Family Planning Services
Safe and Trusted

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FAMILY PLANNING

ON-THE-JOB TRAINING MANUAL

Federal Ministry of Health

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FACILITATOR'S MANUAL

2019

FOREWORD

Evidence-based approach in sustainable Family Planning is pivotal to achieving the Sustainable Development Goals (SDG) and contributing to healthy individuals, families and to national development. This calls for continuous implementation of interventions proven to be effective and efficient towards increasing access to quality services and commodities across Nigeria. The Federal Government, in collaboration with relevant Stakeholders, has been investing in various aspects of the National Family Planning programme, including training healthcare workers to build capacity for delivery of quality health services.

A strategy adopted by the Federal Ministry of Health and stakeholders in training Family Planning (FP) workforce especially service providers, is On-the-Job Training (OJT). This approach creates a platform for health service providers to learn at the service delivery point, ensuring knowledge, skills and attitude transfer to deliver quality healthcare services. This significantly reduces the cost of capacity building and is at the same time less disruptive of service delivery processes.

The Federal Ministry of Health (FMOH) and critical stakeholders developed three OJT Training Manuals in 2012, in line with the three core areas in FP service delivery, namely; FP Counselling, Clinical Service Provision and Contraceptive Logistics Management System (CLMS). Folllowing global trends in FP programming, these three documents have been revised and updated to reflect current global best practices and were merged into one document for ease of use by FP supervisors, managers and stakeholders.

It is my desire to see this revised and updated On-the-Job Training Manual being put to use by all stakeholders across the public and private sectors of Nigeria's healthcare delivery system, to mentor and coach family planning service providers in the delivery of quality family planning services.

I recommend this manual to all Policy Makers, Chief Executives, Programme Officers and other FP health implementers across relevant institutions in the training of family planning service providers.

The Federal Ministry of Health will continue to work in partnership with stakeholders to ensure appropriate dissemination of this and other documents aimed at facilitating the scale-up of interventions for continuous improvement in the delivery of quality family planning services.
The use of this manual, in addition to other on-going efforts of Government, will contribute to reduction of maternal and infant morbidity and mortality in Nigeria.

Dr. E. Osagie Ehanire, MD, FWACS
Honourable Minster of Health

November, 2019

ACKNOWLEDGEMENTS

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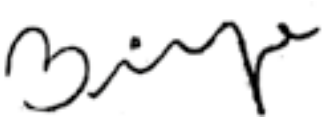
The immense contributions from all stakeholders are highly appreciated especially inputs from the State Ministries of Health (SMOH) particularly the Family Planning (FP) Coordinators, National and State Primary Health Care Development Agency (NPHCDA), National Product Supply Chain Management Program (NPSCMP) of the Department of Food & Drug Services.

Of great importance and deserving of our sincere appreciation are the efforts and contributions of Association for Family and Reproductive Health (ARFH), Clinton Health Access Initiative (CHAI), Johns Hopkins Programme for International Education in Gynaecology and Obstetrics (JHPIEGO), Marie Stopes International Organization Nigeria (MSION), Merck Sharps and Domme (MSD), Pathfinder International, Plan International, Planned Parenthood Federation of Nigeria (PPFN), Society For Family Health (SFH), Sustaining Health Outcomes through the Private Sector (SHOPS) Plus and United Nations Population Fund (UNFPA).

Let me also express gratitude of the Federal Ministry of Health to our distinguished Consultant, Dr. (Mrs.) Olusola Odujinrin for the manner she assiduously facilitated the successful review of the training Manual.

Finally, I want to commend the Director and Head, Reproductive Health Division, Dr. Kayode Afolabi and his team for coordinating the process that led to the review and finalization of this very useful document.



Dr. Adebimpe Adebiyi, mni
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ACRONYMS

AMC	Average Monthly Consumption
BP	Blood Pressure
CHEWs	Community Health Extension Workers
CHO	Community Health Officers
CLMS	Contraceptive Logistics Management System
CPR	Contraceptive Prevalence Rate
DCR	Daily Consumption Record
DHIS	District Health Information System
FEFO	First Expired, First Out
FMOH	Federal Ministry of Health
FP	Family Planning
HIO	Health Information Officer
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HLD	High Level Disinfection
IUD	Intrauterine Device
IUS	Intrauterine System
kPa	Kilopascal
LGA	Local Government Area
LMCU	Logistics Management Coordinating Unit
LMIS	Logistics Management Information System
MEC	Medical Eligibility Criteria
MNCH	Maternal, Newborn and Child Health
mCPR	Modern Contraceptive Prevalence Rate
M&E	Monitoring and Evaluation
MOSC	Month of Stock Cover
NDHS	Nigeria Health Demographic Survey
NHMIS	National Health Management Information System
NPSCMP	National Product Supply Chain Management Program
NURHI	Nigerian Urban Reproductive Health Initiative
OJT	On the Job Training
RIRF	Requisition Issue and Report Form
SDP	Service Delivery Point
SOH	Stock On Hand
TFR	Total Fertility Rate
TSTS	Task Shifting Task Sharing
WRA	Women of Reproductive Age

INTRODUCTION

Background to the Document

In 2012, the Federal Ministry of Health in partnership with the Nigerian Urban Reproductive Health Initiative (NURHI) project and other key stakeholders developed three (3) on the job training manuals, namely Course 1- counselling training; Course 2 - Clinical Service provision; and Course 3 – Contraceptives Logistics Management Systems. Despite the general opinion about the usefulness of the contents of the three on-the-job training documents, it was observed that these manuals were not optimally utilized across the country. The usefulness and appropriateness of the tool for realising the attainment of our proposed mCPR of 27% for effective FP service provision were attested to by the resounding achievements during the first phase of NURHI's project which culminated in the establishment of a NURHI model in each of the six project sites and the attainment of on average 11.5 percentage points increase in mCPR among the poorest in the six cities.

This feat was achieved through the dedicated and proficient quality FP service delivery offered by a critical mass of 903 trained service providers in the project sites whose competencies were regularly strengthened using these three on the job training manuals developed during the project. Between August 2010 and September 2015, the NURHI project reached over 301,558 new acceptors, through the high-volume facilities and outreaches. The bulky nature of the three documents and limited circulation were some of the reasons that hindered the wide utilisation as reported by an analysis on the access and utilisation of the document seven years after its introduction.

In 2014, the Federal Government introduced the Task-Shifting and Task-Sharing policy (TSTS) for essential healthcare services to allow Community Health Extension Workers (CHEWs) and Community Health Officers (CHOs) to provide full family planning services, thus expanding the pool of providers after additional trainings to boost their proficiencies appropriately. However, due to paucity of resources to conduct refresher trainings for these providers, there is a need for strategies such as On-the-Job Training (OJT) to augment and maintain competencies on the job. In addition, there is a category of providers trained by proficient senior colleagues through close mentoring pending full initial FP training opportunities who can benefit from applying the OJT strategies for building up their FP knowledge base and skills using these OJT documents as well as other FMOH training documents.

The Federal Ministry of Health in 2019, having weighed all considerations for the attainment of the revised mCPR by 2020, called for a review of the OJT manuals as one of the viable options. The Ministry worked in collaboration with NURHI 2 and other stakeholders to address the challenges that limited use of the manual as well as update the manual with recent advances in family planning service provision. These three manuals were compressed into one document comprising of a module each on Counselling, Clinical Service Provision, and Contraceptive Logistic Management System (CLMS) to make it more user friendly.

Nigerian Family Planning Landscape

Nigeria has a rapidly growing population, with current population estimates of over 180 million, out of which about 46 million are Women of Reproductive Age (WRA). With a total fertility rate (TFR) of 5.3 in NDHS 2018, low level of FP utilisation is a major factor in the fertility pattern and population growth rate. According to the 2018 NDHS, the Contraceptive Prevalence Rate (CPR) and modern methods CPR among WRA in Nigeria were 17% and 12% respectively and the survey also indicated that 19% of currently married women have an unmet need for family planning services. So, if all women who want to space or limit births were to use family planning methods, CPR will increase from 17% to 36%.

The current family planning method mix shows condoms and injectable contraceptives as the most popular methods. The modern method mix predominantly comprises condoms, pills, and injectables. Factors associated with the low contraceptive prevalence level include cultures that are highly supportive of large family size, myths and misconceptions about contraception, gender inequity, inadequate access to FP services, poor quality of services and inadequate demand creation efforts.

Overview of OJT

OJT is a hands-on teaching methodology that enhances transfer of skills, attitudes and knowledge required to make healthcare providers competent and confident to offer quality healthcare services including family planning services. It provides a cost effective and timely opportunity to build capacity of service providers. OJT addresses knowledge and skills' gaps observed at health facilities and is usually conducted on-site for an individual or in clusters, based on identified gaps.

Categories of beneficiaries of OJT

There are 2 main categories of service providers to benefit from OJT.

1. A healthcare worker with initial training on FP services (counselling skills, FP service provision and CLMS) but are deficient in certain areas based on gaps identified during supportive supervision.

2. A healthcare worker with no initial training on FP service but who have learnt from a trained colleague during step-down trainings and mentoring on the job. He/she should have worked under a trained competent provider for at least 3-6 months.

Selection of trainers for OJT

LGA FP coordinators should be the point of entry to identify competent trainers to carry out OJT. The Supervisors/Facilitators should be those in same LGA as the providers to be updated and with proficient practical experiences rather than desk-based officers. This is cost-effective, promotes transfer of skills/knowledge, supports peer to peer learning in the long run, sustainability.

INTRODUCTION

Using the OJT manual

The OJT manual is targeted at reinforcing and strengthening practical FP skills and techniques on counselling, clinical service provision, and CLMS. Where applicable, the OJT manual will refer to the FMOH FP training manual for basic information, especially for those categories of staff that have not benefitted from an initial FP training but have learnt from step-down trainings.

How to conduct OJT

Before conducting an OJT

OJT should be carried out when gaps in knowledge or skills are identified by the supervisor, the individual provider, or his/her colleague. These are gaps that cannot be adequately addressed through direct mentoring during a supportive supervision. Once these gaps are identified, the following steps are taken in planning for the OJT;

- Collate findings on the gaps (for example from supportive supervision, annual reports etc)
- Determine the scope of the OJT
- Determine coverage, whether as individual or in cluster
- Determine date, location, time and duration which should be flexible depending on the identified gaps. It could be done for 1 to 2 hours per day, for several days.
- Prepare a budget
- Develop an agenda
- Put together required training materials
- Inform the providers to be trained

During the OJT

Before addressing the gap identified, a brief overview of anatomy and physiology of male and female reproductive tract using models, manikins and charts should be used to update the provider's knowledge as well as reinforce on the use of modern FP methods.

After the OJT

A post-OJT competency assessment is necessary to evaluate how much the providers have gained and attest to their new level of competency which will determine the intensity and coverage of the follow up supportive supervision.

MODULE 1 – COUNSELLING

Instructions to Facilitator:

The facilitator should verify the identified areas of weaknesses and gaps and agree with the provider on these areas of need. Facilitator thereafter, should mark out the areas of the module that are relevant for updating the provider and focus on them to respond to the provider's needs using the correct techniques and skills to strengthen provider's counselling competencies as outlined in this module.

Session 1: Requirement for Effective Counselling

Facilitator: Guide the provider through necessary requirements for effective counselling.

Discussion Guide: Provider should ensure that an enabling environment with appropriate tools are available and he/she should be adequately prepared to deliver a counseling session.

Below are the 3 pillars for effective counseling which the facilitator should familiarize the provider with:

i. Enabling Environment/ Ideal counselling room

There should be a designated room/ space for counselling and the room should be conducive. A Conducive counselling space should have the following qualities:

- Airy & comfortable
- Privacy – auditory & visual
- Good lighting
- Linkage between counselling room and service provision area (Procedure room)
- Provision for consulting table, chairs for client, partner and service provider

ii. Counselling tools

- Balanced counselling plus cards & algorithm
- Medical Eligibility Criteria (MEC) wheel
- FP Commodities for demonstration
- Social Behavioural Change Materials e.g. Audio-Visual aids, Hand bills.
- Register for all materials e.g. Client's card, FP daily register, Referral forms.
- Demonstration Models e.g Arm models, penile models, Pelvic models.
- Basic Equipment- BP Apparatus, weighing scale, thermometers, pregnancy test-kit

Facilitator: Take provider through the following steps with appropriate demonstrations where relevant for provider preparation. Facilitator should observe provider's demonstrations and thereafter correct as appropriate with explanations. She/ he then asks the provider to repeat the actions.

iii. Interpersonal Communication and Counselling Skills

Discussion Guide: Provider should show good interpersonal communication and counselling skills including:

- Rapport building skills
- Active listening
- Empathy
- Asking open-ended questions
- Paraphrasing and reflecting
- No bias knowledge on current FP counselling methods. Ability to respond to the needs of all clients including Adolescent & Youths without bias or prejudice.

