



Ministry of Health Kenya

Expanding Access and Choice to Family Planning Services in Kenya

Package for Training Pharmacists & Pharmaceutical Technologists on Provision of Quality, Integrated Family Planning Services

**PARTICIPANT
LOG BOOK**

2019

NAME OF PARTICIPANT:

NAME OF PHARMACY OUT:

NAME OF LINK HEALTH FACILITY:



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TABLE OF CONTENTS

FOREWORD	VII
INTRODUCTION	1
CERTIFICATION	1
STEPS OF CERTIFICATION	2
PROCEDURE ENTRY TEMPLATES	3
CERTIFICATION	6
ANNEXES	7
■ ANNEX 1: CLIENT COUNSELLING FOR FAMILY PLANNING	7
■ ANNEX 2: DEPO-MEDROXYPROGESTERONE ACETATE, INTERMUSCULAR	11
■ ANNEX 3: DEPO-MEDROXYPROGESTERONE ACETATE, SUBCUTANEOUS	12
■ ANNEX 4: ACCREDITATION CHECKLIST	13



FOREWORD

The Ministry of Health is committed to ensuring provision of quality and integrated family planning services to all Kenyans. This is in line with the provisions enshrined in the Bill of Rights of the *Constitution of Kenya (2010)*, in Article 43 (a) which provides that ‘every person has a right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.’

Contraceptives use has increased over the years in Kenya. There has been an increase in the contraceptive prevalence for all methods among currently married women. The Total Fertility Rate (TFR) has declined to less than four as more women use voluntary family planning with Contraceptive Prevalence Rate (CPR) now estimated at 61% among married women.

It is already known that 10% of clients seeking family planning services obtain their method of choice from pharmacies (*KDHS 2014*), and that pharmacies are the single largest source of contraceptive pills. However, only about a third of Pharmacists have had comprehensive training on provision of family planning (*KURHI, KSDP Survey 2011*).

The Ministry of Health, therefore, deems it necessary to equip Pharmacist and Pharmaceutical Technologists with up-to-date knowledge and skills, in order for them to provide quality family planning services to clients seeking information and services from them. The development of this training package is the first step towards this objective.

This training package is intended to serve as a resource and guide to pharmaceutical personnel in both public and private sectors (including retail pharmacies) in the provision of family planning services. The training package consists of a trainers’ manual, a participants’ manual and a participants’ logbook. The trainers’ manual is a tool for facilitators to guide them throughout the training exercise to enable active learning by employing various adult learning techniques.

We believe that with this resource, Pharmacists and Pharmaceutical Technologists will acquire new knowledge and skills required to competently provide family planning information and services.



Dr. Issak Bashir,

**Head Department of Family Health
Ministry of Health**



INTRODUCTION

The participant's log book has been designed for pharmacy and pharmaceutical technologists who have completed the five days training on Family planning/contraceptive methods course. It provides all essential guide required by the participants and their clinical mentors to effectively achieve the intended clinical skills on provision of DMPA-IM, DMPA-SC and effective FP counselling. For certification, participant is required to log in all the procedures conducted before certification.

The annex contains procedures for provision of Depo-Medroxyprogesterone Acetate, Intramuscular (DMPA IM), Depo-Medroxyprogesterone Acetate, Subcutaneous (DMPA SC) and steps in family planning counselling to guide the participant.

Participants who have not attended a formal training on family planning course should not use the log book as the only source of information that will enable them learn how to offer any of the family planning methods. Clinical mentors and supervisors must be identified from public health facilities.

Following the accomplishment of the clinical skills, log book must be signed and stamped by both the health facility supervisor and county nursing officer in-charge.

CERTIFICATION

The recommended number of procedures performed satisfactorily to receive certification is as follows:

- 5 DMPA-IM
- 5 DMPA-SC
- 10 clients Counselling for family planning and other services

STEPS OF CERTIFICATION

Training (classroom/practicum)

1



One follows up /assessment
within 3 months

2



Complete recommended number
of procedures

3



Certification by DRH/PSK/Professional
association/ Pharmacist and poisons board

4

PROCEDURE ENTRY TEMPLATES

COUNSELING FOR FAMILY PLANNING AND HIV PREVENTION				
No.	Date	Clients Name	Comments	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11..				

