- ❖ All women of reproductive age
- ❖ Women with cycles between 26 and 32 days long
- ❖ Couples who can avoid unprotected intercourse on day 8-19 of each cycle
- ❖ Couples not at risk of STIs
- ❖ Couples who are to maintain effective events of records
- ❖ Women with regular menstrual cycle

Who Cannot use this Method?

- Women who are suspected or known to be pregnant
- Women with irregular menses
- Women who dislike touching their genitals
- Women whose partners will not cooperate
- Women whose menstrual period are not regular

Service Delivery Process

- Determine if the client is interested in using SDM
- Screen for cycle length, ability to avoid unprotected intercourse on fertile days, STI risk
- Explain Standard Day Method
- Demonstrate Cyclebeads
- Have client give a return demonstration
- Verify understanding/acceptance
- Provide Cyclebeads, other materials

Summary



- Standard Days Method is a simple method that fills a family planning gap
- Based on probabilities of becoming pregnant during the menstrual cycle
- Uses a string of beads to represent the cycle and identify days 8-19 as days to not engage in unprotected sex

Lessons Learned

- Demand exists
 - It is effective
 - SDM is easy to learn and use
 - Many willing and able to use SDM
 - Correct use improves over time
- Many men can and do support their use
 - Involving men is key to successful use
 - Some will prefer to use with condoms
 - Need to educate providers

WILL CYCLE – BEADS PROTECT ME FROM STIs, HIV/AIDS?

- No
- Like any other Family Planning Method one is not protected from STIs, HIV/AIDS

Where can I get cycle beads ?

You can order them from Division of Reproductive, Ministry of Health

Can Anyone Use Cycle Beads?

- No
- Only women whose menstrual cycles are between 26 and 32 days long
- According to WHO data about 80% of women have their cycles within this range

LIMITATIONS

- Those women who have shorter days than 26 or longer days than 32 are not good candidates
- Those women who cannot avoid sexual intercourse during the fertile days

How many women have cycle lengths that are between 26 and 32 days long?

- According to WHO data about 80%
- Most women have their cycles within this range



Emergency Contraception



Emergency Contraception

Emergency contraception (EC) is a safe and effective way to prevent pregnancy after unprotected intercourse



Types

Progestin only Contraceptives

- Postinor -2 (2Tabs Stat within **120 hours** after unprotected intercourse)
- Microlut 26 Tabs at once within **120 hours** after unprotected intercourse)

Combined oral contraceptives

- Low dose pill e.g. Microgynon 4 stat and repeat after 12 hours
- High dose pill e.g. Eugynon 2 stat and repeat after 12 hours

N.B The emergency contraceptive success rate is higher when give soon after unprotected sex

Mechanism of Action of ECPs

- Mainly stops ovulation (release of egg from ovary)
- Interferes with the movement of ovum and spermatozoa in the fallopian tube
- **!!** ECPs do not disrupt existing (established) pregnancy and they are not effective once the zygote is attached to the uterus

Who can use EC

EC may be necessary if :-

- The condom broke or slipped off, and ejaculation is done in the vagina
- One forgot to take the birth control pills
- The diaphragm or cap slipped out of place, and ejaculation was done inside the vagina
- One miscalculated the "safe" days
- Withdrawal was not done in time
- One was not using any birth control
- One was forced to have unprotected vaginal sex, or was raped

Conditions where EC should be used with caution

- Women with history of severe heart disease
- Women who suffer from migraine headaches
- Women with severe liver disease

Benefits

- Provides emergency protection (prevents pregnancy) in about 75% to 95% of those at risk
- Easy to use
- Can be used any time during the menstrual cycle

Limitations

- Only effective if used within 120 hours of unprotected intercourse
- Do not protect against STI/ HIV
- May cause
 - nausea and vomiting
 - slight irregular bleeding

!! It should be emphasised that emergency contraception should not be used on a regular basis (from month to month) because it is less effective than other methods.



Myths and Misconceptions about Family Planning



Examples of Rumors and Misconceptions

- Condoms have holes
- Condoms are laced with the HIV virus
- Contraceptives encourage immorality
- Contraceptives make women barren
- Family Planning causes mental retardation in children
- Contraceptives cause cancer
- Family Planning is a way of reducing the African Population
- IUCD can disappear into the rest of the body
- Contraceptives make a woman cold and dry
- Contraceptives reduces libido
- Vasectomy is castration
- Contraceptives make breast milk disappear

Reasons for Rumors and Misconceptions

- Lack of correct information
- Inadequate information
- Deliberate propaganda
- Illiteracy
- Ignorance
- Negative beliefs
- Religion

Correcting Rumors and Misconceptions

- Always listen politely and don't laugh!
- Define rumors and misconceptions
- Provide facts and education
- Be persistent – repeatedly remind of the facts
- Communicate effectively
- Be a good example/ Role model
- Reinforce having many children as a “positive” if one can cater for them
- Choice of appropriate methods for each person
- Proper counselling and medical history



Inventory Management For Family Planning Commodities



Learning Objectives

By the end of this overview, participants should be able to:

- Describe the main components of inventory management
- List examples of FP commodities
- List the tools used in inventory management
- Discuss the importance of inventory record-keeping and reporting