Session 2: Integrated FP/MNCH Client-centred Approach to Enhancing Quality of Counselling

Facilitator:

- Explain the concept of client-centred approach in counselling emphasizing on client's rights and equity, within an integrated service delivery environment.
- Guide the provider to understand the close relationship between FP and MNCH to ensure that clients' concerns/needs are covered adequately.
- Ensure that provider understands the client's rights to- dignity, respect, confidentiality, privacy, and making an informed choice.

Discussion Guide: Client's Rights/Equity:

Provider should:

- Communicate these rights to the client
- Attend to the special needs of vulnerable population groups, including adolescents, youth and persons in humanitarian settings.
- Help client make an informed choice and confirm their decision.

Session 3: Steps in Counselling

Facilitator: Based on skills' gaps identified from assessment result, the facilitator guide the provider through the standard protocol for effective counselling the facilitator covers the three stages of effective counselling with the Provider as follows:

Discussion Guide:

i. Pre- counselling

Provider should:

- Receive the client warmly & make her comfortable- Ask for her name, and refer to her by name to foster a warm relationship where appropriate withfull respect to the local culture, throughout counselling session.
- Ask for purpose of visit
- Based on response, ask for her current knowledge
- Rule out Pregnancy using Balanced Counselling Strategy Plus Card
- Commence full counselling using the applicable guidelines /checklist for counselling

ii. General Counselling

Provider should:

- Displays methods and educates client on all available methods including advantages, disadvantages and side effects
- Asks for client's method of choice
- Determines eligibility- uses MEC wheel to determine if method is suitable for the client
- If not suitable, counsels for another method and confirms her choice when made

iii. Method Specific Counselling

Provider should:

- Ensure client understands suitable method: recap and ask her questions regarding the method of choice
- Encourage client to ask questions on any area of concern & seek clarification
- Ask for her readiness to use method of choice
- Depending on her response, link her to appropriate unit for service provision
- Ensure that client does not leave without a family planning method; and /or provide a backup method e.g. condoms if necessary

iv. Post- Service Provision Counselling

Provider is expected to:

- Encourage clients to be open and ready to discuss issues of concern
- Reiterate expectations, including side effects
- Assure client of his/her availability to attend to her concerns: -provide her/his phone number where necessary

- Encourage client to provide feedback on services provided- ask if her needs were met and if she was satisfied with services
- Reinforce the need for follow-up visit and book appointment

Session 4: Resolving Difficult Situations During Counselling

Facilitator: Further discuss and enlighten the provider on other situations that may arise and require special skills to handle during counselling. Some of these are:

i. Managing Challenging Situations in Counselling

The provider may be faced with such challenging situations as:

- Client breaks down crying
- Client stops talking
- Client refuses any help
- Client shows discomfort with the provider's attitudes or questions
- Client becomes hostile and confrontational.
- Provider feels the case is too difficult to deal with.
- Provider is running out of time

ii. Possible Solutions to the Challenging Situation with the Provider as follows:

- Empathise with the client
- Re-assure client on confidentiality.
- Find out if there's a language barrier
- Review your own attitude and communication skills

iii. Key barriers to Communication in Counselling

- Hindering attitudes (e.g. being judgemental)
- Lack of adequate infrastructure (e.g. Privacy)
- Poor counselling skills
- Language
- Prejudice

Session 5: Addressing Clients Misconception about FP Methods

Facilitator: Guide the provider on how to recognize the prevailing myths and misconceptions as well as how to address them to build the client's confidence.

Discussion Guide:

Provider should:

- Allays fears and Re-assures client.
- Discusses correct and consistent information
- Further counsels client on FP and/or chosen method
- Refers client to FP champion(s) within the community
- Follows up client

MODULE 2 – SERVICE DELIVERY

The approach to this section is based on key questions which are asked by the facilitator. The facilitator follows the responses using a Discussion Guide with answers that are available to the facilitator only, to ensure that all points in the Discussion Guide are covered.

In addition, there are sessions that require the provider to demonstrate their current knowledge of different family planning procedures using anatomical models. Thereafter, the facilitator demonstrates how to conduct the correct steps of the procedures mentioned and requests for a return demonstration.

Session 1: Infection Prevention

Question to Provider: Discuss the importance of Infection prevention

Discussion Guide: Ensure the provider mentions the following;

- Prevents infection and contamination
- Helps to maintain asepsis

Question to Provider: Mention the infection prevention practices

Discussion Guide: Ensure the provider mentions the following;

- Hand washing
- Gloving
- Disinfection and sterilization
- Waste segregation and disposal.

Question to Provider: When should infection prevention practices be carried out?

Discussion Guide: Ensure the provider mentions the following;

- On arrival at duty post
- Before and after procedure
- Before gloving and after removal of gloves
- When processing instruments
- When disposing wastes

Facilitator: Find out if participants are aware of any job aid for infection prevention and demonstrates infection prevention practices using the job aids as follows;

i. Hand Washing

Fig 2.1.1 How To Wash Hand

ii. Gloving

Question to Provider: Discuss the types of gloves and when to use each

Discussion Guide: The provider should know the following;

- Surgical gloves – sterile procedures
- Examination gloves – clean procedures
- Utility gloves – cleaning, disinfection, and waste disposal

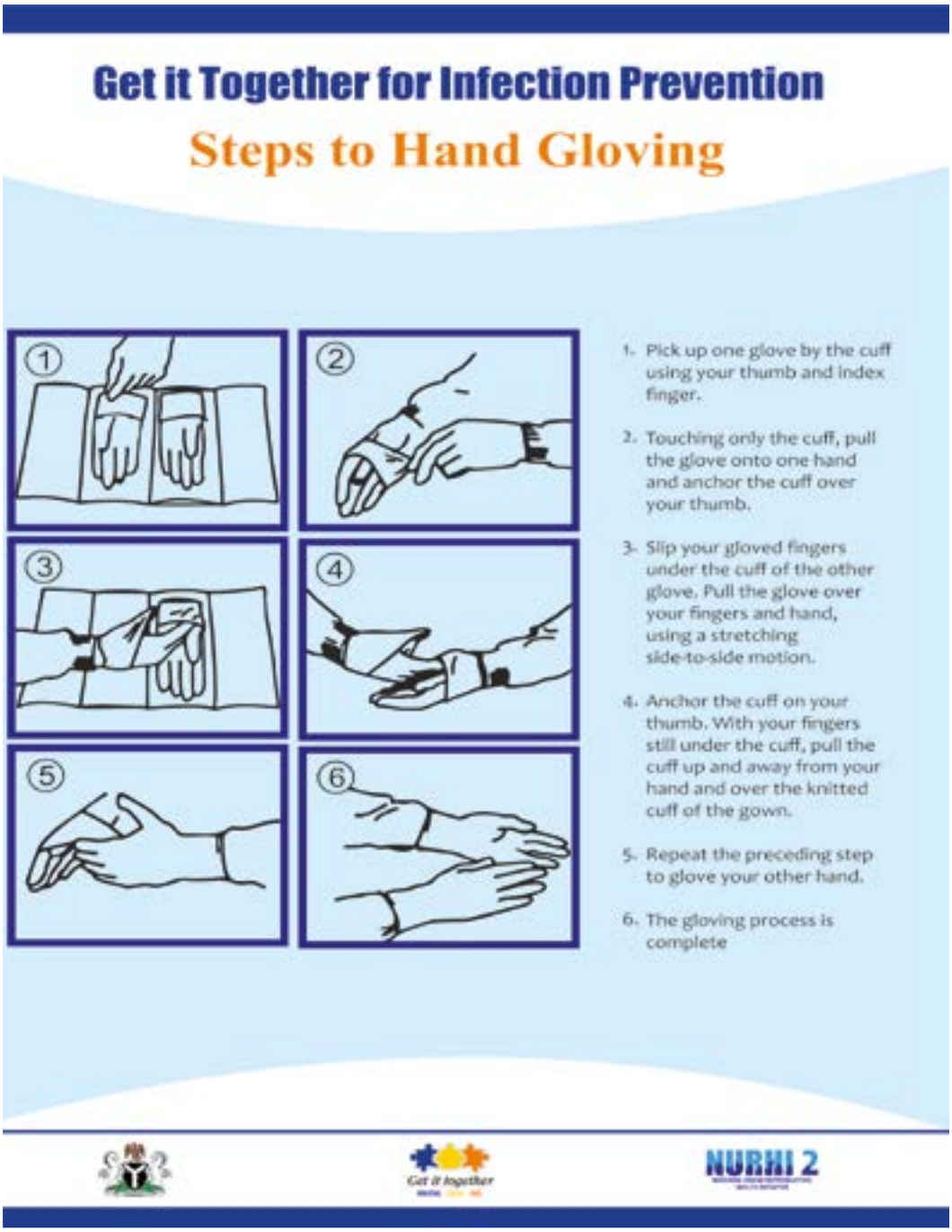
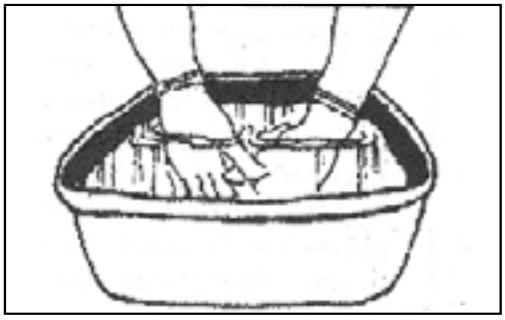


Fig 2.1.2 Steps To Hand Gloving

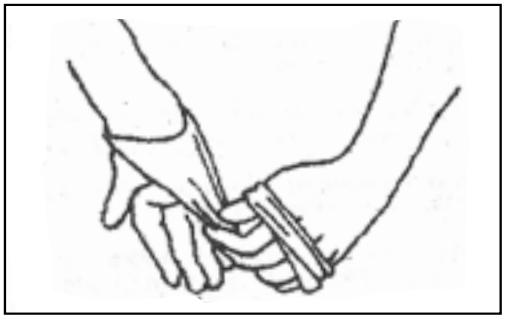
Facilitator: Demonstrate how to wear gloves using the job aid above

Removal of Gloves Technique

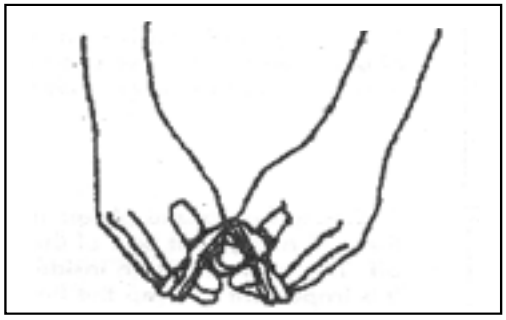


1. Rinse gloved hands in a basin of decontaminated solution to remove blood or other body fluids.

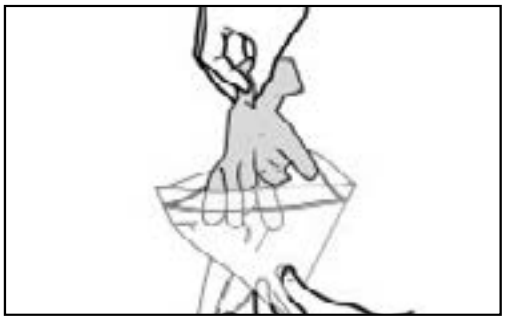
2. Grasp one of the gloves near the cuff and pull it halfway off.



3. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it halfway off.



4.Pull off the two gloves at the same time, being careful to touch only the inside surfaces of the gloves with your bare hands.



5. If the gloves are disposable or not intact, dispose the gloves properly.

6. Wash your hands immediately after removing the gloves.

Fig 2.1.3 Removal Of Gloves Techniques

iii. Steps for Processing Equipment for Infection Prevention

Question to Provider: She/he is asked to state the steps for processing equipment to ensure infection prevention

Facilitator: Ensure that these four cardinal processes are included and asks for the function(s) of each

(a) Decontamination

- To Kill infectious organisms such as HIV and hepatitis B
- To Make instruments, gloves, and other objects safer for people who clean them,
- All items are soaked in 0.5% chlorine solution for 10 minutes and rinsed with clean cool water or cleaned immediately

Question to Provider: Discuss how to prepare 0.5% chlorine solution and state the formula used

Discussion Guide: The provider should state the formula and explain its application

Concentration of chlorine solution - 1 = X parts of water

Desired strength (0.5% chlorine)

Give an example: To make a 0.5% chlorine solution from bleach with 3.5% active chlorine

$$\frac{3.5}{0.5} - 1 = 7 - 1 = 6$$

Thus, add 6 parts of water to one part of liquid bleach.