Supervisor name: _____

Link Health Facility: _____

Stamp: _____

Depo-Medroxyprogesterone Acetate, Intermuscular (DMPA-IM)				
No.	Date	Clients' Name	Comments	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11.				
12.				
13.				

Supervisor Name: _____

Link Health Facility: _____

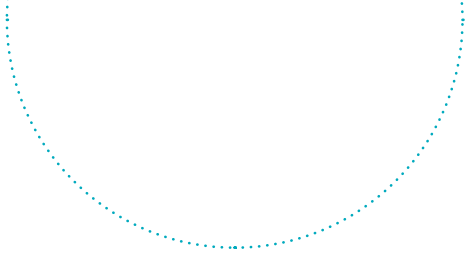
Stamp: _____

Depo-Medroxyprogesterone Acetate, Subcutaneous (DMPA-SC)				
No.	Date	Clients' Name	Comments	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11.				
12.				
13.				
14.				

Supervisor name: _____

Link Health Facility: _____

Stamp: _____



CERTIFICATION

Certified:

Yes

No

Comments:

Supervisor Name: _____

Signature: _____ Date: _____

Link Facility: _____

County Nursing Officer: _____

Signature: _____ Date: _____

County: _____ Sub-County: _____

ANNEXES

ANNEX 1: CLIENT COUNSELLING FOR FAMILY PLANNING

STRATEGY PLUS - 3RD. 2015	
PRE-CHOICE STAGE	
1.	Establish and maintain a warm, cordial relationship
2.	Inform client (and partner, if present) that there will be opportunities to address both health needs and family planning needs during this consultation.
3.	Ask client about current family size and current contraceptive practices. Counsel client on Healthy Timing and Spacing of Pregnancy using counseling card. a. If client is currently using a family planning method or delaying pregnancy, ask about her/his satisfaction with it and interest in continuing or changing the method. b. If partner is present, use the male services and support card.
4.	Rule out pregnancy using the Checklist to Make Reasonably Sure a Woman is not Pregnant card to be reasonably sure the woman is not pregnant.
5.	Display all of the method cards. Ask client if she/he wants a particular method.

STRATEGY PLUS - 3RD. 2015

6. Ask all of the following questions. Set aside method cards based on the client's responses.
- a) Do you wish to have children in the future?
 If "Yes," set aside vasectomy and tubal ligation cards. Explain Why.
 If "No," keep all cards and continue.
- b) Have you given birth in the last 48 hours?
 If "Yes," set aside combined oral contraceptives (the Pill) and combined injectable. Explain why.
 If "No," continue with the next question.
- c) Are you breastfeeding some infant less than 6 months old?
 If "Yes," set aside the combined oral contraceptives (the Pill) and combined injectable cards. Explain why.
 If "No," or she has begun her monthly bleeding again, set aside the Lactational amenorrhea (LAM) card. Explain why.
- d) Does your partner support you in family planning?
 If "Yes," continue with the next question
 If "No," set aside the following cards: female condom, male condom, Standard Days Method®, Two Days Method®, and withdrawal. Explain why.
- e) Do you have any medical conditions? Are you taking any medications?
 If "Yes," ask further about which conditions or medications. Refer to WHO Medical Eligibility Criteria Wheel or current national guidelines and set aside all contraindicated method cards. Explain why.
 If "No," keep all the cards and continue.
- f) Are there any methods that you do not want to use or have not tolerated in the past?
 If "Yes," set aside the cards the client does not want.
 If "No," keep the rest of the cards.

METHOD CHOICE STAGE

7. Briefly review the methods that have not been set aside and indicate their effectiveness.
- a) Arrange the remaining cards in order of effectiveness (see back of each card).
- b) In order of effectiveness (highly effective to not effective), briefly review the attributes on each method card.
8. Ask the client to choose the method that is most convenient for her/him.
- a. If client is adolescent use the counseling card to inform her that she can get any method

STRATEGY PLUS - 3RD. 2015

- | | |
|----|--|
| 9. | Using the method-specific brochure, check whether the client has any condition for which the method is not advised.
a. Review “Method not advised if you...” section in the brochure. If the method is not advisable, ask the client to select another method from the cards that remain. Repeat the process from Step 8. |
|----|--|

