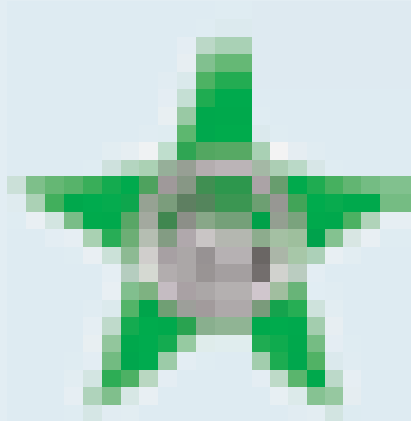


The United Republic of Tanzania



Ministry of Health and Social Welfare

National Family Planning Guidelines and Standards



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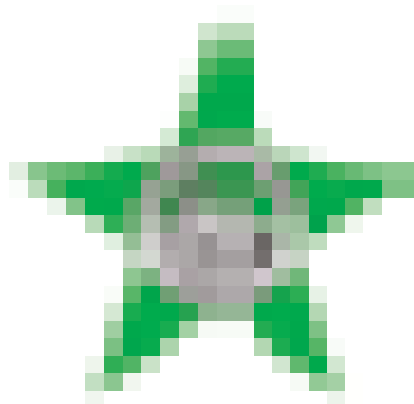


TABLE OF CONTENTS

FOREWORD	v
ACKNOWLEDGEMENT:.....	vi
INTRODUCTION.....	1
BACKGROUND.....	2
POLICY FRAMEWORK FOR FAMILY PLANNING SERVICES	3
PART I: GUIDELINES FOR FAMILY PLANNING SERVICES AND PROGRAMS	5
1. <i>Eligibility to Access Family Planning Services</i>	6
2. <i>Client Rights</i>	6
3. <i>Guiding Principles for Family Planning Service Provision</i>	8
4. <i>Considerations for Clients with Special Needs</i>	8
5. <i>Counseling for Family Planning Services</i>	12
6. <i>Consent for Family Planning Services</i>	13
7. <i>Screening Clients for Contraceptive Method Use</i>	13
8. <i>Gender-Based Violence and FP Service Provision</i>	15
9. <i>Registered and Approved Family Planning Methods for Public Use</i>	15
10. <i>Required Equipment and Supplies for Quality FP Service Provision</i>	16
11. <i>User Fees for Family Planning Services</i>	16
12. <i>Organization of Family Planning Service Delivery</i>	17
13. <i>Types and Functions of FP Services by Provider</i>	24
14. <i>Service Provider Training</i>	28
15. <i>Supportive Supervision</i>	29
16. <i>Quality Improvement</i>	31
17. <i>Social and Behavior Change Communication Materials</i>	31
18. <i>Contraceptive Security</i>	32
19. <i>Registration of Family Planning Products</i>	32
20. <i>Procurement, Storage, and Distribution of Family Planning Commodities</i>	33
20. <i>Monitoring and Evaluation</i>	33
PART II: STANDARDS FOR QUALITY FAMILY PLANNING SERVICE DELIVERY	35
1. <i>Fulfilling Client Rights</i>	36
2. <i>Social and Behavior Change Communication</i>	37
3. <i>Screening for Family Planning Method Use</i>	40
4. <i>Provision of Family Planning Methods</i>	41
5. <i>Youth-friendly Services</i>	43
6. <i>Male Involvement</i>	44
7. <i>Clinic Organization</i>	45
8. <i>Record Keeping and Logistics Management</i>	46
9. <i>Supportive Supervision and Quality assurance</i>	47
BIBLIOGRAPHY	49
ANNEXES.....	51

LIST OF ACRONYMS

ADDO	Accredited Drug Dispensing Outlet
AGOTA	Association of Gynaecologists and Obstetricians of Tanzania
AIDS	Acquired Immunodeficiency Virus
APHFTA	Association of Private Health Facilities in Tanzania
ATP	ACQUIRE Tanzania Project
BCC	Behavior Change Communication
CHMT	Council Health Management Team
COC	Combined Oral Contraceptive
CTC	Care and Treatment Clinic
DHS	Demographic and Health Survey
DMPA	Depot Medroxyprogesterone Acetate
DRCHCO	District Reproductive and Child Health Coordinator
FBO	Faith-Based Organization
GMP	Good Manufacturing Practice
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education, and Communication
ILS	Integrated Logistics System
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LAPM	Long-Acting and Permanent Method
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MEC	Medical Eligibility Criteria
MNCH	Maternal, Newborn, and Child Health
MOHSW	Ministry of Health and Social Welfare
MSD	Medical Store Department
NBS	National Bureau of Statistics
NFPCIP	National Family Planning Costed Implementation Program
NGO	Nongovernmental Organization
NIMR	National Institute for Medical Research
NSGRP	National Strategy for Growth and Reduction of Poverty
PLWH	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POP	Progestin-Only Pill
PSA	Prostate-Specific Antigen

PWD	People with Disabilities
RHMT	Regional Health Management Team
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health Section
RRCHCO	Regional Reproductive and Child Health Coordinator
R&R	Report and Request
RTI	Reproductive Tract Infection
SBCC	Social and Behavior Change Communication
SDM	Standard Days Method
STI	Sexually Transmitted Infection
TFDA	Tanzania Food and Drugs Authority
TB	Tuberculosis
VIA	Visual inspection with acetic acid
VILI	Visual inspection with Lugol's iodine
WHO	World Health Organization

FOREWORD

Family planning enables individuals and couples to determine the number of children they would like to have through the spacing and timing of their births. Family planning is a human right, as every individual and family has the basic right to be provided with and have access to the services, supplies, and information they need to plan their families. Therefore, the Government of Tanzania intends to provide family planning services to benefit the health and welfare of its citizens. Family planning is not only a key intervention for improving health but also a key strategy for achieving national and international development goals, including the Millennium Development Goals (MDGs). Family planning plays a catalytic role in promoting the socio-economic development of the country.

In 2010, the Ministry of Health and Social Welfare launched the National Family Planning Costed Implementation Program (NFPCIP) for 2010–2015 to guide efforts to reposition and reinvigorate access to and use of family planning services in Tanzania.

This National Family Planning Guidelines and Standards document is intended to provide explicit directives on 1) the operational rules, regulations, guidelines, and administrative norms governing family planning services and programs; and 2) the minimum acceptable levels of performance and expectations for service delivery and program implementation in Tanzania. This document reflects the principles and policy guidelines outlined in the National Policy Guidelines for Reproductive and Child Health Services 2003 and the priorities and targets identified in the NFPCIP.

The first national family planning policy guidelines and standards were developed in 1992 and subsequently revised in 1994. They have now been updated to incorporate new evidence on providing quality family planning services, and to bring uniformity and clarity to guide the implementation of a coherent and coordinated program to make quality family planning services increasingly more accessible to and equitable for all Tanzanians. The new guidelines and standards will also help minimize service provider bias toward certain methods and ensure clients' rights to choice and quality. The document has two main components: Part I describes the Family Planning Guidelines and Part II describes the Family Planning Standards.

This document is intended for use by managers, supervisors, and service providers offering family planning services in the Government, nongovernmental organizations, faith-based organizations, and the private sector. The document can be used to provide family planning services at all levels of the health system, including in the community and at drug shops or pharmacies, dispensaries, health centers, and hospitals.

The National Family Planning Guidelines and Standards should be used in conjunction with other key family planning guidance documents including the National Family Planning Procedure Manual; the National Operational Guidelines for Integration of Maternal, Newborn, Child Health, and HIV/AIDS Services; the National Guidelines for Family Planning Outreach Services; and other relevant guidelines.