Facilitator: Demonstrate how to prepare 0.5% chlorine solution using the job aid and emphasises that 10-minute time period is sufficient for decontamination

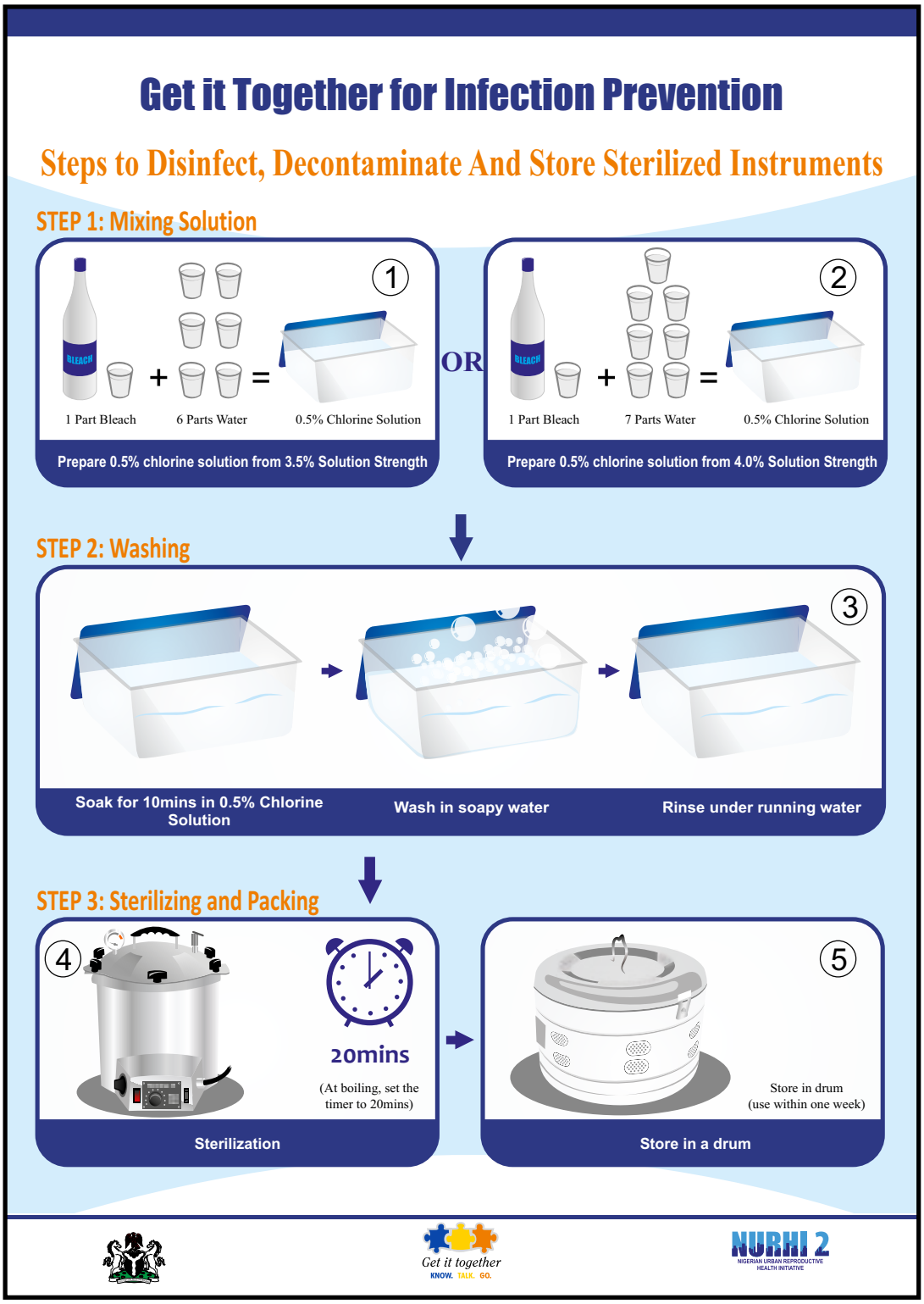


Fig 2.1.4 Steps To Disinfect, Decontaminate Store Sterilized Instruments

(b) Cleaning to remove body fluids, tissue, and dirt

Facilitator: Demonstrate washing or scrubbing Items using a brush with detergent (mixed thoroughly for even distribution). Rinse thoroughly with water and dry. Reinforces that bar soap and liquid soap are NOT used and why- as they can get stuck on the equipment. While cleaning, utility gloves and personal protective equipment—goggles, mask, apron, and enclosed shoes are to be worn.

(c) Disinfection & Sterilization

- **High Level Disinfection**

Question to Provider: Provider is asked to state the different methods of high level disinfection and to differentiate between them indicating when each is used

Facilitator: Observe the answers noting wrong ones and incomplete ones. She/he uses the discussion to explain and and demonstrates the different types, carefully highlighting the suitability and special considerations for the use of each

Discussion Guide:

High-level disinfection is used to kill all infectious organisms except some bacterial endospores which are dormant resistant forms of bacteria. These can however be destroyed by boiling, steaming, or with chemicals

Facilitator: Discuss High Level Chemical Disinfection and demonstrates the process

- Cover all items with correct dilution of properly stored disinfectant: 0.5% or 0.1% chlorine solution.
- Jointed instruments, such as ring forceps, should be opened or unlocked.
- Soak items for 20 minutes
- Nothing should be added to or removed from the chemical solution once timing has begun. After soaking items, rinse them with boiled water (which has been boiled for 20 minutes).
- Air-dry before use or storage.

However, there are other chemicals such as Gluteraldehyde and Formaldehyde that are widely used but not generally, readily available in health facilities and if these are to be used, it should be according to manufacturer's instructions).

Facilitator: She/he dwells on other uses of High-Level Disinfection (HLD) - it is also used for instruments or supplies that touch intact mucous membranes or broken skin, such as vaginal specula, uterine sounds, and gloves for pelvic examinations.

Sterilization

Question to Provider: What is sterilisation? Provider is asked to indicate the processes involved indicating the value added and the features.

Facilitator: Listen and identify flaws and omissions. Using the discussion guide, demonstrate and take the provider through, pointing out the wrong answers .

Discussion Guide:

Sterilization is the process used to kill all infectious organisms, including bacterial endospores, using any of the following:

- High-pressure steam autoclave,
- Dry-heat oven,
- Chemicals, or radiation.

Certain instruments such as scalpels and needles that touch tissue beneath the skin can also be sterilized but if sterilization is not possible or practicable (for example, for laparoscopes), such instruments must be high-level disinfected.

Details of Sterilization Processes

Facilitator: Go through these with the provider, allowing the provider to mention the processes with as much details as she/he can remember and thereafter facilitator updates the provider with essential details and demonstrations of the steps using the discussion guide as indicated below;

Discussion Guide:

- Steam sterilization: Items are processed at 121 degrees centigrade and under pressure of about 106 kPa for 30 minutes for wrapped items and 20 minutes for unwrapped items and timing starts when the desired temperature and pressure are reached
- Dry heat sterilization: Items are processed at 170 degrees centigrade for 60 minutes or at 160 degree centigrade for 120 minutes and items should be allowed to cool before they are removed from the oven
- Chemical sterilization: Depending on the chemicals (gluteraldehyde and formaldehyde) to be used, instructions as indicated in manufacturers manual should be followed.. However, the use of formaldehyde is discouraged because of its effect on breathing

Boiling

- Completely immerse items in water. Cover and boil for 20 minutes (start timing when the water begins to boil)
- Jointed instruments, such as ring forceps, should be opened or unlocked during boiling
- All items must be completely covered during boiling (place items that float in a weighted, porous bag)
- Do not add anything to the pot after the water begins to boil
- Air-dry before use or storage

iv. Storage of Instruments and Supplies to Protect them from Contamination.

Proper storage of High Level Disinfected or sterilized items is as important as the HLD or sterilization processes

- Items should be stored dried
- If possible, store processed items in a sterile or HLD container in an enclosed cabinet
- Do not store pick-up forceps in a bottle filled with antiseptic solution (microorganisms will multiply in the standing solution even if an antiseptic has been added)
- Pick-up forceps must be high level disinfected or sterilized each day and stored dry in a high-level disinfected or sterile bottle

Wrapped items must be considered contaminated when:

- The package is torn or damaged
- The wrapping is wet
- The expiration date has passed
- Wrapped items can be used for up to one week
- Wrapped items sealed in plastic can be used for up to one month
- Unwrapped items must be used immediately or stored in a covered sterile or HLD container (for up to one week)

Maintaining Asepsis

Question to Provider: Explain and demonstrate the aseptic technique to prepare a client for a procedure

Discussion Guide:

Provider should demonstrate and explain the following;

- Importance of maintaining hand hygiene before and after any procedure
- Importance of cleaning and maintaining a sterile field
- Importance of ensuring minimal exposure of the client using non-touch technique where necessary

- Completing all aseptic post-procedure tasks

(d) Waste Segregation & Disposal

Question to Provider: Discuss segregation and disposal of medical waste

Discussion Guide: Ensure provider lists steps highlighted in the job aid

Fig 2.1.5 Segregation of Medical Waste

Session 2: Overview of Family Planning Methods

i. Traditional Family Planning Methods

Question to Provider: Discuss the different types of traditional family planning methods

Fig 2.2.1 Traditional Family Planning Methods

Discussion Guide: Ensure provider lists the methods highlighted in the job aid

Question to Provider: Discuss the limitations of the traditional family planning methods

Discussion Guide:
The provider should mention some of the following;

- Effectiveness cannot be determined
- Dependent on couple's compliance
- Can be hazardous
- May be difficult to obtain

ii. Modern Family Planning Methods

Question to Provider: Discuss the different types of modern family planning methods (see Figure 2.2.2 below)

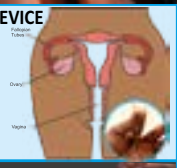
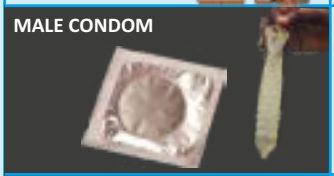
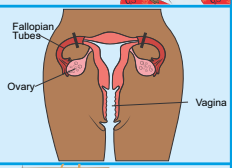
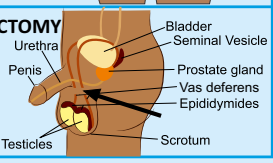
Discussion Guide: Ensure Provider lists the methods highlighted in the job aid

Question to Provider: Discuss the advantages of modern family planning methods

Discussion Guide:
Provider should be able to mention;

- Scientifically based
- Not dependent on couple's compliance
- Readily available
- Effectiveness rate is measurable

What do you KNOW about Family Planning/Childbirth Spacing Methods?

METHOD	THE FACTS	TIMING
ORAL CONTRACEPTIVE PILLS 	• Effective short-acting method that is taken everyday • Safe for women of any age, including women who have never had a baby • The mini-pill is safe for breastfeeding mothers anytime after delivery	Short - acting method
INJECTABLES 	• Effective short-acting method that lasts 2 or 3 months • Safe for women of any age, including women who have never had a baby • Safe for breastfeeding mothers with a baby older than 6 weeks	Short - acting method
IMPLANT 	• Effective long-acting method that lasts 3-5 years • Safe for women of any age, including women who have never had a baby • Safe for breastfeeding mothers anytime after delivery	Long - acting method
INTRA-UTERINE DEVICE (IUD) 	• Effective long-acting method that lasts 5-10 years • Safe for women of any age, including women who have never had a baby • Safe for breastfeeding mothers • Can be used within 48 hours of childbirth or after 4 weeks of childbirth	Long - acting method
MALE CONDOM 	• Effective short-acting method that is used at the time of sex • When used correctly at every time, it; - Prevents pregnancy - Prevents against some sexually transmitted infections (STIs), including HIV/AIDS	Short - acting method
FEMALE CONDOM 	• Effective short-acting method that is used at the time of sex • When used correctly at every time, it; - Prevents pregnancy - Prevents against some sexually transmitted infections (STIs), including HIV/AIDS • Safe for breastfeeding mothers	Short - acting method
EXCLUSIVE BREASTFEEDING METHOD (LAM) 	• Effective post-partum method when women meet all three criteria: - Are breastfeeding exclusively (day and night) - Have an infant younger than 6 months old - Do not have menstrual bleeding	Short - acting method
TUBAL LIGATION 	• Effective permanent method for women who do not wish to get pregnant again	Permanent Method
VASECTOMY 	• Effective permanent method for men who do not want their partner to get pregnant again	Permanent Method

ASK YOUR PROVIDER ABOUT FAMILY PLANNING

Get it together
KNOW. TALK. GO.