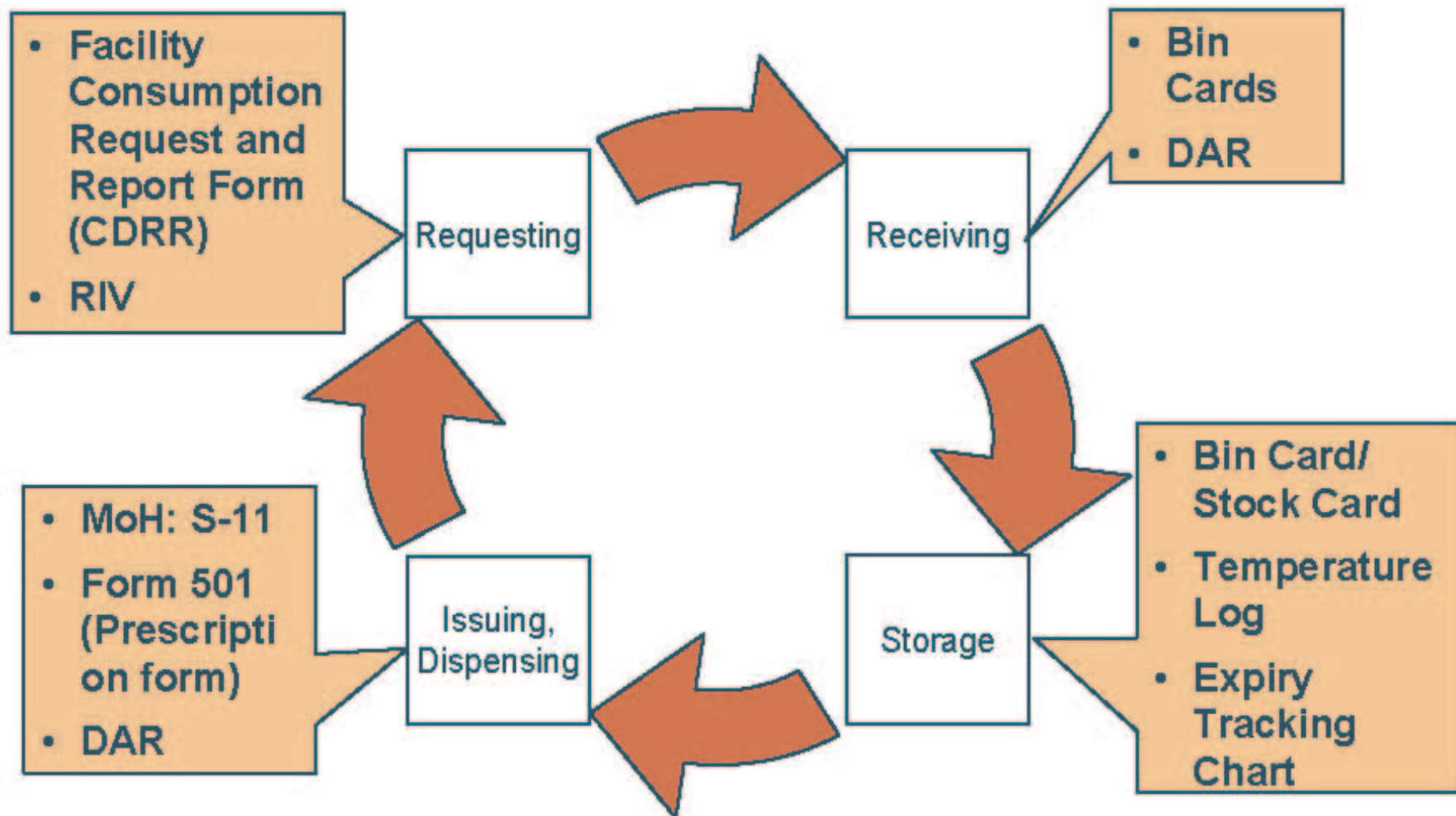


Inventory Management

Inventory management is the process that ensures proper ordering, receipt, storage, and use of commodities. The components include:

- Determining order quantities
- Receiving commodities
- Storage
- Issuing commodities
- Record-keeping

The Inventory Cycle And Inventory Management Tools



Commodity Management

- The Health Care Provider (HCP) needs commodities to provide FP services at any service delivery point, e.g., MCH/FP and CCC.
- RH commodities include the following:
 - ✓ Contraceptives (all types)
 - ✓ Disposables (syringes and needles)
 - ✓ STI/RTI drugs and medical supplies
 - ✓ Drugs and Equipment for Reproductive Tract (RT) Cancers
 - ✓ Drugs and Equipment for Essential Obstetric Care (EOC)
 - ✓ Drugs and Equipment for Post Rape Care (PRC) Kit
- Once availed, commodities need to be appropriately stored, used, and accounted for.

Relevant Tools for RH Inventory Management



Daily Activity Register (DAR) -
Used to capture service data
and commodity use(logistics)
data

**Request and Issue Voucher
(RIV/S11) -** Used for ordering
and issuing commodities



**Contraceptive Data Report and
Request (CDRR) Tool -** Used for
reporting and requesting
commodities for all facilities

**Standard Order and Requisition
Form-** Used for reporting and
requesting commodities for
“Pull” facilities

BIN Cards

Store records for goods received
and issued

Record Keeping

For each FP commodity, the HCP needs to record:

- Date of transaction involving the commodity
- Name of commodity.
- Quantity of commodity received.
- Quantity of commodity issued to clients. Quantity expired, damaged, or lost .
- Ending balance for specified time interval, e.g., at the end of the month.

Commodity utilization reports provide information on:

- Quantities of commodities available at various levels
- Quantity of commodities needed for resupply
- Commodities requiring redistribution
- HCP workload (how much workload the HCP has experienced over the reporting period)

Challenges For M&E in Commodity Management

- Timeliness: Late reporting
- Incomplete reports
- Incorrect reports
- Non-reporting sites: how to make good resupply decisions

Storage

Definition:

A store is a structure or room where commodities are kept for safety and are available to users as and when required.

Reason for storage:

- Safety of commodities from theft and Damage
- Easy accessibility
- Easy monitoring and planning
- To ensure uninterrupted supplies

These are the laid down standards on how to store commodities. It means that commodities are kept in such a manner to protect their quality and integrity while, at the same time, making them available for use (It is how the commodities are stored).

Guidelines

- Clean and disinfect storeroom regularly, and take precautions to discourage harmful insects and rodents from entering the storage area
- Store health commodities in a dry, well-lit, well-ventilated storeroom -out of direct sunlight
- Protect storeroom from water penetration
- Maintain cold storage, including a cold chain as required
- Arrange cartons/boxes with arrows pointing up and with identification labels, expiry dates and manufacturing dates clearly visible
- Store health commodities to facilitate “first-to-expire, first-out” (FEFO) procedures and stock management

Departmental Linkages for FP commodities

- All relevant departments should link up for needed FP commodities e.g., the bulk store, pharmacy, and MCH
- Dispensing data from all departments should be aggregated and reconciled with that of the MCH/FP and pharmacy for the required periodic reports.