The success of the National Family Planning Guidelines and Standards lies in ensuring that all stakeholders involved in service planning, implementation, and evaluation know how to interpret and use them correctly. I urge all those involved in providing and managing family planning services to ensure quality services for all Tanzanians.



Charles A. Pallangyo
Permanent Secretary

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The Ministry of Health and Social Welfare (MOHSW) would like to express sincere gratitude to the many individuals who worked with the Ministry to revise and update the 1994 National Policy Guidelines and Standards for Family Planning Service Delivery and Training. In particular, we express our gratitude to the members of the Guidelines and Standards Task Force and the National Family Planning Working Group.

The Ministry acknowledges financial support from the U.S. Agency for International Development (USAID) through both the Program Research for Strengthening Services (PROGRESS) project managed by FHI 360 and the Engender Health ACQUIRE Tanzania Project (ATP), as well as from the Bill & Melinda Gates Foundation through the Advanced Family Planning Project (The Johns Hopkins University Center for Communication Programs). Specifically, the Ministry wishes to acknowledge technical direction and coordination from Ms. Christine Lasway, Dr. Eric van Praag, and Ms. Elizabeth Ndakidemi from FHI 360, as well as from Ms. Joyce Ishengoma and Dr. Joseph Kanama from EngenderHealth. Moreover, the Ministry wishes to thank two consultants, Dr. Calista Simbakalia and Dr. Emmanuel Matechi, who were involved in the initial stages of this effort, including conducting the review of operational barriers faced by the national family planning program.

Special thanks for collaboration and technical input is extended to the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA), The Association of Private Health Facilities in Tanzania (APHFTA), John Snow Inc., JHPIEGO, Pathfinder International, T-MARC and Marie Stopes Tanzania, Management Sciences for Health, and PSI.

The Ministry recognizes and acknowledges the participation of many individuals from its development partners and from parastatal institutions of the MOHSW including the Medical Store Department (MSD) and the Tanzania Food and Drugs Authority (TFDA). The MOHSW also appreciates the participation and contributions of regional and district representatives for their inputs into these guidelines and standards.

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Dr. Donan W. Mmbando
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INTRODUCTION

1. Purpose

The purpose of the *National Family Planning Guidelines and Standards* is to provide explicit directives on:

- Operational rules, regulations, and administrative norms governing family planning services and programs in Tanzania.
- Minimum acceptable levels of performance and expectations for quality service delivery and program implementation in Tanzania.

This document reflects the principles and policy guidelines outlined in the *National Policy Guidelines for Reproductive and Child Health Services 2003* and the priorities and targets identified in the National Family Planning Costed Implementation Program (NFPCIP). It intends to bring uniformity and clarity to guide the implementation of a coherent and coordinated program to make quality family planning services increasingly more accessible to and equitable for all Tanzanians. It is a living document that will be periodically revised to include new evidence and lessons learned.

2. Structure of the Document

The document has two main components: Part I describes the revised Family Planning Guidelines and Part II describes the Family Planning Standards for both services and programs.

3. Intended Audience

The revised *National Family Planning Guidelines and Standards* are intended to be used by managers, supervisors, and service providers offering family planning services in the Government, nongovernmental organizations (NGOs), faith-based organizations (FBOs), and the private sector at all levels of the health system. The primary aim is to ensure that implementers are informed and remain accountable to common and uniform guidelines and standards to ensure quality family planning provision in Tanzania. This document complements the *National Family Planning Procedure Manual* by providing managerial guidance for the provision of quality family planning services.

4. How to Use the Document

The revised *National Family Planning Guidelines and Standards* should be used to complement other documents such as the *National Family Planning Procedure Manual*; the *National Operational Guidelines for Integration of Maternal, Newborn, Child Health, and HIV/AIDS Services*; the *National Guidelines for Family Planning Outreach Services*; and other relevant guidelines. For cases in which one of these specific resources should be referenced, that resource is indicated in the relevant section of this document. The *National Family Planning Guidelines and Standards* provide general principles, guidance, and descriptions of family planning service provision at the community and health-facility levels. In contrast, the *National Family Planning Procedure Manual* provides day-to-day guidance for service providers who provide family planning services.

BACKGROUND

Family planning saves the lives of women, newborns, and adolescents and contributes to the nation's socioeconomic development. Family planning prevents maternal mortality, which is one of the major concerns addressed by various global and national commitments and reflected in the targets of the United Nations' Millennium Development Goals (MDGs), Tanzania Vision 2025, the National Strategy for Growth and Reduction of Poverty (NSGRP) II, and the Primary Health Services Development Program, among others. Family planning reduces infant deaths from AIDS by preventing unintended pregnancies and hence mother-to-child transmission of HIV. Family planning also helps the government achieve national development goals because it can contribute to the achievement of all of the MDGs, including reducing poverty and hunger, promoting gender equity and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability.

In 2010, the Ministry of Health and Social Welfare (MOHSW) launched the NFPCIP to guide all stakeholders toward implementing strategic activities geared at achieving the national target of 60 percent contraceptive prevalence. This family planning target was in recognition of the Government's commitment to make quality family services increasingly more accessible to and equitable for all people. On July 11, 2012, his Excellency President Dr. Jakaya Kikwete attended the high-profile London Summit on Family Planning and made six commitments expected to double the number of family planning users by 2015. Also in 2012, the National Bureau of Statistics (NBS) released the Tanzania Population and Housing Census Report, which showed that since 2002, there has been a population increase of 10 million people—to a population of 44 million.

Although the country is making progress in the right direction, enhanced and deliberate efforts must be undertaken to accelerate progress to meet Tanzania's family planning target by 2015. The unmet need for family planning, which had remained relatively constant for several years, is now on the rise—from a contraceptive prevalence of 21.8 percent in 2004-2005 to one of 25 percent in 2010. However, according to the 2012 census report, the country's rapid population growth may be putting increasingly high pressure on resources such as land, and especially on public expenditures for education, health, water, and sanitation (especially in urban areas). The lack of adequate financial, human, and infrastructure resources greatly hampers optimum service delivery. Furthermore, social and cultural opposition, including rampant myths and misconceptions about contraceptive methods, continue to be a barrier to access and to the use of family planning services by the majority of the population.

These guidelines will help address these challenges and bring uniformity and clarity to guide the implementation of a coherent and coordinated program to make quality family planning services increasingly more accessible to and equitable for all Tanzanians. Furthermore, in order to effectively coordinate, support, and monitor improvements in the quality of service delivery nationwide, an understanding is needed of the minimum level of performance required to guarantee quality during service provision.

POLICY FRAMEWORK FOR FAMILY PLANNING SERVICES

The Tanzanian Government is fully committed to making family planning services available, accessible, safe, acceptable, and affordable for its people, regardless of age, parity, marital status, creed, race, color, or sexual preference. Several health policies and strategic documents demonstrate this commitment.

1. Effective Strategy for Health and Development

Family planning is included as an effective strategy for achieving Goal 3 of the NSGRP II or Mpango wa Pili wa Kukuza Uchumi na Kuondoa Umaskini Tanzania (MKUKUTA) II: Improving Survival, Health, Nutrition and Well-Being, Especially for Children, Women and Vulnerable Groups.

Family planning will contribute to two operational targets of Goal 3 of the MKUKUTA:

- Slowing total fertility rate from 5.4 in 2010 to 5.0 by 2015.
- Reducing population growth from 2.9 percent pa in 2002 to 2.7 percent pa by 2015.

Thus, family planning is included as one of the cost-effective interventions in which the MOHSW will invest to meet national targets. A high total fertility rate and an unmet need for family planning are considered areas that need to be addressed under Strategy 7 of the Health Sector Strategic Plan III: July 2009–June 2015: Maternal, Newborn, and Child Health.