POST-CHOICE STAGE

- | | |
|-----|---|
| 10. | Discuss the method chosen with the client, using the method-specific brochure as a counseling tool. Determine the client’s comprehension and reinforce key information. |
| 11. | Make sure the client has made a definite decision. Give her/him the method chosen, a referral, and a back-up method depending on the method selected. |
| 12. | Encourage the client to involve partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic. |

SYSTEMATIC SCREENING FOR OTHER SERVICES STAGE

- | | |
|-----|--|
| 13. | Using information collected previously, determine client’s need for postpartum, newborn, infant care, well-child services or post abortion care.
a. If client reported giving birth recently, review the Promoting Healthy Postpartum Period and Promoting Newborn and Infant Health card with client. Provide or refer for services, if needed.
b. For clients with children less than 5 years of age, ask if children have been taken to well-child services. Provide or refer for immunizations and growth monitoring services, if needed.
c. If client reported a recent abortion, review the Post Abortion Care card with the client. Provide or refer post abortion care services, if needed. |
| 14 | Ask client when she had her last screening for cervical cancer (VIA/VILI or pap smear) or breast cancer.
a. If her last Cervical Cancer screening was more than 3 years ago (*6-12 months if she is HIV positive) or she doesn’t know, ask if she would like to have a screening today. Review the Screening for Cervical Cancer card. Provide or refer for services.
b. If her last Cervical Cancer screening was less than 3 years ago continue with next question.
c. Review Breast Cancer Information and Awareness counseling card with client. |
| 15 | Discuss STI/HIV Transmission & Prevention and dual protection with client using counseling cards. Offer condoms and instructions on correct and consistent use. |

STRATEGY PLUS - 3RD. 2015

16	Conduct STI and HIV risk assessment using the counseling card. If symptoms are identified, treat her/him syndromically.
17	<ul style="list-style-type: none"> • Ask client whether s/he knows her/his HIV status. <ul style="list-style-type: none"> a. If client knows s/he is living with HIV, • Review Positive Health, Dignity, & Prevention counseling card with client. • Refer client to center for wellness care and treatment. <ul style="list-style-type: none"> a. If client knows s/he is HIV negative, • Discuss a time frame for repeat testing. <ul style="list-style-type: none"> a. If client does not know her/his status, • Discuss HIV Counseling and Testing (HCT) with client, using counseling card. • Offer or initiate testing with client, according to national protocols. • Counsel client on test results. If client is living with HIV, review Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment. <ul style="list-style-type: none"> a. Counsel client using Women’s Support & Safety Card. • If client shows any major Intimate Partner Violence (IPV) triggers, refer her for specialized services.
18	Give follow-up instructions, a condom brochure, and the brochure for the method chosen. Set a date for next visit.
19	Thank her/him for the visit. Complete the counseling session.
<p>Source: The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings, Third Edition. 2015. Washington, DC: Population</p>	

ANNEX 2: DEPO-MEDROXYPROGESTERONE ACETATE, INTERMUSCULAR

No. PROCEDURE FOR DMPA-IM INJECTION

1. Prepare the supplies (syringes, assorted needles, method, alcohol swabs)
2. Wash hands with running water and soap /use of sanitizer
3. Check for expiry date
4. Mix the solution by rolling in between palms or shakes gently until uniformly mixed
5. Open the vial at the top and swabs it using alcohol swab
6. Open syringe and needle aseptically and withdraws the solution while the vial is facing upside down
7. Prepare the injection site on the client by use of alcohol swab aseptically
8. Deliver the solution correctly and doesn't rub the injection site
9. Discard the sharps into the sharp box correctly
10. Record the details in the FP register and provides post injection counselling
11. Provide return date
12. Thanks, the client

ANNEX 3: DEPO-MEDROXYPROGESTERONE ACETATE, SUBCUTANEOUS

No. PROCEDURE FOR DMPA-SC INJECTION

1. Prepare the supplies needed for injectable (method, alcohol swabs, sharp box)

 2. Check for expiry date of DMPA SC solution

 3. Open the pouch by tearing the small notch and remove the prefilled DMPA

 4. Hold the Uniject at the port and shakes in up-down ward motion vigorously until solution is uniformly mixed (30 seconds) and no leakage