Monitoring & Evaluation

Data collected by facilities is used nationally to calculate:

- Proportion of health facilities offering RH/FP services
- Number of clients accessing integrated RH/FP services in Health facilities
- Number of facilities with no RH/FP commodities stock outs
- Proportion of health facilities providing comprehensive and integrated RH/FP services



The Intrepid SMS Reporting System



About Intrepid...

- Intrepid is a simplified electronic tool for reporting and requesting Family Planning (FP) Commodities
- Data is captured via an SMS message sent to an assigned number
- The SMS data is automatically forwarded to a web interface where the data is displayed and can be analyzed – for action.
- Intrepid enables an easy way of stock monitoring in Districts thereby enabling immediate reactions to identified gaps
- Data from facilities can be shared between different stakeholders – DRH, KEMSA, District RHCs, etc. for immediate decision making.

Basic Requirements of the Intrepid SMS reporting System

- Mobile phone hand-set
- Mobile phone air-time
- Job Aids
 - Reference Booklet
 - Reference pocket card
- Data sources
 - Contraceptives CDRR
 - Contraceptives DAR
- Computer and Internet



Functions of the Intrepid SMS Reporting System

- Reports FP commodity stocks at the facility level
- Placing of FP commodity orders when need arises
- Reports FP commodity stocks received from KEMSA
- Reports FP commodity stocks received from other sources or Issued to other facilities (+ve and –ve adjustments)
- Allows for calculation of periodic FP commodity consumption

PRODUCT CODES

1. **Male Condom**
2. **(Depo Provera)** Depot Medroxyprogesterone acetate (DMPA 150 mg)
3. **(Microgynon)** (COC) Levonorgestrel /Ethinylestradiol tab (0.15 mg/0.03 mg)
4. **Female Condom**
5. **(Jadelle)** Levonorgestrel implant 75 mg
6. **IUD Copper T**
7. **(Microlut)** (POP) Levonorgestrel tab 30 mcg
8. **(EC)** Levonorgestrel tab 750 mcg, Pair
9. **Cycle beads**
10. **(Implanon)** Etonorgestrel Implant 68mg



REPORTING PROCESS



SMS Reporting process

No spaces are to be included in the SMS process steps

Send a separate SMS for each product

Step 1

Create a new message in your phone and add the numerical value for the product you are reporting i.e. Product code e.g. 1 (for male condom), then insert the hash (#) symbol

Step 2

Insert the letter **B** for **Opening Balance**, then the numerical value followed by the hash (#) symbol

Step 3

Insert the letter **C** for **Closing Balance**, followed by its numerical value and then the hash (#) symbol

SMS Reporting process

Step 4

Insert the letter **Q** for **Quantity Ordered**, followed by the numerical value and the hash (#) symbol

Step 5

Insert the letter **R** for **Received Quantity**, followed by the numerical value and the hash (#) symbol

Step 6

This step can be included where adjustments in the stocks have been made, either positively or negatively. Positive adjustments are stocks that the facility has received in form of borrowed stocks or donations. Negative adjustments are stocks that the facility has given out or lent to another facility.

Insert the letter **AP** (Adjusted Positively) or **AN** (Adjusted Negatively) followed by the numerical value for the adjustment

SMS Reporting process

Step 6

Your message should look like the examples below

1#B1000#C500#Q5000#R4000

or

1#B1000#C500#Q5000#R4000#AP250

Once your message is in order, send it to the number

0732 238 164

Kindly note that the letters can be in either capital or small letters

You will get an Automated acknowledgement reply when the message is received

The SMS Sequence

**COD
E**

- Add the numerical **Product Code** you are reporting e.g. 1 (for male condom)
- Insert the symbol #

B

- Insert the letter B (**Opening Balance**) and then the numerical value
- Insert the symbol #

C

- Insert the letter C (**Closing Balance**) and then the numerical value
- Insert the symbol #

Q

- Insert the letter Q (**Quantity Ordered**) and then the numerical value
- Insert the symbol #

R

- Insert the letter R (**Quantity Received**) and then the numerical value
- Insert the symbol #

AP

- Insert the letter AP (**Adjusted Positively** – e.g. Received donations or borrowed stocks) and then the numerical value

OR

AN

- Insert the letter AN (**Adjusted Negatively** - e.g. Stocks given out to another facility) and then the numerical value