2. Essential Component of Reproductive Health

The *National Policy Guidelines for Reproductive and Child Health Services 2003* recognizes key elements of reproductive health as being equally important, including family planning as an essential component to be addressed. The *National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania, 2008–2015* includes an operational target focusing on family planning, which is to achieve a contraceptive prevalence of 60 percent among all women of reproductive age by 2015.

The MOHSW developed and uses the NFPCIP as a guide for implementing activities to reinvigorate access to and use of family planning in Tanzania. Five strategic action areas have been identified to reposition family planning implementation. These are contraceptive security, capacity building, service delivery, health system management, and Advocacy and Social Behaviour Change communication (ASBCC).

PART I:

GUIDELINES FOR FAMILY PLANNING SERVICES AND PROGRAMS

GUIDELINES FOR FAMILY PLANNING SERVICES AND PROGRAMS

Overview

These guidelines spell out the operational rules, regulations, and administrative norms governing family planning services and programs in Tanzania. They also describe the guiding principles for service eligibility, service provision, organization of family planning services, approaches to the delivery of family planning services, who can provide what services, contraceptive products approved for public use, and how training, logistics, supervision, research, and evaluation should be implemented.

1. Eligibility to Access Family Planning Services

All men and women including young people (10–24 years of age), irrespective of their parity and marital status, are eligible to access accurate and complete family planning information, education, and services.

2. Client Rights

Quality family planning services are a human right and an ethical obligation of health care providers. To ensure good quality of care, service providers should uphold and fulfill the following 10 clients rights, which ensure information, access to services, choice, safety, privacy, confidentiality, dignity, comfort, continuity of services, and opinion.

Right to Information

All individuals have a right to information about the benefits of family planning for themselves and their families. They also have the right to know where and how to obtain family planning information, both inside and outside a facility setting, to be able to make informed choices about their method of preference.

Right to Access

All individuals have a right to receive services from family planning programs, regardless of their socioeconomic situation, religion, political beliefs, ethnic origin, age, marital status, geographic location, or other characteristics. They have the right to access family planning through various health care providers and various service-delivery systems.

Right of Choice

Individuals and couples have the right to decide freely whether or not to practice family planning. When seeking contraceptive services, clients should be given the freedom to choose which method of contraception to use. Clients should be able to obtain the method they have decided to use, provided there are no significant contraindications to their use of the method. Clients' decisions to discontinue or switch methods should be respected. Clients also have a right to choose where to go for family planning services (i.e., physical location or service-delivery mode such as community-based family planning, pharmacy or over-the-counter service, hospital, health center or family planning clinic) and the type of service provider with whom they feel most comfortable.

Right to Safety

All individuals have a right to safety in the practice of family planning, effective contraception, and protection against other health risks not related to a method of contraception (e.g., against the possibility of acquiring an infection through the use of contaminated instruments).

Right to Privacy

All family planning clients have the right to privacy in discussing and needs or concerns. Clients also have the right to refuse any particular type of examination if they do not feel comfortable with it or to request that another provider conduct the examination.

Right to Confidentiality

The confidentiality of information provided to a family planning client or the details of the services received needs to be assured. This information should not be communicated to third parties without the client's consent. The right to confidentiality is protected under the Hippocratic Oath.

A breach of confidentiality could cause shunning by the community, matrimonial difficulties, or loss of a target group's confidence and trust in the staff of a service-delivery program.

Right to Dignity

All family planning clients should be treated with courtesy, consideration, attentiveness, and respect regardless of their level of education, social status, or any other characteristics.

Right to Comfort

When receiving services, the client has a right to feel comfortable in regards to the adequacy of the service-delivery facility (e.g., proper ventilation, lighting, seating, and toilet facilities), the quality of services, a short waiting time, and an environment that is in keeping with the cultural values, characteristics, and demands of the community.

Right to Continuity

Clients should receive services and supplies of contraceptives for as long as they need them, should have unconditional access to other services within and outside the facility, and should have the right to request transfer of their clinical records to another clinical facility (e.g., a copy of records be sent to the new facility or given to the client). Linkages, referrals, and follow-up are very important aspects of a client's right to continuity of services (e.g., having the same provider help the client at different visits and, as much as possible, having only one provider rather than different ones take the history, provide counseling, and conduct the examination).

Right of Opinion

The provider should view positively a client's opinions on the quality of services (e.g., thanks or complaints, suggestions for changes in the service provision) and include them in the program's ongoing efforts to monitor, evaluate, and improve its services.

Involving the client's opinions at the planning stage aims to appropriately and acceptably satisfy the needs and preferences of other potential clients.

3. Guiding Principles for Family Planning Service Provision to Meet Client Rights

Informed Choice

- Decisions about contraceptive use should only be made by the individual client.
- No parental or spousal consent is needed for an individual to be given family planning information and services, regardless of age or marital status.
- Before provision of a family planning method or methods, clients should be counseled on the range of available contraceptive options, and should be provided with accurate and complete information to enable them to make an informed decision.

Method Eligibility

- Contraceptives should be provided to clients in accordance with nationally approved method-specific guidelines, as defined by the World Health Organization (WHO) Medical Eligibility Criteria (MEC).

Privacy and Confidentiality

- A client's privacy should be assured. The provision of family planning services should be individualized and discrete. Clients should be protected from both auditory and visual exposure.
- A client's related information, including all family planning and reproductive health information, should be protected.

Dignity, Comfort, Expression of Opinion

- Clients should be treated with dignity and friendliness.
- Precautions should be taken to ensure minimal discomfort.
- Clients' opinions should be sought and their wishes and perspectives respected.

Continuity of Services

- Clients' wishes to continue, switch, or stop use of family planning should be respected and fulfilled.
- Clients should have unconditional access to other health services.

4. Considerations for Clients with Special Needs

Clients are considered to have special needs for family planning if they have biological, social-cultural, or physical conditions that may hinder their access to family planning services or if they are at high risk of an unintended pregnancy. This could include young people, men, postpartum women, post-abortion clients, pre-menopausal women, people with disabilities (PWD), and people living with HIV (PLWH). Despite their conditions, all of these clients have the same rights as the general population to information and services on family planning and safe conception.

Young People

- Young people, which include both youth and adolescents, are defined by WHO as those ages 10–24 years. The need to provide contraceptive information and services to young people deserves heightened attention for several reasons. When first pregnancies occur to adolescents younger than 18 years old, the adolescents are at a higher risk of developing pregnancy-induced hypertension, anemia, and prolonged or obstructed labor. Their newborns are at risk of dying, being born too soon, or being born with a low birth weight. Furthermore, unintended pregnancies may lead to loss of educational and employment opportunities for the young mothers.
- Family planning promotion that targets youth should emphasize the individual health and welfare benefits of both delaying teenage pregnancy and protecting against sexually transmitted infections (STIs) including HIV (dual protection).
- Like persons of other age groups, young people have the rights to decide if and when they want to have children, be informed and obtain information about family planning services, and access a full range of contraceptives methods.
- All family planning service-delivery points—whether in a facility, community, or outreach setting—should incorporate youth-friendly services, as further described in Section II: Standards. Services are youth-friendly if they have policies and attributes that attract youth to the services, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain their young clients for follow-up and repeat visits.

Men

Involving men and boys in family planning helps to reduce gender inequalities and promote the health and well-being of women, men, and children. Involving men in family planning means more than increasing the number of men using contraceptives. It also includes men encouraging and supporting their partners and their peers to use family planning, and it sensitizes men to support the reproductive and maternal needs of their spouses.