NURHI 2
NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE

Fig 2.2.2 Modern Family Planning Methods

Session 3: Laboratory Investigations

Question to Provider: Discuss the relevant laboratory tests usually requested for before providing family planning services and state their significance

Discussion Guide:

Provider should discuss the significance of the following laboratory tests and demonstrates how to perform them.

i. Pregnancy Test

- PT urine: Collect midstream urine in a urine bottle. Dip the urine test strip into the container, then looks for the double strip or interprets as described on the package
- PT blood: Withdraws 2ml of blood, allows it to sediment, then dips the strip into the serum and interprets as indicated on the package

ii. Demonstrate how to collect HVS specimen for STI screening

iii. Demonstrate how to perform HIV test using the Rapid kit

iv. Demonstrate how to collect Pap Smear sample from the cervix using a sterile swab stick

v. Demonstrate how to perform urinalysis using Combi 9

Session 4: Short Acting Reversible Contraceptives

i. Administration of Injectables

Question to Provider: Discuss the setting of an injection tray.

Discussion Guide:

Provider should mention the contents of an ideal tray as follows;

- Gallipot with swabs
- Kidney dish containing the injection and auto disable syringe
- Kidney dish for used swab

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, requests the provider to repeat the demonstration.

Question to Provider: Discuss safe injection practices

Discussion Guide:

Provider should describe the following;

- Identifies and cleans correct injection site
- Does not touch the needle before or after administration
- Does not contaminate the plunger

- Applies mild pressure, does not rub the injection site
- Does not re-cap needle
- Discards needle at the point of generation into sharp container/safety box

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, requests the provider to repeat the demonstration

ii. Administration of DMPA-SC

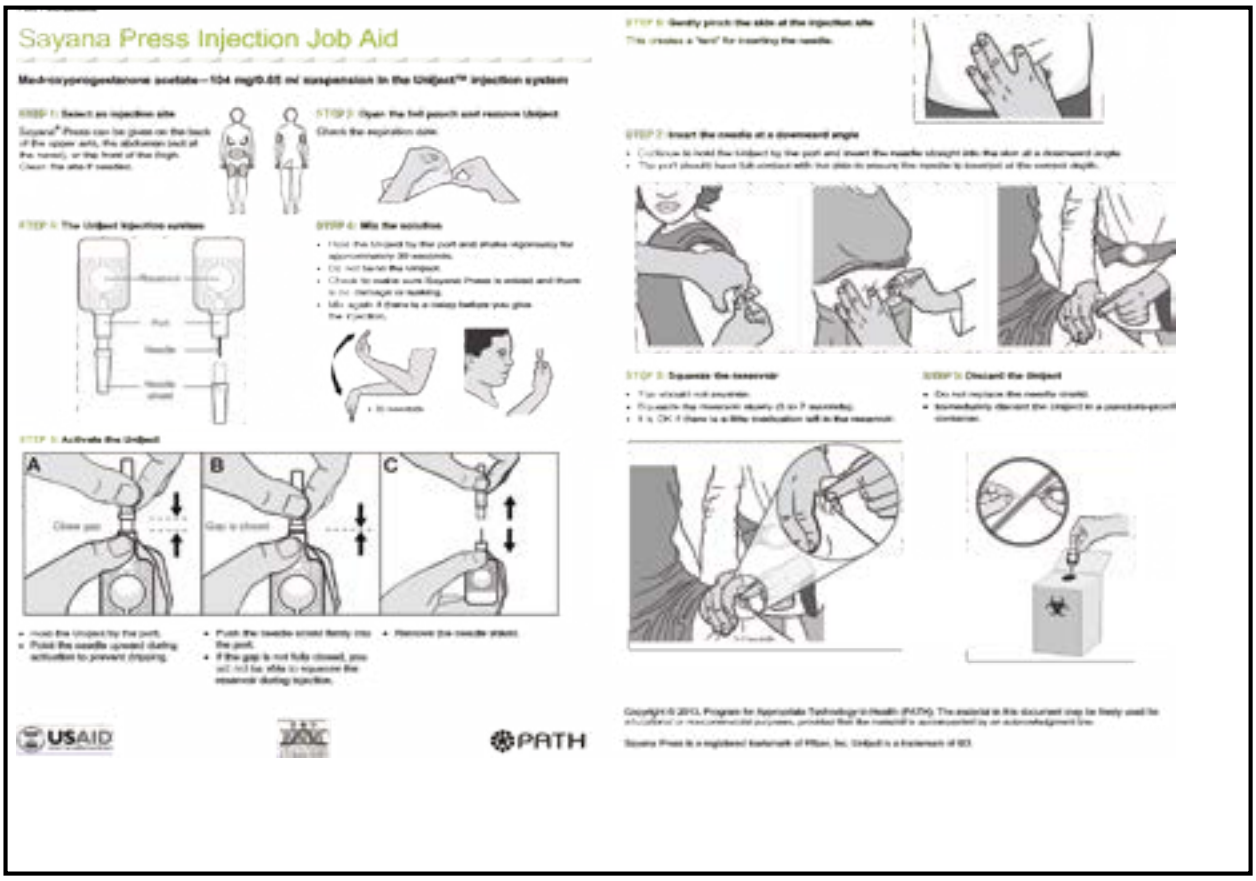


Fig 2.4.1 Administration of DMPA-SC

Question to Provider: Discuss the process of administering DMPA-SC

Discussion Guide: Demonstrate how to administer DMPA-SC using the job aid

iii. Administration of DMPA-IM/Norethisterone Enantate Progestin (NET)

Question to Provider: Discuss the process of administering DMPA-IM/NET

Discussion Guide: Ensure the provider discusses the steps as highlighted in the diagram below

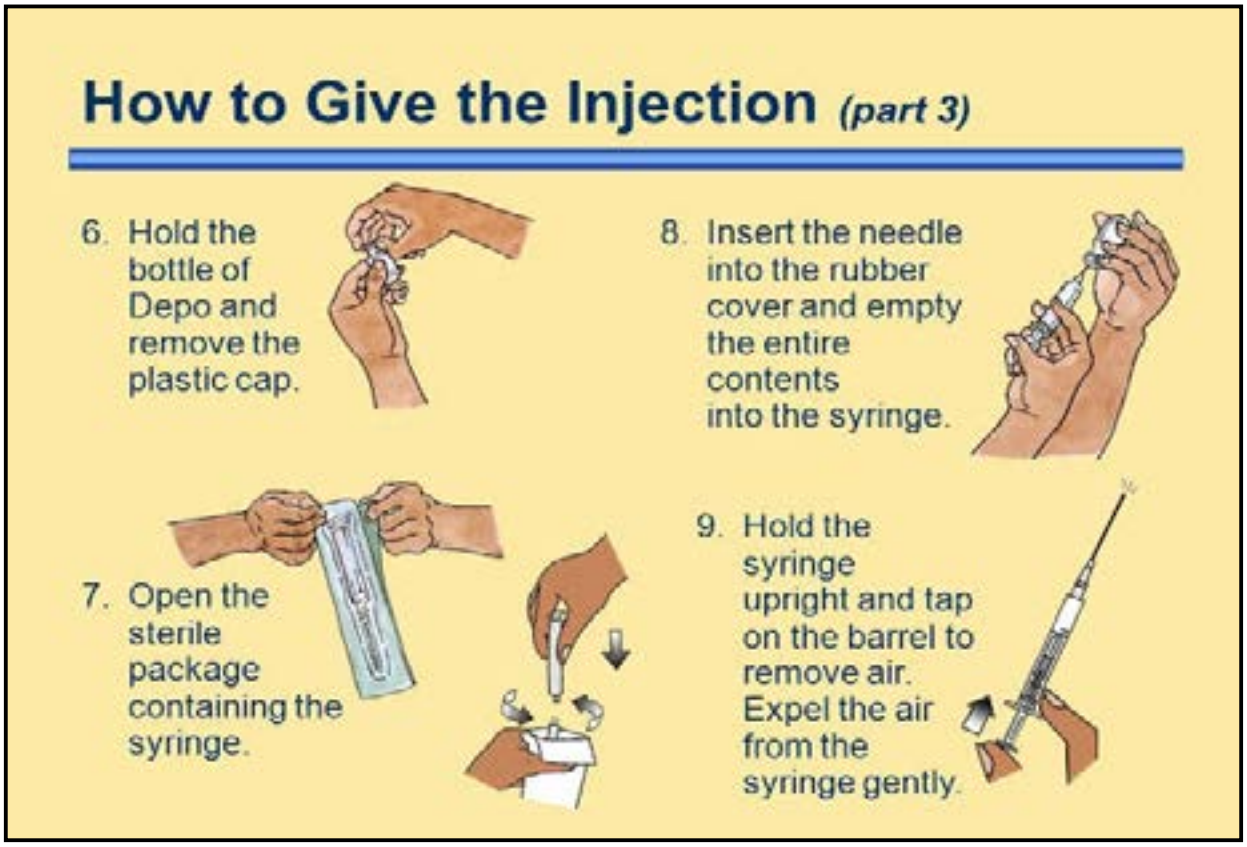


Fig 2.4.2 How To Give The Injection

Session 5: Long Acting Reversible Contraceptive (IUD/IUS & Implants)

1. Conducting General Physical Examination

Question to Provider: Demonstrate how to perform general physical examination on a client

Discussion Guide: Make sure the provider examines from head to toe, laying emphasis on checking for pallor, jaundice and any swelling on the neck and legs

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, requests the provider to repeat the demonstration.

i. Breast Examination

Question to Provider: Demonstrate how to perform a breast examination

Discussion Guide: Ensure provider demonstrates correct breast examination technique as highlighted in the job aid below

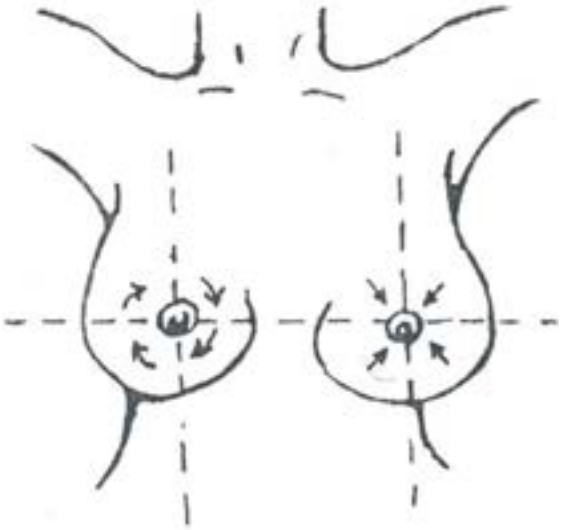


Fig 2.5.1 Breast Examination

ii. Abdominal Examination

Question to Provider: Perform an abdominal examination

Discussion Guide:

Facilitator should then demonstrate abdominal examination laying emphasis on:

- How to palpate the abdomen
- How to check for lower abdominal tenderness, masses and other abnormalities especially at the suprapubic region

Facilitator: Correct the provider and demonstrates the correct steps to follow. Thereafter, requests the provider to repeat the demonstration.

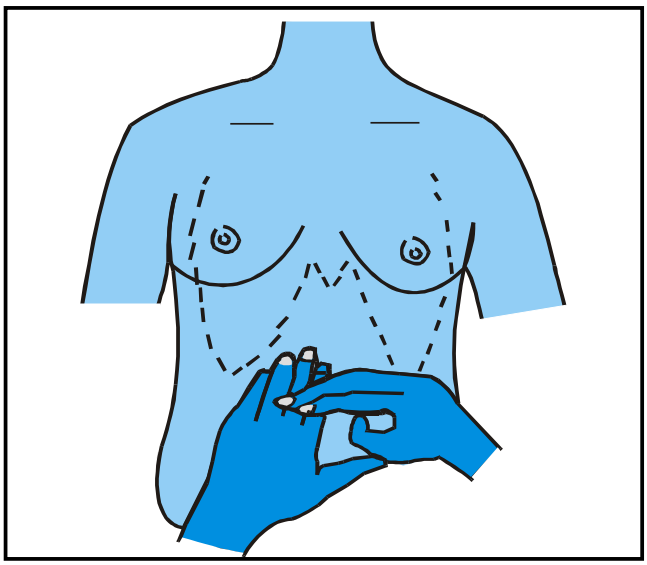


Fig 2.5.2 Abdominal Examination

iii. Performing Bimanual Pelvic Examination

Question to Provider: Explain and demonstrate the process of client preparation before conducting a pelvic examination

Discussion Guide:

Ensure that the provider mention and demonstrate the following:

- The client should empty her bladder and clean her genital area if necessary
- Drapes the woman appropriately for pelvic examination
- Sets-up adequate lighting to view the cervix
- Opens high-level disinfected instrument pan or sterile pack without touching instruments (Non-touch technique)
- Wears new examination gloves on both hands
- Arranges instruments and supplies on high-level disinfected or sterile tray
- Swabs the vulva

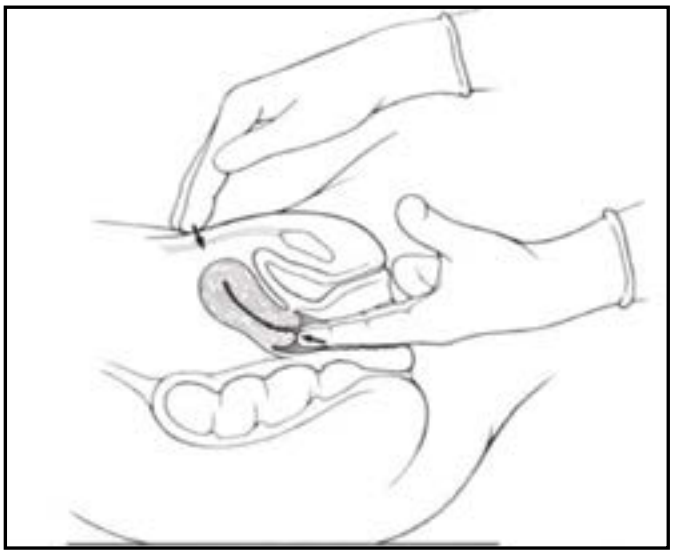


Fig 2.5.3 Bimanual Pelvic Examination

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, requests the provider to repeat the demonstration

Question to Provider: Explain and demonstrate how to perform bimanual pelvic examination

Discussion Guide:

Facilitator should then demonstrate pelvic examination, laying emphasis on;

- Inspecting the external genitalia and urethral opening
- How to palpate Skene's and Bartholin's glands for tenderness or discharge
- How to determine size and position of uterus
- How to check for masses or swellings

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, request the provider to repeat the demonstration.