So for example your SMS sequence looks like this

1#

B5000#

C2500#

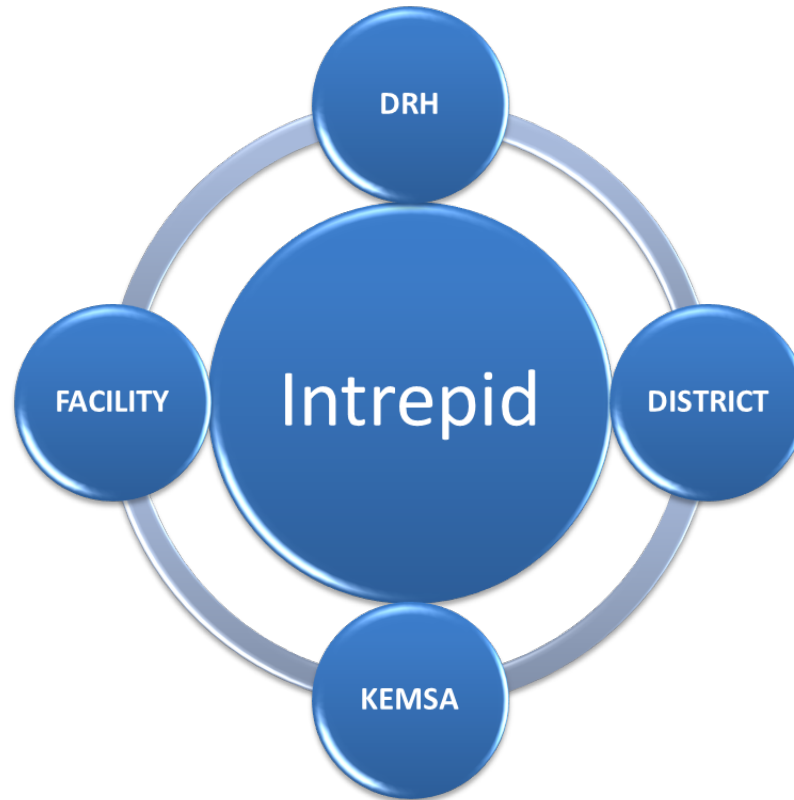
Q2500#

R 2000

AN150

SEND TO 0732
238 164

The System Interface



Where a disconnect is identified – an intervention can be made immediately



Stakeholder Roles and Responsibilities



Roles & Responsibilities (1)

Facility In-charge:

- The Facility in-charge or a designated assistant trained on Intrepid should SMS their FP commodity stocks report by the 5th of every month, or when they run out of stock for any commodity
- The quantity ordered should be sufficient for 3 months + one month's buffer stock:

Quantity ordered = (Opening Balance – Closing Balance) X 4 months (3 regular + 1 month buffer)

- They should ensure the Intrepid report and the CDRR tally except for SMS reports sent between the month when a stock-out is experienced

Roles & Responsibilities (2)

RH Coordinators:

- Retain a copy of the SDP CDRR form for the Tupange team to be collected by the 8th of every month
- They should contact Tupange Commodity Security Officers incases where FP commodity supplies have not been made or when stocks in the district store run out
- Coordinate re-distribution of FP commodities within facilities in the district after receiving the monthly or pre-monthly report(s)

Roles & Responsibilities (2)

RH Coordinators:

- Make calls to facility in-charges or their designated deputies to remind them to SMS their reports on 3rd of every month
- Confirm and acknowledge receipt of all reports received – both the Intrepid SMS Reporting system and CDRR copies
- Follow-up with DRH and KEMSA to ensure FP commodities are supplied on time and in sufficient quantities
- Support re-distribution of FP commodities between facilities in the district.

Advantages of the SMS system

- Facilitates immediate reaction to sudden stock fluctuations, either over- or under-stocks
- Minimizes data quality challenges due to use of manual tools
- Minimizes delays in reporting
- Allows reporting to be done at any time of the month and not necessarily at the end
- It forms an interface with all key sectors in the FP commodity supply chain cycle and therefore avails the necessary data to all at the same time

Conclusion

- Timely, accurate, complete and consistent reporting is the key to an efficient Logistics Management Information System (LMIS).
- The LMIS is the main source of information for any supply chain system and is important for planning, financing, procurement and distribution of Family Planning commodities.
- The Intrepid SMS reporting system uses current mobile phone technology to ensure efficient and convenient reporting and allows for speedy and accurate decision making.

Provider-Initiated Family Planning (PIFP)



What is PIFP ?

- Refers to family planning provision which is recommended by health care workers to women and men of reproductive age attending health care facilities as part of routine medical care
- The main purpose is to ensure no missed opportunity to offer FP
- It is a new strategy to improving integration of FP services in clinical settings

Rationale for PIFP

- Assists to identify clients' unmet need for Family Planning and make client aware of FP
- Facilitates integration of FP and other clinical services
- Is a cost effective approach for clients

Benefits of PIFP

To Clients

- Client is able to determine his/her need for FP
- Is cost effective as client is able to get multiple services during the same visit
- Reduces risk of unwanted pregnancies