- All family planning service-delivery points—whether in a facility, community, or outreach setting—should incorporate the principles of male-friendly services. (See box on right).
- Couples counseling on family planning should be encouraged, but it is not required for the provision of counseling to individuals (either men or women).

Why involve men?

- Men's support or opposition to their partners' practice of family planning has a strong impact on contraceptive use.
 - Men's lack of access to services has been a barrier to family planning use.
- Communication between spouses is positively associated with contraceptive use.

Postpartum Women

- Women in the postpartum period, *that is the first year after a birth*, face a unique set of issues that put them at risk of an unintended pregnancy. These issues include the timing of when they can become pregnant again after giving birth (return to fertility), breastfeeding status, delayed return of menses after a birth (postpartum amenorrhea), their return to sexual activity (postpartum abstinence), limited mobility during the postpartum period, decision-making related to contraceptive use, and health-seeking behaviors.
- Women in the postpartum period should be given support and be advised to wait for at least two years before trying to become pregnant again, in order to reduce the risk of psychosocial and adverse maternal, perinatal, and infant outcomes.

- Postpartum family planning, *that is the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirth*, should be provided in the context of maternal, newborn, and child health (MNCH) services encompassing antenatal, birth, newborn, immunization, nutrition, and community health care.

Post-abortion Clients

- Women who have experienced a miscarriage or abortion are at high risk of an unintended pregnancy because they experience a rapid return to fertility.
- Women who have had a miscarriage or abortion should be supported and advised to wait at least six months before trying to become pregnant again, in order to reduce the risks of adverse maternal and perinatal outcomes.
- Post-abortion care should include community involvement, emergency uterine evacuation, and family planning counseling and service provision.
- Family planning services should be provided at the same time as and at the location where a woman receives post-abortion services.

Pre-Menopausal Women

- Women in the pre-menopausal phase face risk of an unintended pregnancy because their menstrual cycles are irregular but their fertility has not entirely ceased. Pre-menopause is the length of time before and one year after the final menstrual period, in which ovarian hormonal patterns change. The mean age at which irregular cycles develop is approximately 47 years old, but in many cases it starts as early as 35 years old. No contraceptive method is contraindicated only because of advanced age.
- Women should receive accurate individualized advice concerning the risks and benefits of each contraceptive method in accordance with national guidelines and the WHO MEC.

People with Disabilities

- PWD make up a diverse population of underserved clients needing skilled, sensitive, and culturally competent contraceptive care. Barriers to care for these clients are structural, attitudinal, and informational.
- Women and men living with physical and mental disabilities require special attention to be able to conveniently access appropriate family planning options. Health facilities should provide infrastructures such as wheelchair ramps, adjustable examination couches, and staff who are trained in sign language.
- Service providers should be familiar with the special needs of PWD and be prepared to address their needs with a positive attitude by avoiding discrimination and stigma. PWD should be given priority during service provision.
- The method chosen should be within the physical and mental capabilities of the disabled person (or of their partner) to use and should be appropriate to their state of health, lifestyle, and personal preferences. In cases of severe mental disability, a judgment needs to be made and approved (verbally for reversible methods and in writing for permanent methods) by a responsible family member or guardian and by senior medical authorities about which method is most relevant for the condition of a mentally handicapped person.
- There are also specific considerations for the use of different contraceptive methods among clients with movement limitations, sensory impairment, seizure disorders, developmental disabilities, and emotional and psychiatric disorders (Table 1).

Table 1: Considerations for Use of Family Planning Methods among People with Disabilities

Contraceptive Method	Considerations
Oral contraceptive pills	Certain medications, such as anti-convulsing therapies, can interfere with oral contraceptive pills (both combined oral contraceptive pills and progestin-only pills). If a person with a disability is using one of these therapies, oral contraceptives should not be initiated. A disabled woman may have difficulty swallowing pills and manipulating pill packaging. A disabled woman may have difficulties remembering to take her pills.
Barrier methods	A person with a physical disability may find it difficult to put on and remove condoms.
Intrauterine devices	A woman or her partner should be able to check the string to assure correct placement of the device.

People Living with HIV

- PLWH have the right to information and services on family planning and safe conception. They also have the right to make their own family planning choices, including HIV-positive women choosing to have safer pregnancies (by using risk-reduction measures such as antiretroviral treatment and exclusive breastfeeding), if desired.
- Family planning counseling and services should routinely be provided for PLWH. Every client attending care and treatment clinics (CTCs) or receiving home-based care (HBC) should be assessed for family planning needs.
- Quality family planning counseling and services should reinforce a client’s ability to limit HIV transmission to HIV-negative partners and infants.
- Dual method use, or using condoms and a contraceptive method for protection from both STIs and unintended pregnancy, should be included in family planning counseling for clients with HIV.
- Generally, HIV-positive clients can use most contraceptive methods, even in they are using antiretroviral drugs. However, there are a few considerations specific to HIV-positive clients (Table 2).

Table 2: Guidance on Contraceptives for HIV-Positive Clients

FP OPTIONS	HIV- RELATED TREATMENTS AND CONDITIONS								
	NNRTIs	EFV	NRTIs (AZT,D4T, 3TC, ABC,TDF)	Ritonavir or Ritonavir -Boosted Protease Inhibitors	Rifampicin (Common for TB)	Certain Anti-Convulsants (Carbamazepine, Phenyton Barbituates)	Systemic Anti-Fungals (Aroies)	Untreated Chlamydia and/or Gonorrhea	Clinical AIDS/not doing well on ARVs
	NVP								
Male/Female Condoms	Green	Green	Green	Green	Green	Green	Green	Green	Green
COCs	Yellow	Yellow	Green	Red	Red	Red	Green	Green	Green
POPs	Yellow	Yellow	Green	Red	Red	Red	Green	Green	Green
Implants	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Green
EC	Green	Green	Green	Green	Green	Green	Green	Green	Green
DMPA Injectables	Green	Green	Green	Green	Green	Green	Green	Green	Green
NET-EN Injectables	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Green
IUD Injectables	Green	Green	Green	Green	Green	Green	Green	Red	Red
Tubal Ligation	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
Vasectomy	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
Natural Family Planning	Green	Green	Green	Green	Green	Green	Green	Green	Green
Fertility Awareness	Green	Green	Green	Green	Green	Green	Green	Green	Green
Client Desires Safer Pregnancy	Green	Red	Green	Green	Green	Red	Red	Red	Red

LEGEND: Green: Method appropriate for client; No reservation of drug interaction; Yellow: Possible reduced contraceptive effect or increased side effects of hormonal method Recommend dual method use with condoms and perfect use of method; Red: Do not use the method; Contraindication

REFERENCES: WHO Medical Eligibility Criteria for Contraceptive Use, 2008 Update, Contraception for women with HIV, FHI 2005; University of Liverpool Drug Interaction Chasts, 2008

5. Counseling for Family Planning Services

The goal of counseling is to help clients make informed voluntary decisions to solve a problem with an understanding of the facts and emotions involved. It is one of the critical elements in the provision of *quality* family planning services. This process is dynamic and interactive, and it allows clients to explore and express their needs, issues, or problems. The *National Family Planning Procedure Manual* provides comprehensive guidance on how to provide effective counseling for clients.

Clients provided with family planning services should receive two types of family planning counseling:

- **Counseling for Informed Choice:** This is a process in which an individual or couple is assisted in choosing a preferred family planning method after being provided with clear, accurate, complete, and specific information tailored to the client's reproductive goals and needs. Informed choice also implies having a range of family planning methods from which to choose.
- **Method-Specific Counseling:** This type of counseling should be provided after an informed choice is made on a preferred method. During the counseling session, more information on the method of choice should be given, the screening process and procedures explained, instructions about how and when to use method (including what to do if there are problems) given, and when to return for follow-up discussed. Method-specific counseling should also be conducted during return or follow-up visits, when it should focus on helping continuing users and on managing side effects or complications.