2. Insertion of IUD/IUS

Hormonal IUS (such as Levonorgestrel-releasing intrauterine system, LNG-IUS) is a T-shaped plastic device that contain hormone while the copper-bearing intrauterine device (IUD) is a small, flexible plastic frame with copper sleeves or wire around it.

Question to Provider: Explain and demonstrate the correct procedure for IUD insertion

Discussion Guide:

Ensure that the provider shows;

- Correct steps of inserting the vaginal speculum
- Correct technique for sounding the uterus
- Gently grasps the cervix with Vulsellum/ Stopes forceps at 12 or 6 o'clock
- Gently introduces the plastic uterine sound
- Correct loading of the IUD while still in the sterile package
- Correct insertion of the IUD using withdrawal technique laying emphasis on correct placement of the IUD at the fundus

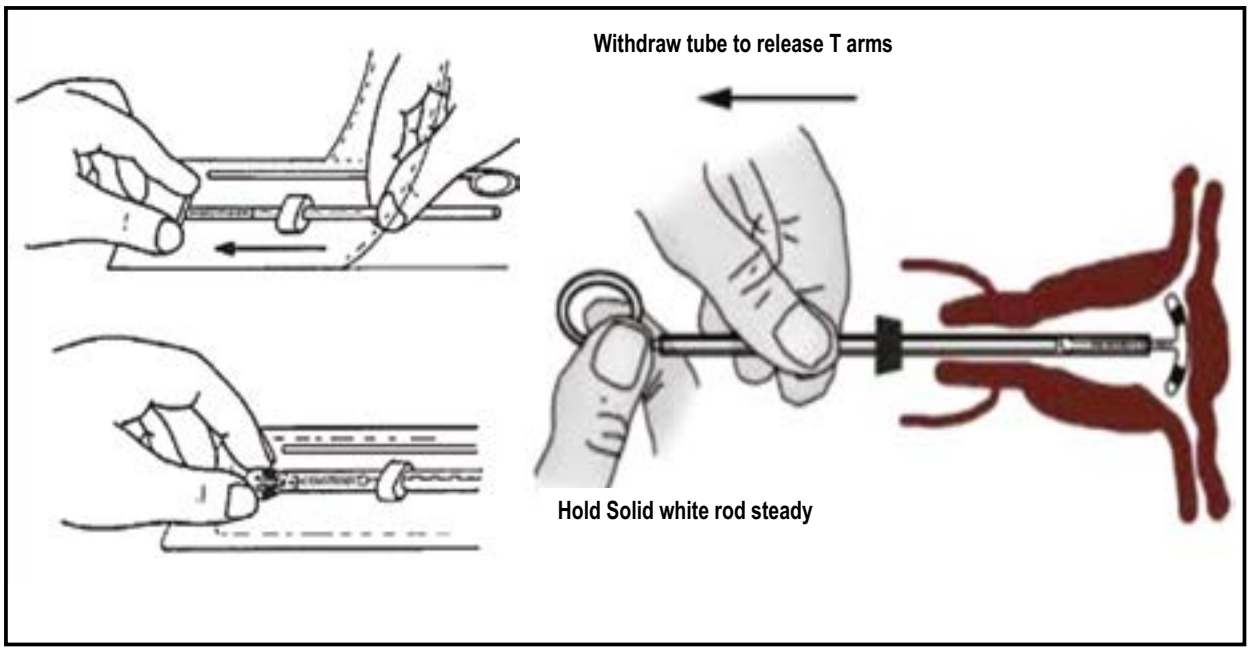


Fig 2.5.4 Insertion of IUD/IUS

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, request the provider to repeat the demonstration.

3. Removal of IUD/IUS

Question to Provider: Explain and demonstrate the procedure for the removal of IUD

Discussion Guide:

Ensure that the provider discuss and demonstrate;

- Indication for removal
- Preparation for the procedure e.g. setting tray, client emptying her bladder, etc.

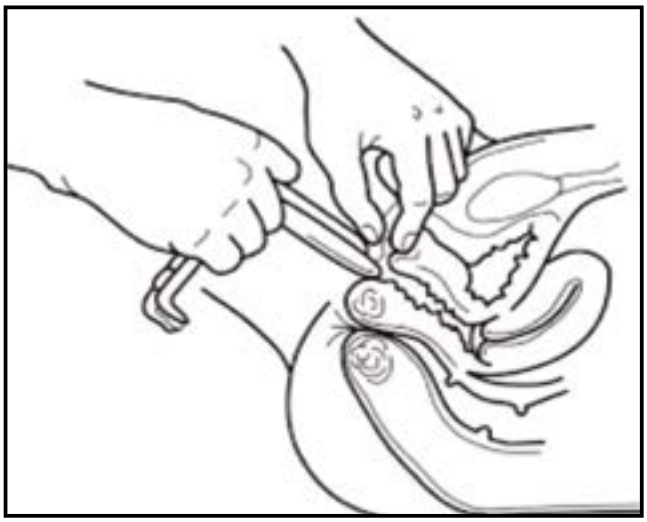


Fig 2.5.5 Removal of IUD/IUS

- Cleaning of the vulva, correct insertion of the speculum
- Use of sponge holding forceps to grasp both strings at the mouth of the cervix
- Inspection of the IUD device after removal

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, request the provider to repeat the demonstration.

4. Insertion of Implants

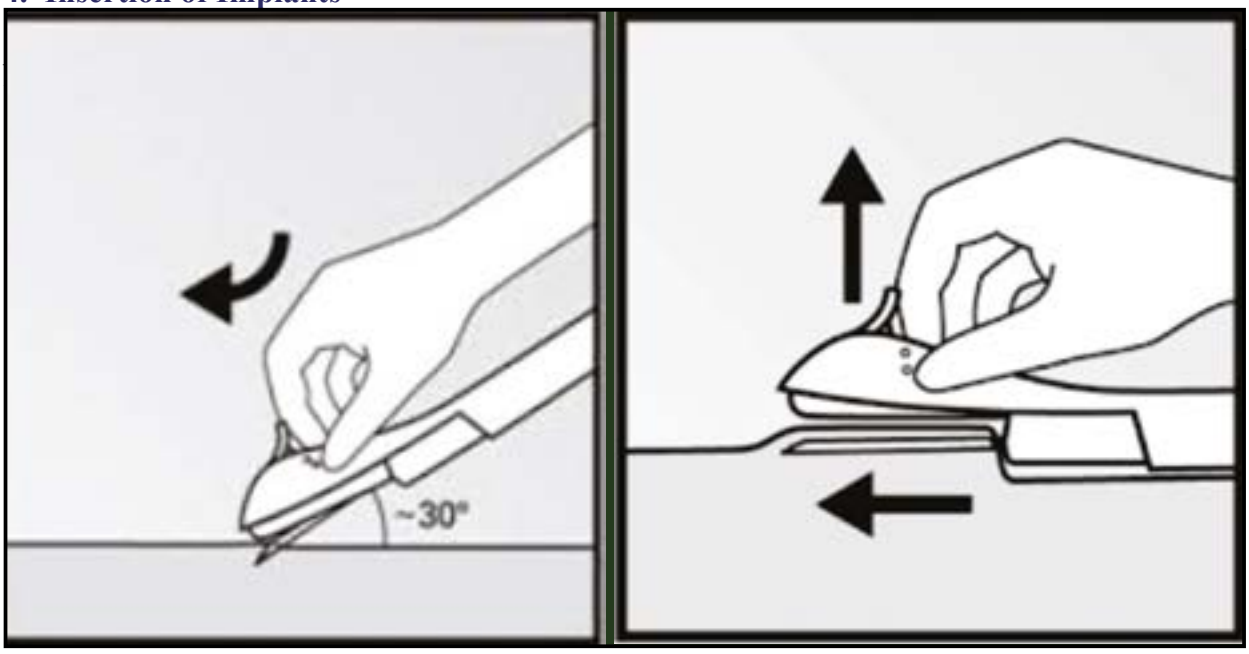


Fig 2.5.6 Insertion of Implanon

Discussion Guide:

Ensure that the provider mention and demonstrate the following;

- Correct setting of instruments
- Determination of the correct arm and site for insertion
- Correct measuring and identification of the point of insertion
- Correct insertion of applicator sub-dermally at an angle of 30°
- Maintaining aseptic technique throughout the procedure
- Checking to ensure the presence of the silicon rod in the device before insertion
- Correct technique of infiltrating arm with 1% of local anaesthetic
- After insertion, palpates to ensure that the rod is in position and asks the client to feel it
- Completes correct post-procedure tasks
- Provides post-insertion instructions including date of next appointment

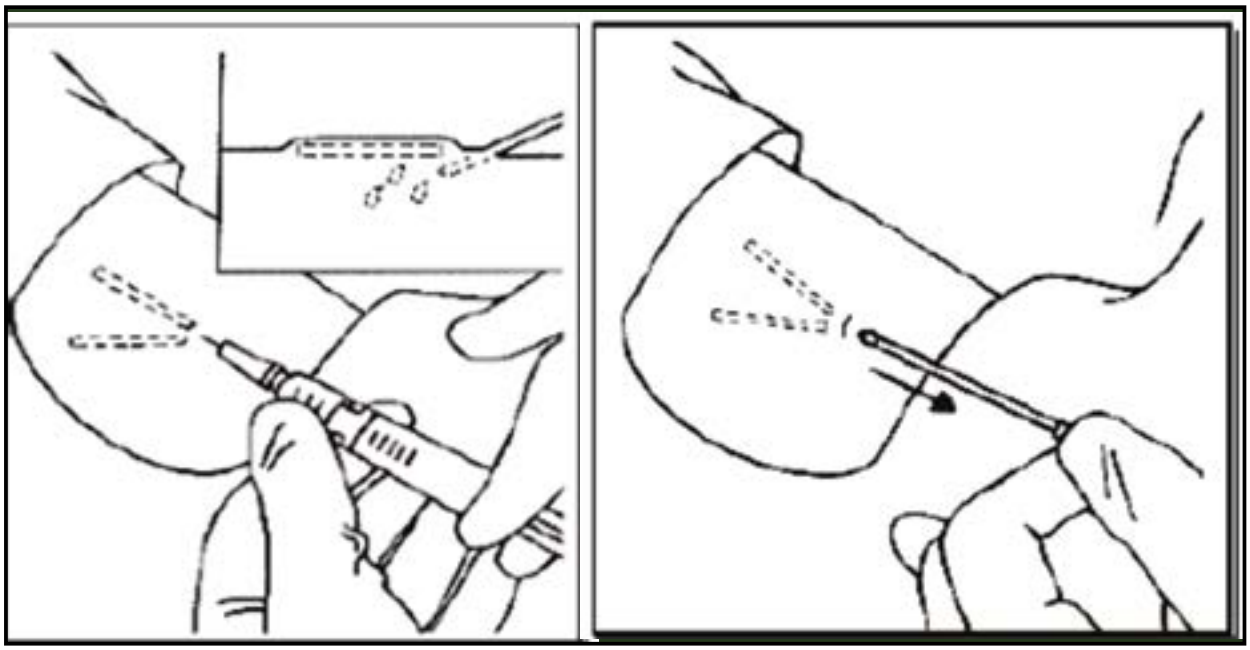


Fig 2.5.7 Insertion of Jadelle

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, requests the provider to repeat the demonstration.

Question to Provider: Explain and demonstrate the correct procedure for insertion of Jadelle.