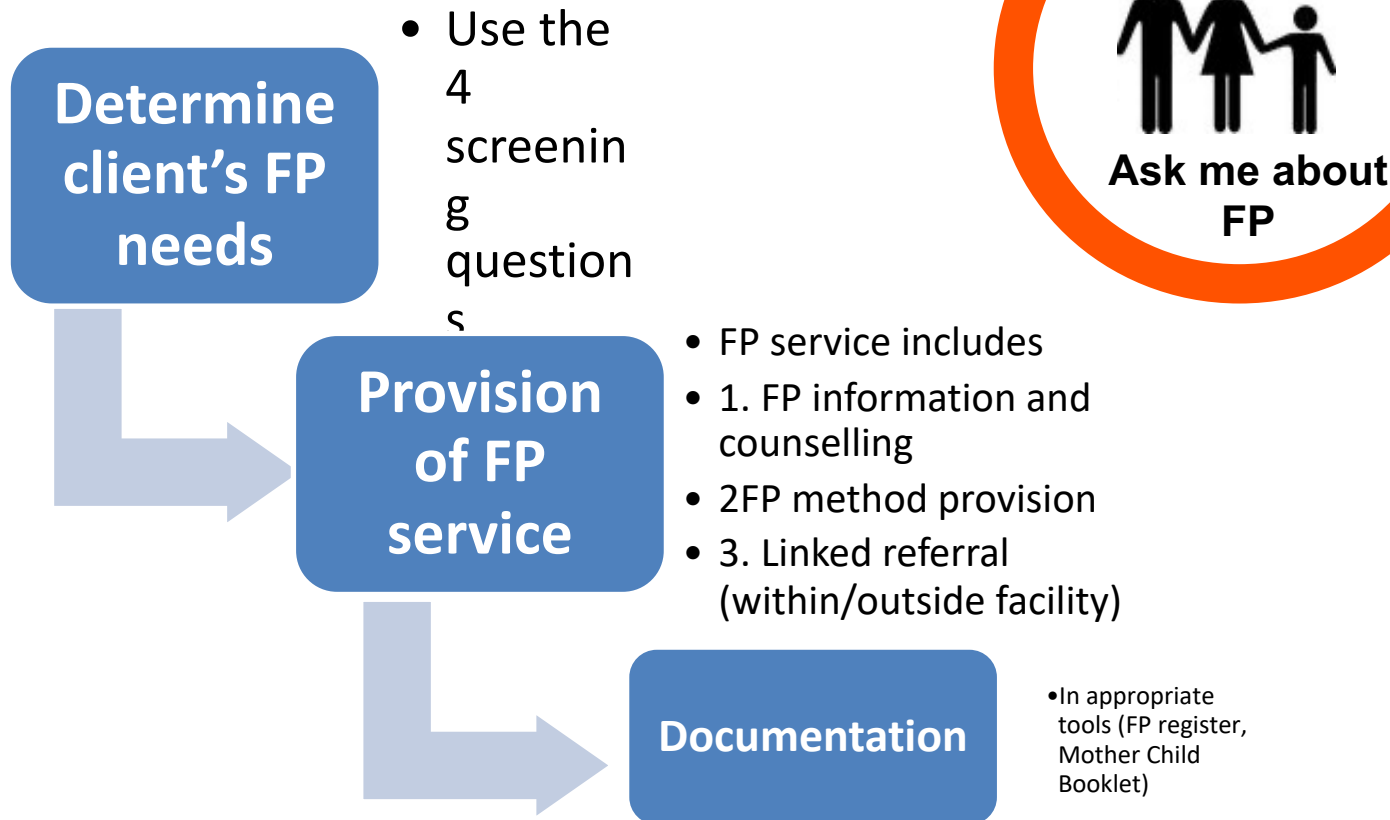
To service providers

- Assists to comprehensively meet client FP needs
- Helps offer better quality service

To health facility

- Leads to increased FP uptake in all service areas

The PIFP Process



Screening Questions for FP need

These set of guided questions help service provider quickly identify who needs FP information, counselling, service and/or referral

- Q1 Do you have children ?
- Q2 Would you like to have a child soon ?
- Q3 Are you using any FP method?
- Q4 Do you want to use an FP method? *(See screening job aid for details)*

Implementation of PIFP

1. Conduct whole-site orientation of health facility staff (clinical and non-clinical) on family planning
2. Identify service areas within the facility where PIFP can be implemented
3. Train service providers in these areas on PIFP approach including orientation on job-aids, data tools and referral tools
4. Provide supporting IEC materials, job aids, badges (“ask me about FP”)
5. Identify a PIFP champion in the department /facility to fast-track implementation
6. Conduct periodic trainee follow-up and mentorship visits to address service provider challenges
7. Conduct supportive supervision for quality assurance
8. Review records and track referrals to evaluate FP uptake

Who can Provide PIFP

Provider/ Method	Male/Female Condom	Pills (COCs, POPs, ECs)	LAM	Injectable	SDM	IUCD/Im plants	Permanen t method (BTL, NSV)
Medical Doctor	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide
Nurse/Midwife	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel and refer
Clinical Officer	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel and refer
Pharmacy Staff	Info, counsel & Provide	Info, counsel & provide	Info, counsel & Provide	Info, counsel, sell refer for injection	Info, counsel & Provide, refer	Info, counsel, sell, refer	Info, counsel and refer
Other clinical staff (nutritionists, PHTs)							
CHW	Info, counsel & Provide	Info, counsel & provide	Counsel, support, refer	Info, Counsel & refer	Info, counsel, provide, refer	Info, Counsel & refer	Refer

Possible Integration Areas

Each health facility will decide the level of integration

Possible integration sites:

- MCH,
- HIV Counseling and Testing
- CCC,
- Out Patient Department,
- PAC,
- Maternity,
- TB clinic,
- ANC

Potential Challenges

- Increased workload for service providers-*Increased uptake of FP will eventually reduce client load*
- Untrained service providers in FP provision-*Routine CMEs will update all service providers in FP*
- Increased time taken with one patient-*will eventually reduce client load*
- No registers to collect FP data-*Tupange to provide tools for data collection and orientation on the same*

Monitoring and data collection

- Number of clients receiving FP at various service points
- Number of patients being referred for FP from specific service points (within and outside the facility)



Infection Prevention



Infection Prevention

- **Infection prevention and control is defined as the practices, protocols and procedures that are put in place to prevent and control health-care associated infections (HAI'S).**
- Infection prevention is a collective effort made by the health care workers and clients to prevent or minimize the risks of transmitting infections to other clients or other health care workers. It also aims to make instruments free from microorganisms and safe for use.

Objectives

IP in RH and health care facilities has two objectives:

- To prevent major post-operative infections when providing clinical contraceptive methods (e.g., IUCDs, Injectables, implants, and male and female voluntary sterilization); and
- Prevent the transmission of serious diseases, such as hepatitis B and HIV, not only to clients, but also to service providers and staff

Principles

- Consider every person (client or staff) **potentially infectious**.
- **Wash hands**. This is the most practical procedure for preventing cross-contamination (person to person).
- **Wear gloves** before touching anything wet, such as broken skin, mucous membranes, blood, or other body fluids (secretions or excretions); soiled instruments; and other items.
- **Use safe work practices**, such as not recapping or bending needles, safely passing sharp instruments, and properly disposing of medical waste.
- **Isolate patients only if disease is contagious** and secretions (airborne) or excretions (urine or feces) cannot be contained.
- **Get vaccinated** for hepatitis B virus (HBV).
- Use of personal protective gear is important in case spills and splashes are anticipated
- Ensure safe work practices e.g. not recapping needles and proper waste management