In both types of counseling, providers should:

- Give individualized care, tailoring the interaction and information to a client's needs, circumstances, social context, and concerns.
- Encourage clients to actively participate in discussions and to ask questions of the provider.
- Use language and terms that clients can readily understand.
- Be active listeners and demonstrate empathy and respect. Providers need to be nonjudgmental and sensitive to the power imbalances and gender differences between themselves and their clients.
- Protect and maintain clients' confidentiality.
- Ensure auditory and visual privacy for clients, regardless of the setting.
- Check whether clients understand the information given to them during counseling.
- Explore and discuss potential difficulties that might prevent clients from using the family planning method or reproductive health service and assist them accordingly.

6. Consent for Family Planning Services

No verbal or written consent is required from a parent, guardian, or spouse before a client can be given family planning services except in cases of 1) people with severe mental disabilities and 2) clients seeking permanent methods. Clients should give written consent to be provided with permanent family planning methods.

7. Screening Clients for Contraceptive Method Use

- Before initiating a method of choice, all clients should be screened to determine if the chosen contraceptive method is medically suitable for safe and effective use.
- The *National Family Planning Procedure Manual* provides a comprehensive description of screening procedures and guidance for screening clients for contraceptive use.
- In principle, determination of eligibility to use a specific contraceptive method should follow the WHO MEC, which is a set of recommendations to support the development of national guidelines for the safe provision of contraceptives. The criteria are updated by a WHO expert working group every five years (or as needed), in order to reflect the latest clinical and epidemiological data.
- Service providers should use the appropriate and recommended screening procedures when providing family planning methods. Although taking a patient history is mandatory, screening procedures such as physical and medical examinations and laboratory tests (e.g., breast examinations, pelvic or genital examinations, cervical cancer screening, hemoglobin tests, blood pressure measurements) are not necessary unless clinically indicated for specific contraceptive methods. For example, pelvic exams are mandatory for the provision of intrauterine devices (IUDs) and tubal ligation. (See Annex 1 for guidelines on screening procedures by method.)
- When client histories are taken, providers (including community health workers and drug shop dispensers), should use checklists to screen for medical eligibility for most methods.
- When clients seek family planning services, providers should use this opportunity to screen for other sexual and reproductive health issues, including conducting a breast examination, cervical cancer screening, a risk assessment for STIs including HIV, and provider-initiated testing and counseling. Table 3 shows the services that the *National Operational Guidelines for Integration of Maternal, Newborn, Child Health, and HIV/AIDS Services in Tanzania* recommend during family planning service provision. Family planning service providers should refer positive cases for appropriate management. Table 4 shows the types of services that can be provided at the various levels of the health care system.

Table 3: Screening for Other Sexual and Reproductive Health Issues During Family Planning Provision, by Level of the Health System

Type of Screening	Community Level	Dispensary Level	Health Center Level	Hospital Level
Sexually transmitted infection and HIV risk assessment	✓	✓	✓	✓
HIV counseling and testing		✓	✓	✓
Cervical cancer screening		✓	✓	✓
Breast cancer screening		✓	✓	✓
Reproductive tract infection screening				✓
Tuberculosis screening		✓	✓	✓
Prostate cancer screening		✓	✓	✓

Table 4: Cancer Screening by Level of the Health System

Cancer	Type of Screening at Different Levels			
	Dispensary or Clinic Level	Health Center Level	District Hospital Level	Regional Hospital and Above Level
Cervical	VIA/VILI; refer if positive	VIA/VILI; refer if positive	VIA/VILI; Pap smear; biopsy refer if positive	Pap smear; biopsy; definitive treatment
Breast	Family history; breast palpation for lumps; refer if suspicious lumps	Family history; breast palpation for lumps; refer if suspicious lumps	Family history; breast palpation for lumps; mammo-gram; refer if positive	Family history; breast palpation for lumps; mammo-gram; biopsy; definitive treatment
Prostate	History of pattern of micronutrition; refer if not normal	History of pattern of micronutrition; rectal exam; refer if not normal	History of pattern of micronutrition; rectal exam and PSA; refer if not normal	History of pattern of micronutrition; rectal exam and PSA; definitive treatment

Abbreviations: PSA = prostate-specific antigen; VIA = visual inspection with acetic acid; VILI = visual inspection with Lugol's iodine.

8. Gender-Based Violence and Family Planning Service Provision

Gender-based violence is “any harmful act that is perpetrated against a person’s will and is based on socially ascribed (gender) differences between men and women.” Gender-based violence takes many forms, including physical, sexual, psychological, and economic violence. An assessment conducted in 2005 showed that gender-based violence is a serious health, development, and human rights problem affecting the majority of Tanzanian women.

Once abuse is identified, health care providers should focus on four additional aspects of care that may need to be incorporated into comprehensive services in accordance with local laws. Women’s consent, safety, and confidentiality should always be assured when these aspects are incorporated.

Identify Abuse

- Look for signs and symptoms of abuse.
- Inquire with sensitivity.
- Assure the client of confidentiality and make her safety a priority.

Medical Support

- Assess for current and past incidences of violence.
- Attend to all injuries.
- Offer specialized services for victims of sexual violence.

Emotional Support

- Listen carefully.
- Believe in the client.
- Convey that violence is not the client’s fault.
- Assure the client that she is not alone.

Documentation

- Register a medico-legal case.
- Make a domestic incident report.

Information and Referral

- Inform the client of her rights.
- Convey the importance of filing a police complaint.
- Ask about the client’s safety.
- Refer the client to legal and social agencies for further help.

9. Registered and Approved Family Planning Methods for Public Use

Only contraceptive methods that are registered by the Tanzania Food and Drugs Authority (TFDA) and approved by the Ministry of Health and Social Welfare (MOHSW) should be made available for public use, in both the public sector and the private sector. The current list of registered and approved family planning products is shown in Table 5.

Table 5: Approved Contraceptive Methods in Tanzania

Type of Method	Specific Method Approved
Barrier methods	Male condoms
	Female condoms
Oral contraceptives	Combined oral contraceptives (Microgynon)
	Progestin-only pills (Microval)
	Emergency contraceptives
Injectables	Depot medroxyprogesterone acetate (DMPA)
Implants	Double-rod implant (Jadelle)
	Single-rod implant (Implanon)
Intrauterine device	Copper T 380A
Voluntary surgical sterilization	Tubal ligation
	Vasectomy
Natural methods	Lactational Amenorrhea Method (LAM)
	Standard Days Method (SDM)

10. Required Equipment and Supplies for Quality Family Planning Service Provision

To ensure quality provision of family planning services, it is essential and mandatory that adequate equipment and supplies are available. This includes expendable supplies for family planning and for reproductive and child health (RCH), equipment required for family planning procedures, infection-prevention equipment and supplies, and emergency drugs and equipment. A comprehensive list of required equipment and supplies for quality family planning service provision at all levels (community, drug shops, facility, and outreach) is included in the *National Family Planning Procedure Manual* and in Annex 2.

11. User Fees for Family Planning Services

In all public facilities, including at the community level, family planning services and methods are provided for free.

In the private sector, when the government has a special agreement with a facility and when family planning methods are supplied through the public system, contraceptive products should be provided for free, with the exception of socially marketed products. In some facilities, a small fee may be charged for consultative services.

In the private sector, when the government does not have a special agreement with a facility and products are supplied through social marketing, a small fee is charged for the product and consultative services.

12. Organization of Family Planning Service Delivery

Family planning services should be provided at all levels of the formal health system, in Government, nongovernmental, and private-sector facilities; in pharmacies and drug shops; and in the community.