 5. Hold the Uniject at the port while its pointing upward to avoid spillage and pushes the needle shield towards the port until the gap between the needle shield and port is closed to activates

 6. Prepare the injection site aseptically using alcohol swabs

 7. Remove the needle shield and gently pinches the skin at the site creating tent for inserting the needle

 8. Insert the needle at downward angle into the created tent until the port touches the skin and squeezes the reservoir (5 - 7 seconds)

 9. Discard the Uniject in a sharp box and washes hands

 10. Record the details in the FP register and clients' card

 11. Provide post injection counselling and return date

 13. Thank the client
-

ANNEX 4: ACCREDITATION CHECKLIST

- The Pharmaceutical Society of Kenya
- Family Planning Provider Accreditation
- Application Form for Private Pharmacies

Applicant's General Information:

Note: Application form to be completed by the Pharmacist-in-charge or Pharm-tech in-charge

Name of the Pharmacy: _____

Pharmacy Physical Location: _____

Pharmacy Postal Address: _____

Premises Registration Number PPB (Attach copy): _____

Date of Registration of Premises (by PPB): _____

Pharmacy Email Address: _____

Pharmacy Telephone No: _____

Pharmacist in-Charge: (Fill in this section if the superintendent is a pharmacist)

Full Name: _____

PSK Membership No: _____

PPB License to Practice for current year (Attach copy) _____

Kenyan ID or Foreigner Certificate No (Attach copy) _____

Pharmacist in-Charge-Mobile No: _____

Pharmacists on Shift

No.	Name	Current practice license No. (Attach copy)	PSK Membership No.
1.	Dr.		
2.	Dr.		
3.	Dr.		

Note: Other PPB Registered Pharmacist(s) should attach copies of their current PPB license to practice, PSK Membership, Identification, and PIN.

The Pharmaceutical Society of Kenya

PHARM-TECHS ON SHIFT

No.	Name	Current practice license No. (Attach copy)	PPB Enrolment No.& KPA Membership No.
1.			
2.			
3.			

Note: PPB enrolled pharm-techs employed at the premises should attach copies of their current PPB license to practice.

Pharm-tech in-charge:

(Fill in this section if the superintendent is a pharm-tech)

Full Name: _____

KPA Membership No: _____

PPB Enrollment No: _____

PPB License to Practice for current year (Attach copy) _____

Kenyan ID or Foreigner Certificate No (Attach copy) _____

Pharm-tech-in-Charge-Mobile No: _____

PHARM-TECHS ON - SHIFT

No.	Name	Current practice license No.(Attach copy)	PPB Enrolment no. and KPA Membership No.
1.			
2.			
3.			

Note: Other PPB enrolled pharm-techs should attach copies of their current PPB license to practice.

The Pharmaceutical Society of Kenya

Terms & Conditions

1. Accreditation of personnel shall be dependent on:
 - Letter of good standing from PSK or KPA
 - Proof of completion and passing of AFP provider course
2. Accreditation of premises is conditional of the following;
 - The Registered PPB Pharmacist-in-charge and all pharmacists on shift must be up to date members of PSK.
 - The enrolled pharm-tech in charge and all pharm-techs on shift must be members of KPA
 - The pharmacy must have an up-to-date license of Registration with the PPB.
 - Only a registered pharmacist or enrolled pharm-tech can provide advanced family planning to clients and not any other employee at the premises
3. Premises must have a private counselling and consultation area
4. Premises must have a mechanism and procedure for disposal of medical waste including sharps
5. Accreditation of premises will be revoked if there ceases to be a trained and approved superintendent in charge at the pharmacy.

Name of Pharmacy: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

PSK OFFICE USE ONLY

Checklist of attached documents.

Document	Confirmation	Remarks
Premises Registration Certificate from PPB		
Superintendent's License to Practice		
Superintendent's ID		
Pharmacists on shift licenses to Practice		
Pharmtechs on shift licenses to practice		
Private counseling and consultation area		
Mechanism for disposal of medical waste including sharps		
Letter of good standing from PSK or KPA for all pharmacists or pharmtechs at premises		
Proof of completion of provider course for all pharmacists and pharmtechs at premises		



**PHARMACEUTICAL
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KENYA PHARMACEUTICAL ASSOCIATION
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