Discussion Guide:

Ensure the provider mention and demonstrate the procedures as stated above including the

following;

- Correct insertion of trocar sub-dermally at an angle of 45°
- Correct placement of capsule using withdrawal method
- Palpates the skin to check that the two capsules have been inserted in a fan distribution (20° apart)
- Palpates puncture site to check that the two capsules are well clear of puncture site

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, request the provider to repeat the demonstration.

5. Removal of Implants

Question to Provider: Explain and demonstrate procedure for implant removal

Discussion Guide:

Ensure that the provider discuss:

- Indication for removal and demonstrates the following:
- Prepares for the procedure e.g. setting tray, cleaning the site, etc.
- Palpates to locate the capsules
- Uses correct technique of infiltrating arm with 1% local anaesthetic and ensuring that it is underneath the capsule
- Uses a size 11 scalpel blade to create a puncture wound rather than an incision
- Checks for completeness of the rod after removal

Facilitator: Correct the provider and demonstrate the correct steps to follow. Thereafter, request the provider to repeat the demonstration.

Session 6: Problem Management

Question to Provider: How would you assess a client on a contraceptive method, who returns to your facility with a complaint?

Discussion Guide:

Ensure the provider discuss the problem solving skills, laying emphasis on;

- Asking and listening
- Looking and feeling
- Identifying the problem

- Proffering solution to the problem

Case Scenario 1: For provider: A client using Copper-T IUD complaints of having more cramps and pain during monthly bleeding. What would you do to help her manage this problem?

Discussion Guide:

Ensure that the provider mention the following;

- Ask and listen
  - Take detailed history of onset and duration of symptoms
  - Describes the characteristics of the bleeding
  - Discusses other associated symptoms e.g. dizziness, headaches, shortness of breath, weakness, etc.
- Look and feel
  - Performs physical examination with emphasis on checking for pallor, abdominal tenderness, pelvic examination, etc.
  - Monitors vital signs
- Identify the problem
  - Conducts laboratory investigation where necessary
- Manage the problem
  - Reassure
  - Manage appropriately according to National LARC training manual.

Case Scenario 2: A client using implants complains of having heavy or prolonged bleeding. What would you do to help her manage the problem?

Case Scenario 3: A client using progestin-only injectable complains of having migraines with aura. What would you do to help her manage the problem?

Case Scenario 4: A client using implants complains of having pain and purulent discharge at the insertion site. What would you do for her?

Case Scenario 5: A client using Copper-T IUD complains that her partner can feel the string during sex. What will you do to help her manage this problem?

Case Scenario 6: A client using progestin-only injectable complains of not having monthly bleeding. What would you do to help her manage this problem?

Case Scenario 7: A client using COCs comes to you because she has missed 3 pills in the first 2 weeks. What would you do to help her manage the problem?

MODULE 3 – CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM

The Contraceptive Logistics Management System (CLMS) manages family planning commodities. It is a component of the Logistics Management Information System (LMIS) which manages all commodities from the Five Public Health areas (Malaria, Tuberculosis, HIV/AIDS, Reproductive Health and Immunization).

The facilitator should verify the identified areas of weaknesses and gaps and agree with the provider on these areas of need on Contraceptives Logistics Management System. Thereafter, facilitator should pick out these relevant areas in the module for updating the provider and focus on them during the on the job training sessions to respond to the provider's needs using the correct techniques and skills to strengthen provider's CLMS competencies as outlined in this module.

Session 1: Correct Use of the CLMS Forms

Facilitator: Introduce the CLMS forms to the service provider and request the service provider to list the correct uses of the forms (See Annex for prototype forms)

Discussion Guide:

The forms include:

- Family Planning client card
- Daily Family Planning Register
- Daily Consumption Record (DCR)
- Requisition, Issue and Report Form (RIRF)
- NHMIS monthly summary forms
- Inventory/Bin card

i. Correct Use Of Contraceptive Logistics Management System (CLMS) Tools:

Facilitator: Explain the information on each form/card and its usefulness to the service provider. The service provider in turn reiterate the importance of the forms.

(a) FP Client Card (Client Intake Form)

This card contains information such as name, age, sex, address, past medical history, physical examination etc. and facilitator emphasizes the importance of ensuring the cards are kept confidential and access should be restricted to personnel only.

(b) Daily FP Register

This is a register that documents the information about the client that accessed FP service in the facility daily. It is filled from the information obtained from the FP client's card as soon as the client is attended to. The summary of the information from this register is used to populate the NHMIS monthly summary form for entry on the DHIS 2.

See Annex for copy of form

(c) Daily Consumption Record (DCR)

This register sums up each FP method dispensed to clients. It is filled daily at the close of business and summed up at the end of the month. It helps you to know your beginning balance, quantity of each commodity received (from partners or SMOH) and the quantity dispensed to clients within the period of one month. Two (2) months of DCR is used to fill the RIRF for the facility. See Annex for algorithm and copy of form

(d) Requisition, Issue and Report Form (RIRF)

This form is used to report the commodity utilization of the facility for 2 months and the quantity to be resupplied for the same period. Quantities lost and the physical count are reported to balance the quantity for resupply. See Annex for algorithm and copy of form

(e) NHMIS Monthly Summary Forms

This tool contains the summary of all services provided in the facility including daily FP services within the month. This is done at the end of the month and the information is entered into the DHIS 2. See Annex for algorithm on how to fill the form

(f) Inventory/Bin Card:

To further strengthen the health system, it is important to encourage a centralized commodity reporting system for better efficiency and accountability. As a result, family planning commodities should also be received at the central pharmacy/commodities store in each health care facility. Having a centralized inventory control system helps to keep accurate record of family planning commodities and consumables.

This can be achieved using a Bin Card, which provides information on the quantities of contraceptive stock on hand of a product, losses or adjustments, minimum and maximum stock levels. The Bin Card is filled when necessary i.e. when products are received, issued or there is a physical count done to minimise stock out. Each contraceptive method and brand is filled on a different Bin Card.

The family planning service provider collects commodities based on consumption.

See Annex for algorithms on how to fill the form

MODULE 3 – CONTRACEPTIVE LOGISTICS MANAGEMENT SYSTEM

Session 2: National Logistics Management Coordination for All Health Commodities

Facilitator: Give an overview of the National Logistics Management of all health commodities. She/he describes the value of a streamlined LMIS and emphasizes why FMOH is looking forward to it as a replacement to the erstwhile parallel supply chain systems using the explanation below:

Discussion Guide:

The Federal Ministry of Health collaborating with donors and implementing partners saw a need to transition the health commodities supply chain from parallel systems to a streamlined integrated system. The objective is to improve the integration of supply chain strategy across disease areas (such as malaria, HIV/AIDS, Tuberculosis, Family Planning etc.) to ensure uninterrupted delivery of commodities, better coordination and improved health outcomes.

National Product Supply Chain Management Program (NPSCMP) domiciled in the Department of Food and Drug Services of the Federal Ministry of Health was initiated by the Federal Government and consortium of International Donors and Partners to bridge gaps and maintain uninterrupted supply chain system in the country. This led to the establishment of the Logistics Management Coordinating Unit (LMCU) at the State and Local government levels to carry out proper coordination of supply chain of pharmaceuticals and healthcare products, ensuring that commodities get to the last mile at the service delivery points without delay.

In addition, NPSCMP has designed and implemented an integrated LMIS system called Nigeria Health LMIS which uses NAVISION software, provides real time data and visibility into stock availability for all commodities for decision making.

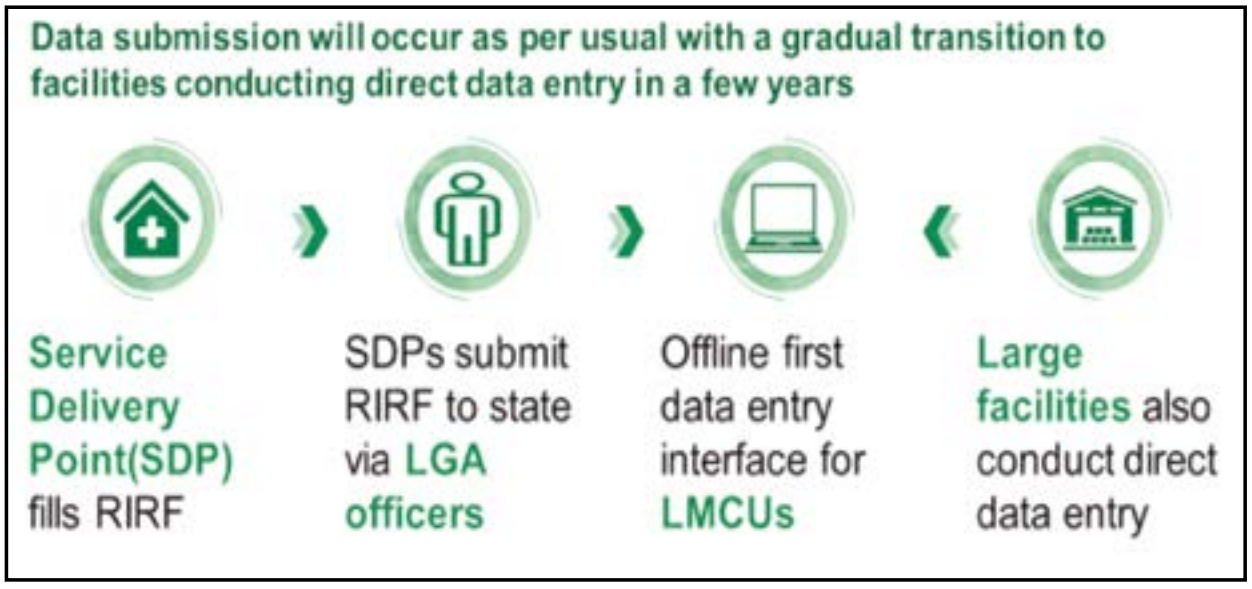


Fig 3.2.1 Flow Chart For Logistic Data

The service data recorded on the NHMIS monthly summary forms for all facilities are submitted to the LGA data Monitoring and Evaluation officer who enters the data unto the DHIS 2 platform.

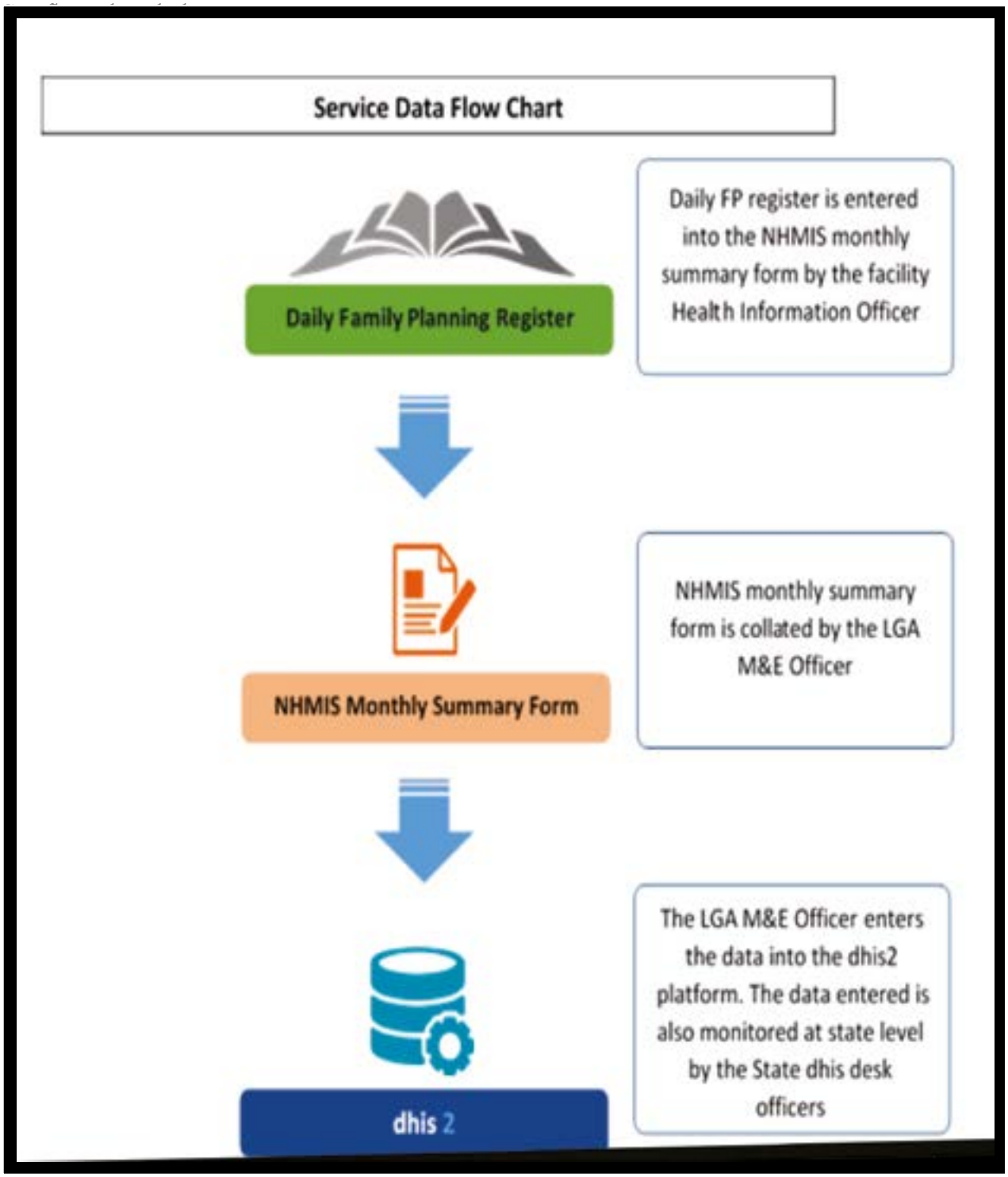


Fig 3.2.2 Flow Chart For Service Data

Session 3: Appropriate Filling and Completion of Forms

Facilitator: Demonstrate filling of each CLMS form using algorithms and the service provider should in-turn demonstrate the filling of the forms (return demonstration).