12.1 Family Planning Service Delivery by Level of Health System

- Table 6 shows the types of contraceptive methods that should be made available and provided at all public and private service-delivery points, provided that there are health staff who are trained to provide the methods and that the necessary equipment and supplies are available.
- Education and counseling on family planning should cover all methods, regardless of the level of the health system, to ensure informed choice.

Table 6: Contraceptive Methods Available at Different Levels of the Health System

Contraceptive Method	Community Level	Drug Shop (ADDO) Level	Pharmacy Level	Dispensary Level	Health Center Level	Hospital Level
Barrier methods (condoms)	✓	✓	✓	✓	✓	✓
Oral contraceptives (COCs and POPs)	✓	✓	✓	✓	✓	✓
Emergency contraceptives	✓	✓	✓	✓	✓	✓
Natural family planning methods	✓			✓	✓	✓
Injectables (DMPA)			✓♦	✓	✓	✓
Implants				✓	✓	✓
Intrauterine devices				✓*	✓*	✓
Voluntary surgical sterilization					✓^	✓

Abbreviations: ADDO = accredited drug dispensing outlet; COC = combined oral contraceptive; DMPA = depot medroxyprogesterone acetate; POP = progestin-only pill

♦Applies only for dispensing of vials.

**Applies only if the service provider offering intrauterine devices and implants has received training and proven competency in skills for insertion and removal.*

^Applies only if the provider is properly trained and the facility has the needed equipment and supplies.

12.2 Approaches for Family Planning Provision within Service-Delivery Points

RCH clinics are the primary service-delivery point for family planning services within a health facility. However, different approaches should be used to deliver family planning services, to ensure broad reach and to avoid missed opportunities to serve clients in need.

At each service-delivery point, family planning services should be integrated with other health services, including HIV/AIDS care and treatment, immunizations, antenatal care, postnatal care, and post-abortive care. Furthermore, family planning services are provided in outreach settings, especially in rural areas.

Integrated Family Planning Service Delivery

In accordance with the *National Operational Guidelines for Integration of Maternal, Newborn, Child Health, and HIV/AIDS Services in Tanzania*, integration at the service-delivery level simply refers to combining components of MNCH services and HIV services that are currently delivered and managed separately. The goal is to maximize coverage and health outcomes for the clients and optimize the use of scarce resources.

- The *National Operational Guidelines for Integration of Maternal, Newborn, Child Health, and HIV/AIDS Services in Tanzania* provide comprehensive guidance to health care providers on practices that will lead to the delivery of integrated MNCH and HIV services (Table 7).
- Family planning education, counseling, and service provision should be integrated into other health service areas including antenatal care, labor and delivery, post-abortion care, neonatal and child care, immunizations, STIs and reproductive tract infections, HIV testing and counseling, tuberculosis, prevention of mother-to-child transmission (PMTCT), CTCs, and voluntary medical male circumcision. Different modalities can be used to integrate family planning into these service-delivery areas, depending on the capacity of the health facility and the availability of family planning commodities and adequately trained providers.

Why integrate FP in other services?

- Allows health providers to engage clients in addressing their multiple health needs simultaneously.
- Offers a good approach to access hard-to-reach clients, including men, adolescents, and youth.

Table 7: Family Planning Service Integration in Other Health Service Areas

Service Area	Family Planning Services to be Integrated		
	Counseling and Health Education	Provision	Referrals
Community Level			
HIV/AIDS services (e.g., by home-based care providers)	Family planning Condoms for dual protection	Pills Male and female condoms	Injectables Long-acting methods Permanent methods
Dispensary Level			
HIV/AIDS care and treatment clinic	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Short-acting methods (condoms, pills, and injectables) Implants (pending availability of trained provider)	IUDs Implants Permanent methods
HIV counseling and testing	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Pills Male and female condoms Natural family planning methods	Injectables Long-acting methods Permanent methods
STI services	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Short-acting methods (condoms, pills, and injectables) Natural family planning methods	IUDs Permanent methods

Service Area	Family Planning Services to be Integrated		
	Counseling and Health Education	Provision	Referrals
Voluntary medical male circumcision	Family planning Condoms for dual protection	Condoms	All other family planning methods
PMTCT	Family planning Condoms for dual protection	Male and female condoms Pills Injectables Implants Permanent methods	Family planning methods not offered at site
TB screening	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Oral contraceptive pills Male and female condoms Natural family planning methods	Injectables Long-acting methods Permanent methods
Antenatal care	Family planning	Family planning counseling	All family planning methods
Labor and delivery	Family planning	Postpartum IUDs Sterilization	Postpartum IUDs Sterilization
Neonatal and child health care	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	POPs Male and female condoms Natural family planning methods Injectables Implanon IUDs Sterilization	Long-acting methods Permanent methods
Post-abortion care	Family planning Condoms for dual protection	Family planning counseling	All family planning methods
Immunizations	Family planning	Family planning counseling	All family planning methods
Health Center Level			
Antenatal care	Family planning	Family planning counseling	All family planning methods
Labor and delivery	Family planning	Female condoms POPs Injectables Implants Postpartum IUDs Sterilization	IUDs Permanent methods

Service Area	Family Planning Services to be Integrated		
	Counseling and Health Education	Provision	Referrals
Post-abortion care	Family planning Condoms for dual protection	Family planning counseling	All family planning methods
HIV counseling and testing	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Family planning counseling and provision of family planning methods in some facilities	Family planning methods not available
Neonatal and child care services	Family planning Condoms for dual protection	Family planning counseling and provision of family planning methods in some facilities	Family planning methods not available
TB clinic	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	All family planning methods	Family planning methods not available
STI/RTI services	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	All family planning methods	Family planning methods not available
Care and treatment clinic	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Female and male condoms Pills Injectables Implants	IUDs Permanent methods
Immunizations	Family planning	Family planning counseling	All family planning methods
Voluntary medical male circumcision	Family planning Condoms for dual protection	Condoms	All family planning methods
PMTCT	Family planning Condoms for dual protection	All family planning methods	Family planning methods not available
Hospital Level			
Antenatal care	Family planning Condoms for dual protection	All family planning methods	Family planning methods not available
Labor and delivery	Family planning Condoms for dual protection	Postpartum IUDs Bilateral tubal ligation during C-section	All other family planning methods
Post-abortion care	Family planning Condoms for dual protection	Family planning counseling	All family planning methods

Service Area	Family Planning Services to be Integrated		
	Counseling and Health Education	Provision	Referrals
HIV counseling and testing	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Female and male condoms Pills Injectables Implants	IUDs Permanent methods
Neonatal and child care services	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Family planning counseling	All family planning methods
TB clinic	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Female and male condoms Pills Injectables Implants	IUDs Permanent methods
STI /RTI services	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Female and male condoms Pills Injectables Implants	IUDs Permanent methods
Care and treatment clinic	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Female and male condoms Pills Injectables Implants	IUDs Permanent methods
Immunizations	Family planning Condoms for dual protection Assessment for risk of unintended pregnancy	Family planning counseling	All family planning methods
Voluntary medical male circumcision	Family planning Condoms for dual protection	Condoms	All family planning methods
PMTCT	Family planning Condoms for dual protection	All family planning methods	Family planning methods not available

Abbreviations: IUD = intrauterine device; PMTCT = prevention of mother-to-child transmission; POP = progestin-only pills; RTI = reproductive tract infection; STI = sexually transmitted infection; TB = tuberculosis

Outreach Services

Outreach services have been identified as an important service-delivery strategy for increasing the use of family planning and for reaching clients in remote areas, especially with long-acting and permanent methods (LAPMs). In accordance with the *National Guidelines for Family Planning Outreach Services*, outreach services consist of medical practitioners who travel from higher-level health facilities to lower-level health facilities to bring a full range of family planning services close to clients who need them. Clients are often in need of services because of an inadequate amount of skilled providers and family planning commodities, including infrastructure. Most outreach services have a built-in demand-creation component.