Coordination and control of IPC

- **Coordination of IPC activities** - IPC activities are coordinated as follows

- **National Level**

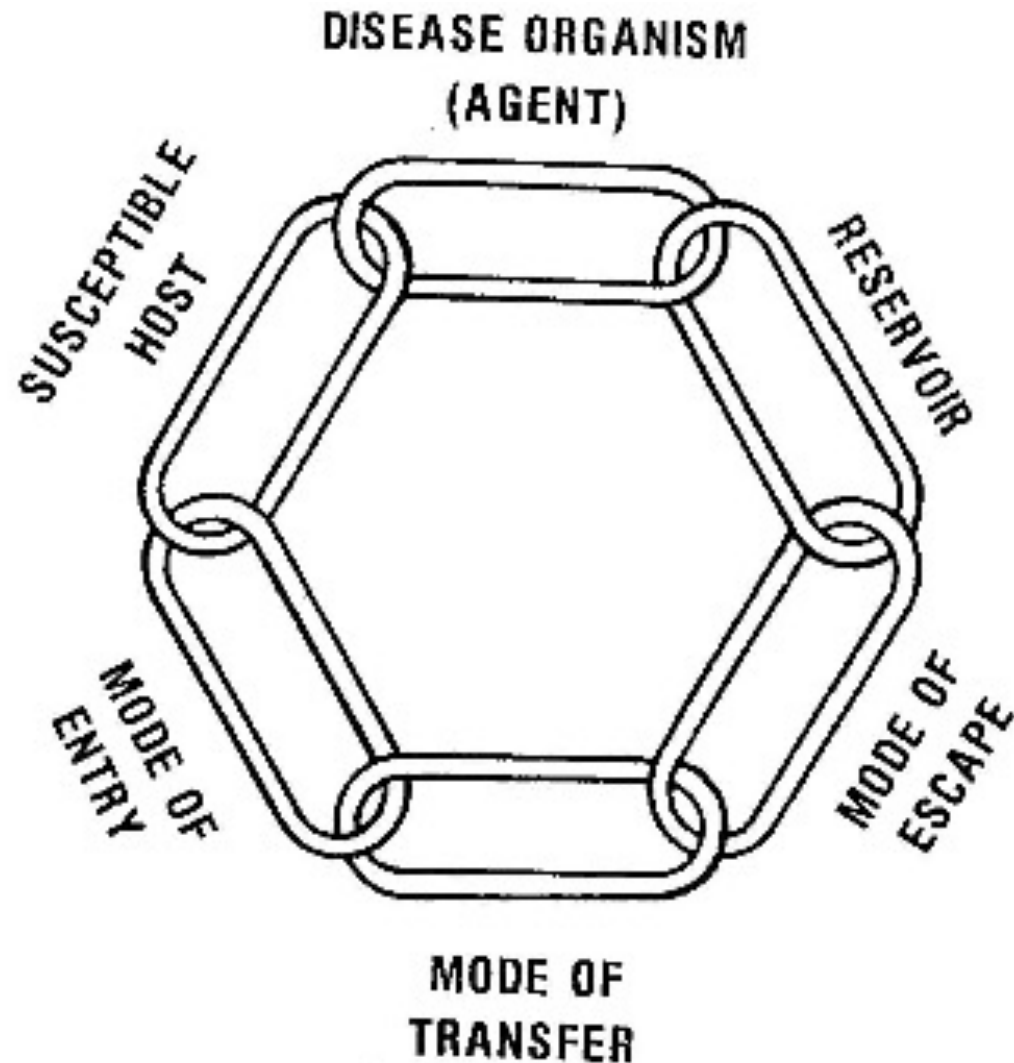
- National IPC Advisory Committee
- National IPC Technical Working Group
- Ministry of Health (MoH) IPC program

- **County Level**

- County IPC Committee
- County/Sub-County IPC Coordinator(s)
- Hospital IPC Committee
- Hospital IPC focal person
- Primary facility IPC focal person

NB: Every county, sub county and facility should have a IPC committee with an FP focal person.

Disease Transmission Cycle



Standard Precaution

- Hand hygiene
 - Use of personal protective equipment (PPE)
 - Prevention of needle stick and injuries from other sharp instruments
 - Respiratory hygiene and cough etiquette
 - Environmental hygiene
- Management of linen
 - Management of healthcare waste
 - Management of patient care equipment
 - Contact precautions
 - Droplet precautions
 - Airborne precaution