See Annex for algorithm on how to fill the CLMS forms

Session 4: Timely Submission of Forms

Facilitator: Emphasize the importance of timely submission of the forms listed below:

a. Requisition, Issue and Report Form (RIRF)

b. NHMIS monthly summary form

Facilitator: Educate the service provider on the ordering, reporting, submission timeline and the appropriate channel for submission using the example below.

Level	Ordering period	Reporting month	Submission timeline	Submit to
Service delivery point	Bi-monthly	January - February	Within the first 5 working days of March	LGA FP Supervisor/ LGA LMCU
Service delivery point	Bi-monthly	March – April	Within the first 5 working days of May	LGA FP Supervisor/ LGA LMCU
Service delivery point	Bi-monthly	May - June	Within the first 5 working days of July	LGA FP Supervisor/ LGA LMCU

Fig 3.4.1 Timely Submission Of Forms

Discussion Guide:

The service provider should ensure the family planning component of the NHMIS form is correctly completed and submitted within the first 5 working days of the reporting period by following up with the facility Health Information Officer (HIO).

For more information to the service provider to better understand the importance of timely submission of forms, refer to the information below:

Session 5: The Role of LMIS In a Logistics Cycle

A service provider plays a major role in ensuring that commodities and consumables are supplied to the facility on a regular basis. This is achieved by having a good understanding of the logistics cycle.

The logistics cycle helps the service provider understand the interdependence between each of the activities by key players at various levels. Therefore, the purpose of the LMIS in a logistics cycle is to collect, organize, and report data that will be used to make decisions.

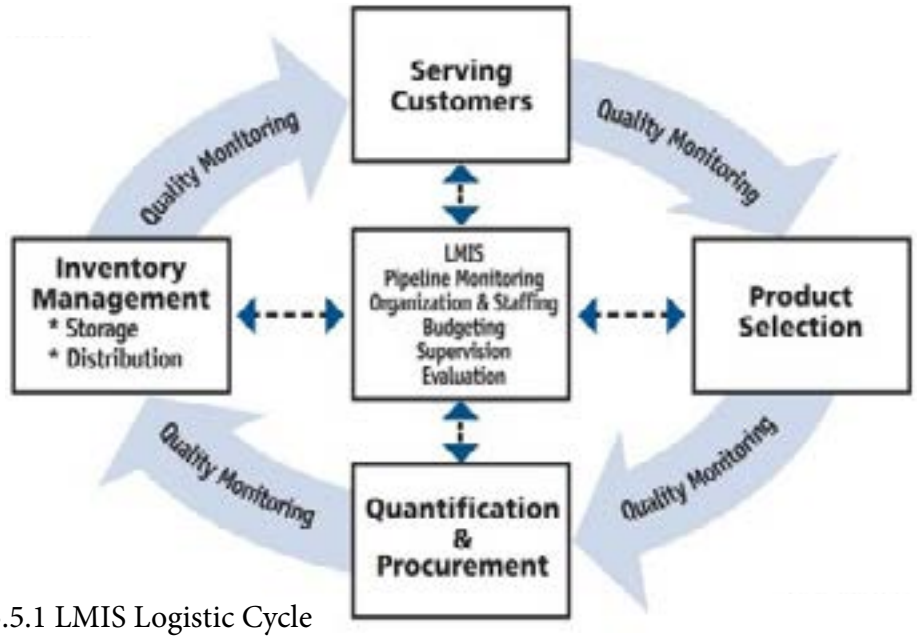


Fig 3.5.1 LMIS Logistic Cycle

i. Inventory Control

In CLMS, the inventory control system informs the provider on when to order for commodities, how much to order to maintain the adequate stock level and condition to prevent stock outs or overstocking.

To explain inventory control system, consider the use of milk in your family. You need to know the quantity of milk consumed in the household to determine the total quantity of milk to buy (consumption), the preferred brand (product selection) that will last over a period in the right condition and the right place to store it, so it does not get spoilt (storage, expiration, spoilage).

ii. Determining When To Order Supplies

To determine when to order, the facility should make requisition according to the standard recording and ordering cycle. The aim is to highlight the maximum and minimum quantity of commodities expected to be available at a facility at a given period. The table below shows the reporting and ordering cycle for each level.

iii. Reporting And Ordering Cycle

- To maintain adequate stock levels at your facility, and determine how long supplies will last, you will have to first count what you have, that is, stock on hand (SOH), by conducting a physical count of all your usable contraceptives. To know how long the stock will last, you have to calculate the months of stock available by dividing the stock on hand by the Average Monthly Consumption (AMC).
- Stock On Hand (SOH) is the actual usable quantity of each commodity available in

the facility (Do not count expired or damaged commodities)

- Expired, damaged or stolen products should be entered in the losses column and explained properly in the comments section. Note that a loss is a product that cannot be used or found anywhere in the system.
- AMC is the quantity of each commodity dispensed to clients over the last 2 typical months divided by 2. (*A typical month follows the observed trend of consumption over a period of time. Look at your previous RIRF to determine the typical consumption of your facility.)
- How do we calculate how many Months Of Stock we have? By using this formula: SOH/ AMC

Facilitator: Take the service provider through this exercise, a practical demonstration session

	Reporting and ordering cycle	Minimum	Maximum
State	4 months	4 months	8 months
LGA	3 months	3 months	6 months
SDP	2 months	2 months	4 months
CBD	1 month		

Fig 3.5.2 Reporting And Ordering Cycle

For example, to determine months of stock using condoms in a facility

SOH (Physical Count) = 100 pieces

Condoms issued in the last 2 months are 25 and 35 pieces respectively.

Therefore, your AMC will be (25+35)/2 = 30 pieces

Months of Stock = SOH/AMC = 100/30 = 3.33; meaning, you just have 3 months of stock.

iv. Months of Stock Cover (MOSC)

This can be defined as the number of months the stock on hand will be available for use based on the expiration date. E.g. the Stock on hand of Noristerat as at January 2019 is 100 and it has an expiry date of July 2019. The established AMC of the facility is 10 ampoules.

The Month of Stock = SOH /AMC i.e 100/10= 10 months of stock

The commodity has 7 months to expiration so the MOSC is 7 months

The potential write off will be Months of stock- number of months to expiration i.e. 10-7 = 3 MOS of products that needs to be redistributed to other facilities

Also, using the data in the previous table: determine the maximum and minimum stock of the facility

Maximum stock = AMC X 4 = 30 x 4 = 120 pieces

Minimum stock = AMC X 2 = 30 X 2 = 60 pieces.

The facility data can also be used for further practice on how to calculate maximum, minimum stock levels and periods for stock to last, to help provider grasps more.

v. Contraceptive Forecasting

Contraceptive forecasting is about identifying longer-term trends in usage in order to procure appropriately. The service delivery points make plans for increase in consumption from scheduled outreaches and inputs it into the RIRF, adding an explanation in the comments section of the form. It is important to do this so that the facility does not go below its minimum stock level and thereby prevents stock out.

The consumption data reported by the Service Delivery Points (SDPs) are aggregated by the LGAs, then states and at the national level for decision-making. Other data relevant for forecasting are:

1. Logistics data which include dispensed-to-user data from SDP which when not available, issue data from the same level can be used.
2. Service data which includes all data collected about clients and their visits to SDPs.
3. Demographic data which include information about populations such as number of women of reproductive age and the percentage of women receiving contraceptives from the public versus the private sector.

Where the SDPs have internally displaced persons who have increased the population exponentially, the rise in the demographic data should be factored in when planning for commodities in the reporting cycle.

Session 6: Appropriate Storage Practices for Commodities, Data Tools and Consumables

Facilitator: Go through the table below with the service provider and allow provider to give reasons why these items should not be stored together.

Discussion Guide:

Use the notes below and lay emphasis on the need to adhere to proper storage guidelines.

	Storage Guidelines	Notes for Facilitator
1	Family planning commodities and consumables should be stored separately from office items and insecticide or other chemicals	• This is to make sure the commodities are easily accessible for use when needed. • Also, keeping chemicals especially insecticides where other commodities are stored can interact and reduce shelf life of commodities.
2	Prevent water from coming in contact with commodities and consumables	• Water can destroy commodities and consumables. • Packaging can be destroyed exposing the consumables and commodities and these can easily be damaged • Clients may not like the damaged appearances, making them unacceptable. • Identify source of water leakage • Ensure leakages e.g. leaking roofs are repaired to stop further damage
3	Commodities and all medical supplies should be kept in a well aerated area and away from sunlight	• Heat from the sun can reduce potency and shelf life of contraceptives and medical supplies
4	Cartons of commodities/consumables should be stacked • at least 10 cm off the floor • on a pallet, 30cm away from walls • not more than 25m high	When commodities are properly stacked, • It allows proper air circulation. • Prevents contact with water in case of flooding. Also, when commodities stacked are too high, • the cartons can be crushed, and • Cartons can fall on the personnel causing injury.
5	Commodities and consumables should be kept in an upright manner. It should also be arranged in a **"First Expire, First Out**" (FEFO) manner	• Keeping upright helps to prevent commodities from expiring without early detection. • FEFO arrangement with expiry dates of each carton boldly written aids proper disposal of older consignments.
6	Keep commodities and medical supplies in a locked area and ensure security	• This is to prevent theft or misuse by unauthorized personnel.
7	When commodities or consumables expire or are damaged, keep them in a separate area	• This is to avoid giving out to clients • Guards against unlawful access
8	In the facility, fire safety equipment such as fire extinguisher or bucket of water/sand should be available and easily accessible	• This helps to respond quickly to emergency fire situations. • Make sure fire extinguisher is functional • Fire extinguishers should be visible and easily accessible

Fig 3.6.1 Appropriate Storage Practices for Commodities, Data Tools and Consumables

For more information to the service provider to better understand proper storage and storage guidelines of commodities, refer to the session below:

Session 7: Storage

i. Proper Storage and Storage Guidelines

Proper storage involves all the processes involved in warehousing the various commodities, consumables and data tools in the right places and conditions to ensure that they are of high quality when they are needed for use or dispensing.

It is the duty of the facility service provider to ensure that commodities received are kept in good conditions, under the right temperatures and lighting.

The facility should ensure that product expiration dates are noted and products in the store have a good shelf-life.

Type of Contraceptive	Required Storage Conditions	Shelf Life
Oral Contraceptives	Below 40°C. Store away from direct sunlight in a cool, dry location.	5 years.
Condoms	No long exposure to high humidity, direct sunlight, fluorescent light, or ozone. Don't store near chemicals.	5 years
Diaphragms	Below 40°C. No long exposure to high humidity, extreme temperatures, ozone, or direct sunlight. Don't store near chemicals.	5 years
Injectables	Below 40°C. Away from direct sunlight. Store vials upright.	4 to 5 years
IUDs	Below 40°C. Protect from direct sunlight and excessive moisture.	7 years
Implanon Implants	Below 30°C. Dry location.	3-5 years
Jadelle Implants	Below 30°C. Dry location.	5years
Spermicides	Between 15 and 30°C. No extreme fluctuations in temperature or humidity. Tubes should be stored in upright position.	3 to 5 years

Fig 3.7.1 Proper Storage And Storage Guidelines

Brain Teaser— Facilitator conduct this session as a brain teaser, a quiz presentation, where the provider is expected to give storage conditions and shelf life, substantiating his/her answers while the facilitator notes the responses keeping the wrong answers in view. Facilitator thereafter takes the provider through the table indicating erroneous responses and explaining as well as buttressing correct answers. Each type of contraceptive is thoroughly dealt with and providers are allowed to ask questions and reiterate to ensure good understanding and internalization.