Family planning outreach services can be hosted at lower-level health facilities including public facilities, private facilities, and faith-based organizations (FBOs). They can also be hosted at locally available community facilities that are not used for clinical services, such as schools, health posts, or other community structures.

The duration of family planning outreach may vary from one day to one week, which is called a “family planning week.”

The *National Guidelines for Family Planning Outreach Services* should be referred to for comprehensive guidance on carrying out outreach services. To facilitate effective provision of outreach services:

- Family planning outreach services should be coordinated in close collaboration with districts, local service providers, community members, and community-level partners.
- Outreach family planning services should be promoted or offered during other RCH services such as immunizations, HIV testing, and reproductive cancer screenings.
- Members of the council health management team (CHMT) should play a lead role in supervising and coordinating all family planning outreach services.
- Community mobilization through community-based communication channels needs to precede any outreach events.

Social Marketing

- Social marketing is a systematic application of marketing, along with other concepts and techniques, in order to achieve behavioral goals for a social good. Social marketing seeks to influence social behavior—not to benefit the marketer but to benefit the general society. This technique has been used extensively, especially in the marketing of contraceptives and oral rehydration therapy. Current social marketing outlets for contraceptive methods include drug shops, also known as accredited drug dispensing outlets (ADDOs), as well as pharmacies and private health facilities.
- All socially marketed products must be registered by the TFDA and approved for use by the MOHSW. Table 8 shows the range of socially marketed products in Tanzania.
- In social marketing, products are branded and the brand communicated to the target audience. The products are sold at subsidized prices that take into consideration the economic status of the target audience. With the exception of condoms, family planning methods cannot be promoted as brands or single methods. Instead, they are promoted as part of a range of family planning products.
- Socially marketed products are distributed through normal commercial distribution channels. The range of family planning products are promoted as social goods through mass and mid-media and via one-on-one communication.
- All socially marketed products have a recommended price for sale.

Table 8: Socially Marketed Products by Outlet

Social Marketing Outlet	Available Product	Brand Name
Drug shops	Oral contraceptives Condoms	Familia, Flexi-P Salama, Familia, Dume
Pharmacies	Oral contraceptives Condoms Emergency contraceptives Injectables IUDs Implants (Jadelle)	Familia, Flexi-P Salama, Familia, Dume P2 Familia Injectable Kit
Dispensary, private	Oral contraceptives Condoms Emergency contraceptives Injectables IUDs Implants (Jadelle)	Familia, Flexi-P Salama, Familia, Dume P2 Familia Injectable Kit
Health center, private	Oral contraceptives Condoms Emergency contraceptives Injectables IUDs Implants (Jadelle)	Familia, Flexi-P Salama, Familia, Dume P2 Familia Injectable Kit Familia IUD Kit Familia Implant Kit
Hospital, private	Oral contraceptives Condoms Emergency contraceptives Injectables IUDs Implants (Jadelle)	Familia, Flexi-P Salama, Familia, Dume P2 Familia Injectable Kit Familia IUD Kit Familia Implant Kit

Abbreviation: IUD = intrauterine device.

12.3 Family Planning Referral Systems and Procedures

In health care delivery systems, referral is a set of activities undertaken by a health care provider or facility in response to its inability to provide the quality or type of intervention suitable to the need of the patient or client. On another level, referral can be a feedback system, such as when a client is referred from the community to the highest level of the health care system and then back to the community. The system should have the means to monitor, supervise, and evaluate the quality of care, referral practices, and supportive mechanisms.

Key issues to be considered when referring family planning clients are that:

- Referrals should be made to the nearest appropriate and affordable health facility.
- Communication is needed to find out the status and the capability of the referral center.
- Explicit information about the client and what has been done at the original service-delivery point is needed.
- The reason for referral should be documented.
- Feedback is needed from the referral center about what services the client receives there.

13. Types and Functions of Family Planning Services by Provider

All personnel involved in the provision of family planning services must be adequately trained and equipped to provide quality services. The types of family planning that can be provided varies according to the level of the service provider, as shown in table: 9 . Upon adequate training, service providers are expected to perform the functions shown in Table 10.

Table 9: Types of Methods Provided, by Cadre of Service Provider

Service Provider	Natural Methods	Barrier Methods	Pills	Injectables	Implants	IUDs	Female Sterilization	Vasectomy
Community-based health worker	✓	✓	✓					
ADDO dispenser		✓	✓					
Pharmacist		✓	✓					
Medical attendant	✓	✓	✓	✓				
MCH aide	✓	✓	✓	✓	✓	✓		
Enrolled nurse/midwife	✓	✓	✓	✓	✓	✓		
Clinical officer	✓	✓	✓	✓	✓	✓		
Nurse/midwife	✓	✓	✓	✓	✓	✓		
Public health nurse	✓	✓	✓	✓	✓	✓		
Assistant medical officer	✓	✓	✓	✓	✓	✓	✓	✓
Medical officer	✓	✓	✓	✓	✓	✓	✓	✓
Medical specialist Obstetrician gynecologist	✓	✓	✓	✓	✓	✓	✓	✓

Abbreviations: ADDO = accredited drug dispensing outlet; IUD = intrauterine device; MCH = maternal and child health.

Table 10: Service Provider Functions after Training

Service Provider	Functions after Training
<p>Community Level</p> <p>Group A: Community health worker Village health worker Traditional birth attendant Home-based care provider Peer educator Traditional healer</p>	<ul style="list-style-type: none"> • Educate people in the community about benefits of family planning and all method choices. • Conduct home visits to counsel and recruit clients for family planning. • Provide counseling about informed choice for all methods and, once client makes a choice, in-depth method-specific counseling on oral contraceptives, condoms, and natural methods and where to get more information about other methods. • Educate couples and individuals on how to protect themselves from HIV and other STIs, including using dual protection. • Use a checklist to screen clients for eligibility to use oral contraceptives. • Provide (initiate and re-supply) oral contraceptives, natural methods, and condoms. • Instruct clients on the use of condoms, oral contraceptives, and natural methods. • Refer clients for other family planning methods and services. • Maintain client records and submit reports to the reporting health facility.
<p>Group B: ADDO dispensers</p>	<ul style="list-style-type: none"> • Screen clients for family planning use using relevant history and examination, as per guidelines. • Provide counseling on informed choice for all methods and, once client makes a choice, in-depth method-specific counseling on oral contraceptives (including emergency contraceptives) and condoms and where to get more information about other methods. • Use a checklist to screen clients for eligibility to use oral contraceptives. • Provide (initiate and re-supply) oral contraceptives, including emergency contraceptives, and condoms. • Instruct clients on the use of condoms and oral contraceptives. • Refer clients for other family planning methods and services. • Maintain client records and submit reports to the respective DRCHCOs