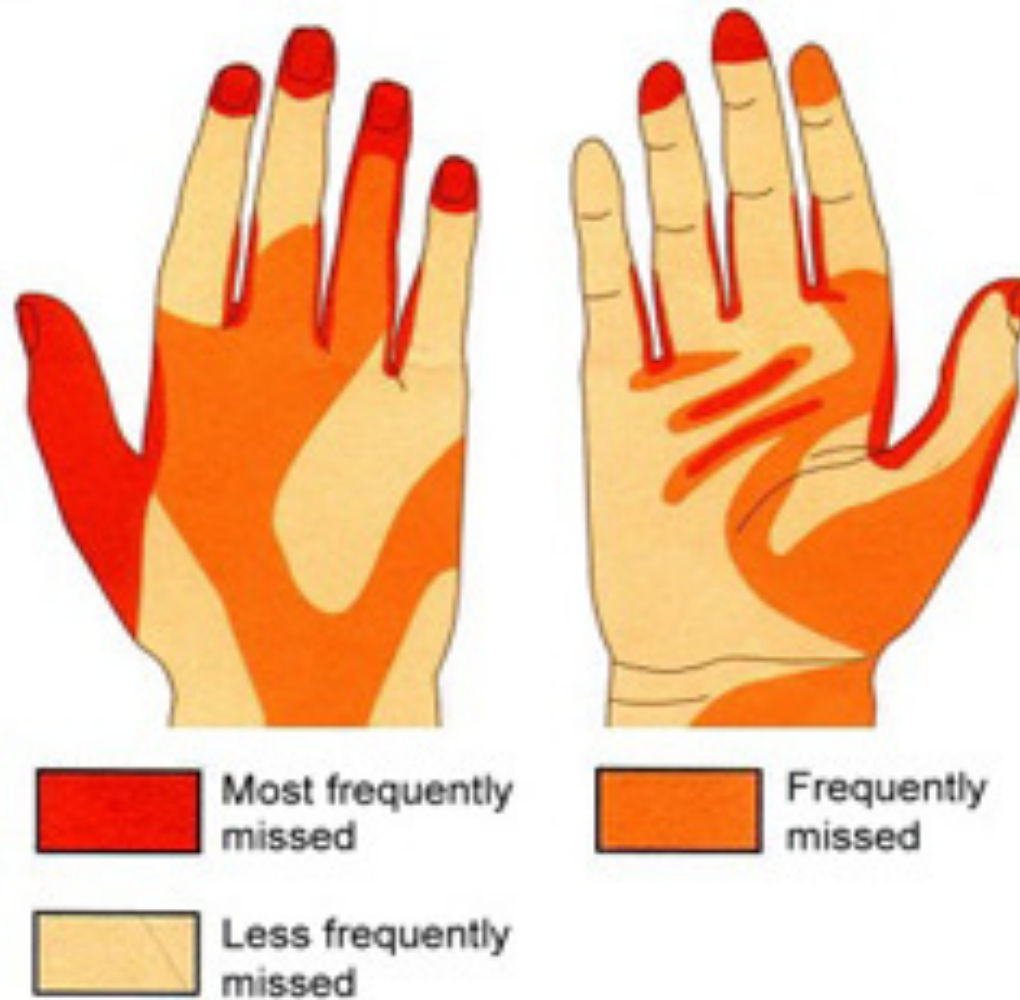
Hand Hygiene

Hand washing might be the single most important **IPC** precaution. It is also one of the most effective means to prevent transmission of pathogens associated with health care services.

Family planning service providers must wash their hands at all times but more specifically:-

- Upon arrival at the clinic
 - Before they leave the clinic.
 - before and after performing every procedure
 - Before putting on gloves
 - After removing gloves
- Before preparing medication.
 - after any situation when hands may be contaminated
 - After handling contaminated instruments
 - After getting into contact with body fluids, mucous, secretions and excretions
 - Coming in to contact with source of microorganism

Types of Hand Hygiene



Types of Hand Hygiene

- **Routine hand washing.**

Effective hand washing is done by using soap, clean running water and application of friction. Hand washing is mostly used to remove blood, organic material, soil and other transient microorganisms from the skin. It takes 50-60 seconds.

- **Surgical hand scrub.**

This is applied when preparing patients for surgical operations

- **Alcohol hand rub.**

This is effective and appropriate for quick disinfection when attending to many patients and the hands are not physically dirty. However, there is need to hand wash after every five rubs to prevent buildup of emollients on the hands.

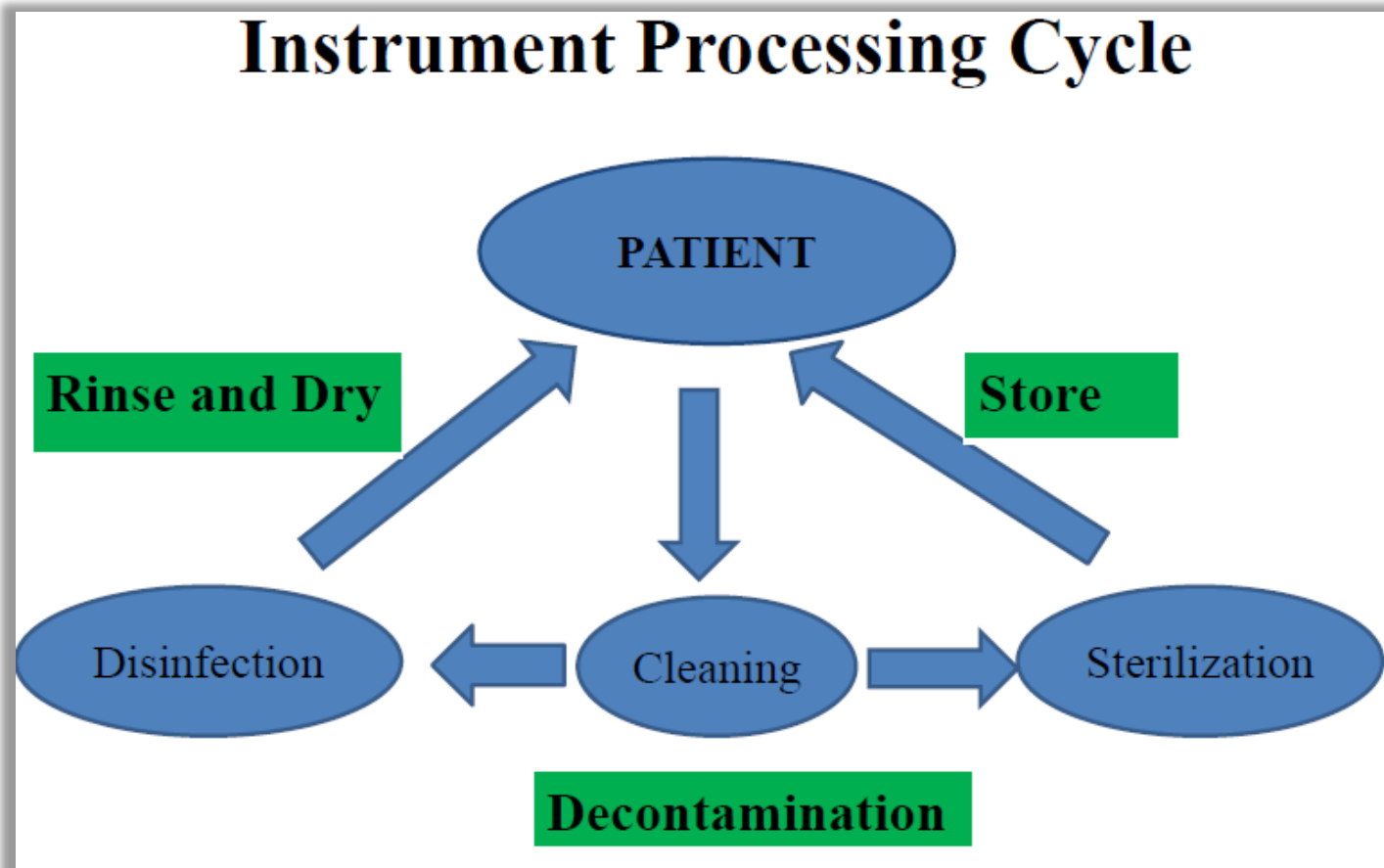
Perform a demonstration on routine handwashing

Personal Protective Equipment(PPE)

Provides a physical barrier between the microorganism and the wearer.