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1. Assessment of Family Planning Services Availability and Readiness in 10 African Countries. Global Health: Science and Practice – September 2018, GHSP-0-18-00041. https://www.who.int/
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4. Family Planning On-the-Job Training Curriculum, Course1 Counselling Training Manual, Facilitator's Manual. FMOH Nov 2019.
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8. Updated and Expanded Guidance for Family Planning Providers Worldwide. 13 Feb. 2018. Third Edition of Family Planning Global handbook. Available at: https://www.who.int/
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10. Federal Ministry of Health Nigeria: National Family Planning Service Protocol
11. World Health Organisation, Johns Hopkins Bloomberg School of Public Health Centre for Communication Programs and USAID: Family Planning Global Handbook for Providers
12. The Federal Ministry of Health (2009), Streamlined Contraceptive Logistics Management System (CLMS) Course, Facilitator Guide
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14. The Federal Ministry of Health (2009) National Handbook on Contraceptive Logistics Management System Management Guidelines for Service Providers
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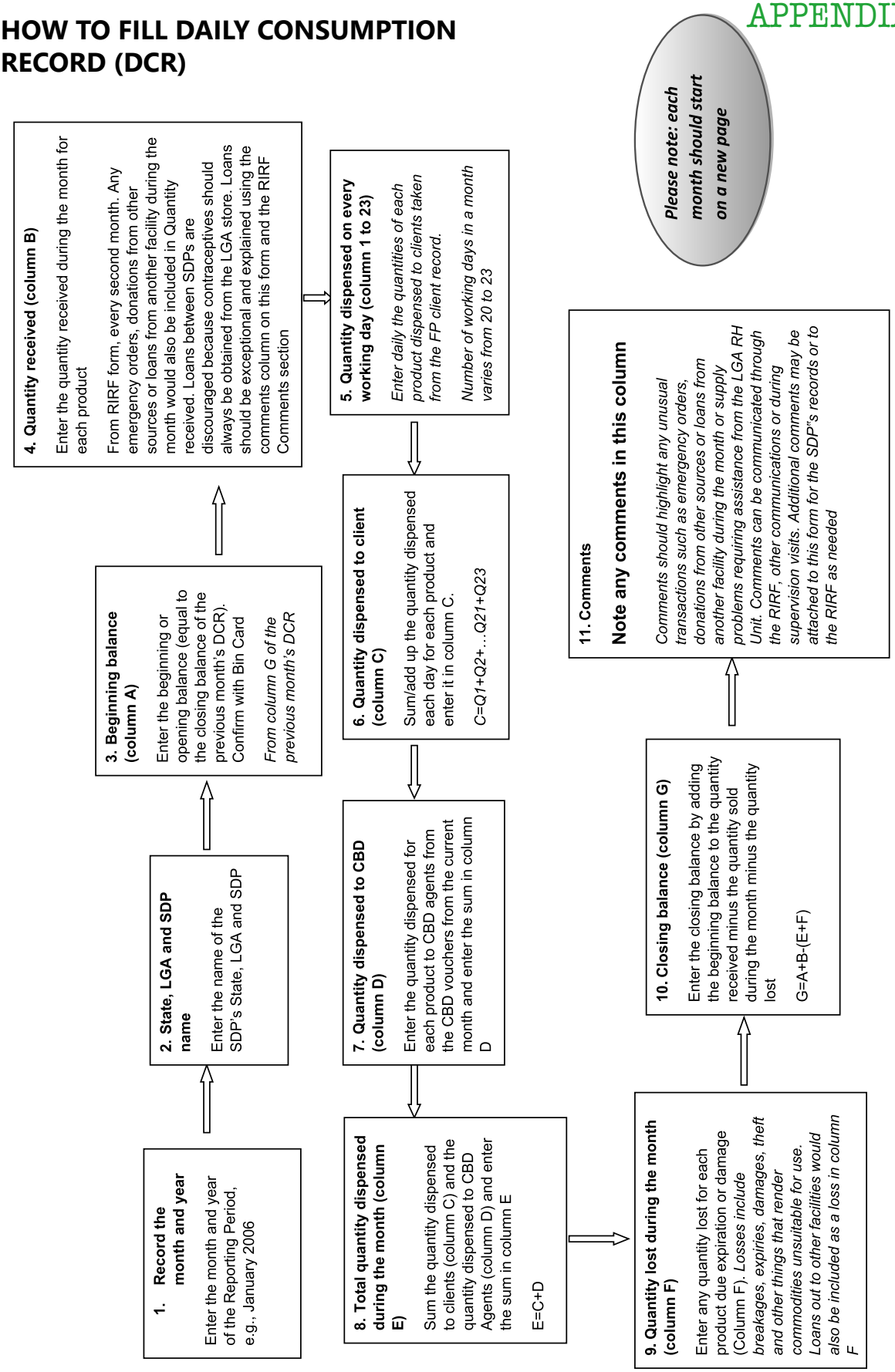
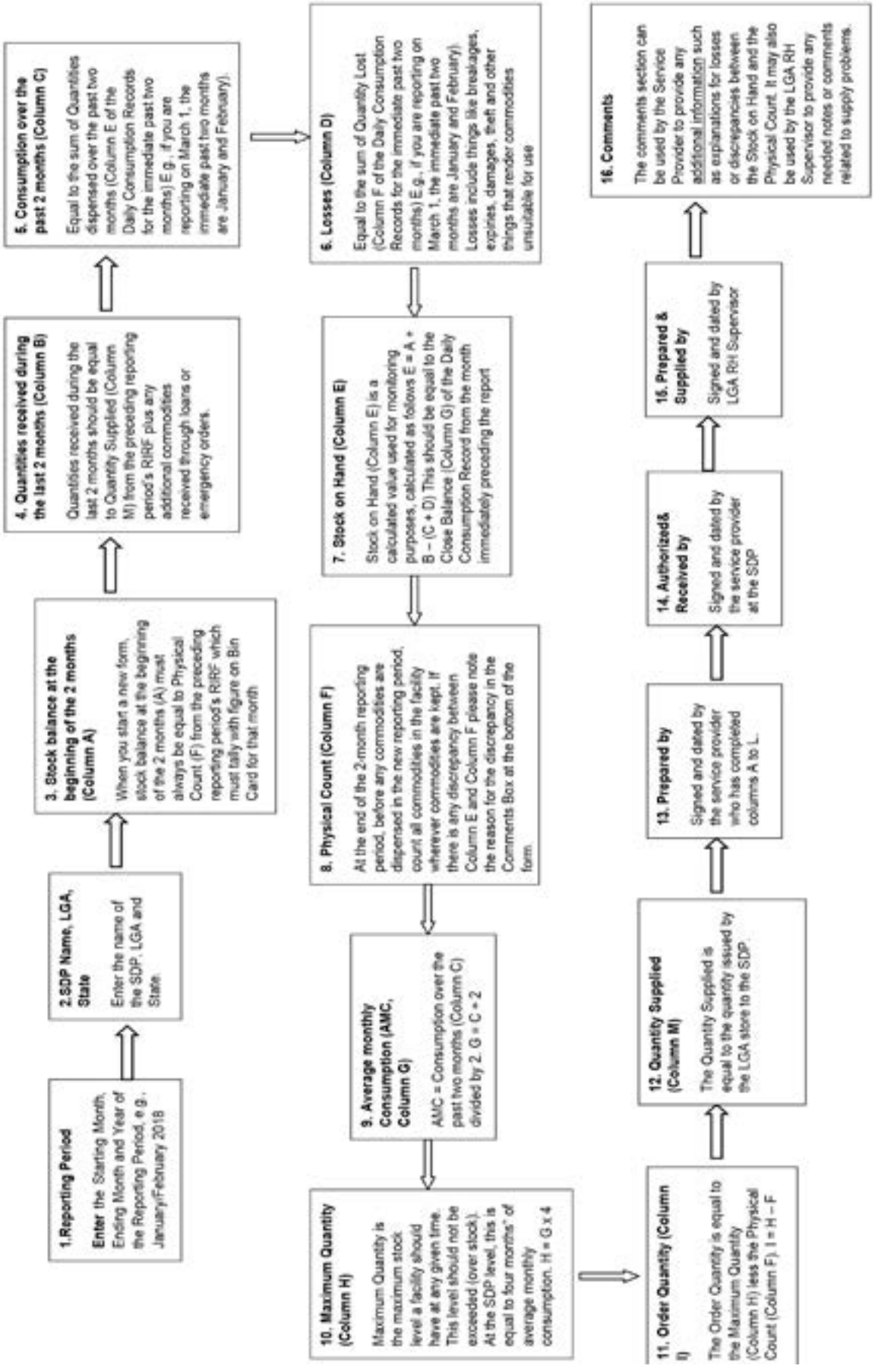
HOW TO FILL DAILY CONSUMPTION RECORD (DCR)



HOW TO FILL HEALTH FACILITY MONTHLY SUMMARY FORM

HOW TO FILL THE REQUISITION ISSUE AND REPORT FORM (RIRF)



1. Product Name:

Enter the contraceptive method and the brand. E.g. Injectable, Depo-provera

2. LGA:

Enter the name of LGA in which the facility is located

3. Health Facility:

Enter the name of the Health Facility for which these records are being compiled.

4. Maximum Stock Level:

Enter Maximum stock level. For SDP, Max stock level is 4 months

5. Minimum Stock Level:

Enter Minimum stock level. For SDP, Min stock level is 2 months

6. Unit of Packing

Enter the number of individual pieces contained in the package for this product.

7. Date:

Record the date that the client attended the health facility in the format - dd/mm/yy.

8. Quantity Received:

Record the total quantities of commodities received from any source for that day (e.g. LGA Store, NGO or any facility)

9. Quantity Issued:

Transfer total quantities of each commodities Issued from the DCR to the Bin Card (e.g. to clients, CBD or any facility)

10. Losses & Adjustment:

Record any damages or expired contraceptives removed from stock.

11. Balance on Hand:

Do a physical count of commodities and record the number counted

12. Comments

The comments section can be used by the Service Provider to provide any additional information such as explanations for losses or discrepancies between the Stock on Hand and the Physical Count.

NOTE:

- The Bin Card provides information on the quantities of ***contraceptive stock on hand of a product, losses or adjustments and lead time (period/time between the placing of an order and actually receiving the ordered commodity***).
- The Bin Card should be filled daily, at the end of the day, for proper inventory management in addition to the DCR to minimise stock out.
- Each contraceptive method and brand is filled on a different Bin Card.

REQUISITION, ISSUE AND REPORT FORM – SERVICE DELIVERY POINTS

Reporting Period	Starting Month		Ending Month		Year	
SDP Name			LGA		State	

Columns		A	B	C	D	E	F	G	H	I	J	K	L	M	N
N°	Product Description	Stock balance at the beginning of the 2 months*	Quantities received during the last 2 months	Cons over the past 2 Months	Losses	Stock on Hand	Physical Count	AMC	Max Qty	Order Quantity	Unit	Unit Price	Value item ordered	To Be completed by the supplier.	
														Qty Supplied	Value Supplied
						A+B-(C+D)		C ÷ 2	G x 4	H - F			I x K		M x K
1	Condom Female										Piece	00			
2	Condom Male										Piece	00			
3	Depo-Provera 150 mg inj+ syringe										Vial	00			
4	Sayana Press 104mg SC inj.														
5	Exluton/Microlut/Ovrette										Cycle	00			
6	IUCD										Piece	00			
7	Microgynon										Cycle	00			
8	Noristerat 200 mg inj + syringe										Amp.	00			
9	Implanon NXT										Piece	00			
10	Jadelle Implant										Piece	00			
11	Cycle Beads										Piece	00			
12	Consumables Kit										Piece	00			
									TOTAL					TOTAL	

REQUISITION				ISSUE			
Prepared by		Date		Prepared by		Date	
				Supplied by		Date	
Authorized by		Date		Received by		Date	

Comments:

* When you start a new form, stock balance at the beginning of the 2 months (A) must always be equal to Physical Count (F) from the preceding reporting period's RIRF

DAILY CONSUMPTION RECORD

DAILY CONSUMPTION RECORD	MONTH		YEAR	*2006*
STATE	LGA		SDP	*Sharada Clinic*

					Quantity sold on every working day																							Quantity sold month					
NO	Product Name	Unit	Begin Bal	Qty Rec'd	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	To Client	CBD	Total	Qty lost	Closing Balance	Comment
																														E		G	
			A	B	Q1+Q2+Q3+Q4+..Q22+Q23																							C	D	C+D	F	A+B-E-F	
1	Condom Female	Piece																															
2	Condom Male	Piece																															
3	Depo-Provera 150mg inj+ syringe	Vial																															
4	Sayana Press 104mg SC inj.																																
5	Exluton/Microlut/Ovrette	Cycle																															
6	IUCD	Piece																															
7	Microgynon	Cycle																															
8	Noristerat 200mg inj + syringe	Ampoule																															
9	Implanon NXT	Piece																															
10	Jadelle Implant	Piece																															
11	Cycle Beads	Piece																															
12	Consumables Kit	Piece																															

DAILY FAMILY PLANNING REGISTER

APPENDIX

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