Examples of PPE:- gowns, caps, gloves, boots, shoe covers, goggles

Instrument Processing Cycle



Instrument Processing

Decontaminate



Clean



**High-Level
Disinfect**

1. Boil
2. Steam
3. Chemical



Sterilization

1. Chemical
2. High pressure steam
3. Dry heat



Dry/Cool and Store

How to prepare 0.5% Chlorine Solution

- The general formula for making a dilute chlorine solution is as follows:

$$\text{Total parts of water} = \left[\frac{\% \text{ concentrate}}{\% \text{ dilute}} \right] - 1$$

- For example, to make a 0.5% dilute solution of chlorine from 3.5% concentrated liquid household bleach

$$= \left[\frac{3.5\%}{0.5\%} \right] - 1 = 7 - 1 = 6$$
 parts of water; hence add six parts of water to one part of concentrated bleach

How to Make Strong (0.5%) Chlorine Solution from Liquid Bleach

Use strong (0.5%) chlorine solution to clean and disinfect surfaces, objects, and body fluid spills.
Make new strong (0.5%) chlorine solution every day. Throw away any leftover solution from the day before.

	From 1.25%	From 2.6% or 8° chlorum	From 3.5% or 12° chlorum	From 5%
1				
2a				
	Pour 2 parts liquid bleach and 3 parts water into a bucket. Repeat until full.	Pour 1 part liquid bleach and 4 parts water into a bucket. Repeat until full.	Pour 1 part liquid bleach and 6 parts water into a bucket. Repeat until full.	Pour 1 part liquid bleach and 9 parts water into a bucket. Repeat until full.
3				
	Stir well for 10 seconds.			
4				
	Label bucket "Strong (0.5%) Chlorine Solution - Cleaning."			
5				
	Cover bucket with lid.			
6				
	Store in shade. Do not store in direct sunlight.			

Supplies Needed

WARNING
 Do NOT drink chlorine water.
 Do NOT put chlorine water in mouth or eyes.

The four steps of Processing Equipment

Instrument Processing

Decontaminate all instruments by soak items in a 0.5% chlorine solution for 10 minutes. Rinse with clean cool water or clean immediately.

Clean instruments with brush, detergent and clean water. HLD and sterilization is not effective without proper cleaning

High-level disinfect or sterilize instruments that touch intact mucous membranes or broken skin

Sterilize instruments that touch tissue beneath the skin

Wear Gloves

Wear gloves for any procedure that risks touching blood, other body fluids, mucous membranes, broken skin, soiled items, dirty surfaces, or waste. Wear surgical gloves for surgical procedures such as insertion of implants. Wear single-use examination gloves for procedures that touch intact mucous membranes or generally to avoid exposure to body fluids. Gloves are not necessary for giving injections.

- Change gloves between procedures on the same client and between clients.
- Do not touch clean equipment or surfaces with dirty gloves or bare hands.
- Wash hands before putting on gloves. Do not wash gloved hands instead of changing gloves. Gloves are not a substitute for hand washing.
- Wear clean utility gloves when cleaning soiled instruments and equipment, handling waste, and cleaning blood or body fluid spills.

Do pelvic examinations only when needed

Pelvic examinations are not needed for most family planning methods—only for female sterilization, the IUD, diaphragm, and cervical cap. Pelvic examinations **should be done** only when there is a reason—such as suspicion of sexually transmitted infections, when the examination could help with diagnosis or treatment.

For injections, use new auto disposable syringes and needles. Auto-disable syringes and needles are safer and more reliable than standard single-use disposable syringes and needles, and any disposable syringes and needles are safer than sterilizing reusable syringes and needles. Sterilizing and reusing syringes and needles should be avoided. It might be considered only when single-use injection equipment is not available and the program can document the quality of sterilization.

Wipe surfaces with chlorine solution. Wipe examination tables, bench tops, and other surfaces that come in contact with unbroken skin with 0.5% chlorine solution after each client.

Wash linens (for example, bedding, caps, gowns, and surgical drapes) by hand or machine and line-dry or machine-dry. When handling soiled linens, wear gloves, hold linens away from your body, and do not shake them.

Adapted from the Family Guideline 2018

Medical Waste Segregation

Segregation of Medical Waste - Four Categories

Kenya



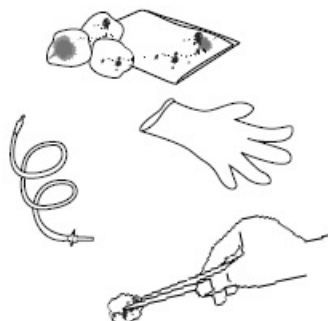
Non-Infectious Waste

- Paper/Packaging material
- Food



Infectious Waste

- Gauze/Dressing
- Blood/IV fluid lines
- Gloves



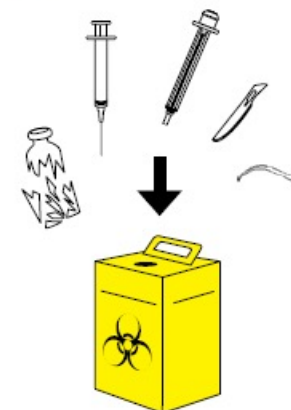
Highly Infectious Waste

- Anatomical waste
 - Teeth
 - Placenta
- Pathological waste
 - Sputum container
 - Test tubes containing specimens



Sharps Waste

- Infusion sets
- Broken slides
- Broken vial
- Broken ampules
- Lancet
- Retractable
- Scalpels
- Blades
- Needles





Postpartum Family Planning



Postpartum Family Planning

“If you think you can, you can.”

D.A. Henderson