Service Provider	Functions after Training
<p>Group C: Pharmacists</p>	<ul style="list-style-type: none"> • Provide counseling on informed choice for all methods and, once client makes a choice, in-depth method-specific counseling on oral contraceptives (including emergency contraceptives) and condoms and where to get more information about other methods. • Use a checklist to screen clients for eligibility to use oral contraceptives. • Provide (initiate and re-supply) oral contraceptives, including emergency contraceptives, and condoms. • Instruct clients on the use of condoms and oral contraceptives. • Dispense injectable vials. • Refer clients for other family planning methods and services. • Maintain client records and submit reports to the DRCHCOs and RRCHCOs.
Dispensary Level	
<p>Group D: Medical attendant MCH aide Enrolled nurse Nurse/midwife</p>	<p>As Group A, plus:</p> <ul style="list-style-type: none"> • Identify high-risk clients and educate/counsel them about family planning. • Recruit clients from child welfare, antenatal clinics, and maternity and outpatient sections for family planning services. • Screen clients for family planning use using relevant history and examinations, as per guidelines. • Counsel clients for long-acting and permanent methods, when applicable. • Refer to health center or hospital and receive referrals from Groups A, B, and C. • Screen client for STIs. • Provide a variety of methods, with the exception of voluntary surgical sterilization, if the particular dispensary has the required facilities and the provider has been adequately trained. (See Tables 6 and 9 for methods by level of the health system and methods by provider, respectively.) • Refer clients with STIs, method-related complications, and other reproductive health complaints. • Maintain clinic records and submit reports to the district. • Supervise and conduct on-the-job training for Group A and facility co-workers, including ensuring quality of care of family planning services at work stations.
<p>Group E: Assistant clinical officer</p>	<p>As Group D, plus:</p> <ul style="list-style-type: none"> • Manage clients referred by MCH aides, nurse auxiliaries/assistants, and community health workers for method-related or reproductive health problems. • Treat STIs and minor method-related complications. • Ensure quality of care of family planning services at work stations. • Ensure adherence to technical policy guidelines and standards.

Service Provider	Functions after Training
Health Center Level	
Group F: Nurse/midwife (<i>pertains only to those present in a health center</i>) Public health nurse Assistant clinical officer	As Group E, plus <ul style="list-style-type: none"> • Assist in voluntary surgical sterilization operations when applicable. • Guide trainees in acquiring clinical family planning skills. • Organize client flow for client convenience and for efficiency. • Maintain family planning service-delivery standards. • Ensure maintenance of a high quality of care at the clinic and apply infection-control measures. • Provide technical support to community health workers as appropriate.
Group G: Clinical officer	As Group F, plus <ul style="list-style-type: none"> • Supervise family planning and MCH staff. • Manage (and/or further refer to medical officer) family planning clients or those presenting with reproductive health problems referred by MCH aides, nurses/midwives, or public health nurses, as need arises.
Hospital Level	
Group H: Nurse/midwife Public health nurse Nursing officer	As Group G
Assistant medical officer Medical officer Obstetrician gynecologist	As Group G, plus: <ul style="list-style-type: none"> • Provide a full range of methods, including voluntary surgical sterilization. • Manage (and/or further refer to medical officer) family planning clients or those presenting with reproductive health problems. • Manage adverse events and complications.

Abbreviations: ADDO = accredited drug dispensing outlet; DRCHCO = district reproductive and child health coordinator; MCH = maternal and child health; RRCHCO = regional reproductive and child health coordinator; STI = sexually transmitted infection

14. Service Provider Training

All personnel involved in the provision of family planning services must be adequately trained and equipped to provide quality services. The training must be in accordance with the MOHSW-approved curriculum and standards for the provision of quality services.

1.1 *Introduction to Family Planning Training*

Trainer of Trainers

- Trained service provider of family planning methods.
- Has undergone basic training for skills.
- Continuously practices and is deployed within reproductive health services.
- Recognized (and certified) by the MOHSW as a national trainer.

Family Planning Trainer

- Trained service provider of family planning methods.
- Has undergone basic training for skills.
- Continuously practices and is deployed within reproductive health services.

Preceptors/Mentors

- Trained service provider of family planning methods.
- Has undergone preceptorship training.
- Continuously practices and is deployed within reproductive health services.

Family Planning Service Provider

- Trained in family planning service provision.

Training Follow-Up

- Trainees should be followed up within six weeks of training and mentored, as per guideline.

1.2 *Types of Training*

Pre-Service Training

- An institution's pre-service curricula for all health service providers should include family planning, in order to provide full integration of family planning and reproductive health services in the national health care delivery system.
- Tutors in all medical/nursing institutions (public, private, and faith-based) need to be equipped with family planning information, technology, and skills to enable them to teach their trainees according to the MOHSW-updated curriculum.

In-Service Training

- Training of cadres stipulated in this guideline refer to those providers who are already working in health services.
- Training manuals for in-service providers include Module 1 (Short-Acting Methods), Module II (Long-Acting Methods), and Module III (Permanent Methods).
- When selecting providers for in-service training, the following providers should be considered:
 - All cadres stipulated in this guideline.
 - Providers working in a health facility providing family planning services.
 - Providers who have been deployed in family planning services for a minimum of two years since training.
- Refresher trainings refer to courses aimed at encouraging recollection of and reinforcing previously acquired family planning knowledge and skills.

- All family planning service providers, including those in public and private health facilities as well as ADDO dispensers, pharmacists, and community health workers, should receive regular refresher training every two years, in accordance with a nationally approved training curriculum.

Continuous Training

Continuous training refers to activities that serve to maintain, develop, update, and increase knowledge, skills, attitudes, and competencies that a service provider uses to provide quality services. It includes on-the-job training, training refreshers, seminars, and conferences.-

On-the-job training is an approach to training service providers in which clinical training is decentralized to the site or facility level. The training should be conducted according to the on-the-job training guidelines. The experienced practitioner who is coaching the trainee should assess the trainee's progress continuously until he or she has acquired competency in the skills, knowledge, and attitudes required to provide a specific service without supervision.

1.3 Task Sharing/Task Shifting

- According to WHO, task sharing involves a rational redistribution of tasks between existing teams on the workforce. It is a process of delegating which tasks are usually transferred, where appropriate, to less-specialized health care workers. By reorganizing the existing workforce, task shifting allows a more effective use of existing human resources.
- The MOHSW supports task sharing to address the shortage of human resources for family planning service provision in accordance with the following guidelines:
- All forms of task shifting that are introduced require a formal endorsement from the MOHSW before being implemented.
- Staff to whom tasks are being shared or shifted must be adequately trained to provide the services.
- Service providers and staff who have acquired new skills through the task-shifting process need to be followed up closely to ensure the quality of services they provide to clients.

15. Supportive Supervision

According to the MOHSW's *National Supervision Guidelines*, supportive supervision is a "process that promotes quality outcomes by strengthening communication, identifying and solving problem, facilitating teamwork, and providing leadership and support to empower health providers to monitor and improve their own performance." The major role of supportive supervision is to reinforce and support health providers in their tasks:

- Family planning service providers at facility and community levels should be provided with performance goals according to a pre-defined work plan. The providers need to be reviewed regularly and their performance appraised.
- Supportive supervision of family planning services at the facility and community levels should be integrated into the existing supervision system for RCH services and other related primary health care services.
- Supportive supervision should be performed at all levels of service delivery, including for services managed by NGOs and those provided in FBOs, the private sector, pharmacies, drug shops, and the community.
- Supportive supervision should be based on design tools according to the facility. To maintain a high level of supportive supervision, opportunities for training staff to improve their knowledge and skills in supervision should be identified.

Attributes of a Supervisor of Family Planning Service Delivery

A supervisor should have the following attributes:

- Familiarity with the health care system.
- Familiarity with family planning services to be provided at each level of the health system.
- Ability to address both administrative and programmatic issues and needs in family planning health services.
- Commitment, responsibility, and possession of strong interpersonal skills.
- Ability to train, motivate, and support supervisees.
- Flexibility, respect, and drive to work hard.

Core Competencies of a Supervisor of Family Planning Service Delivery

As per the *National Supervision Guidelines*, the supervisor should have the following competencies:

- Conceptual skills; ability to listen, probe, and analyze situations and problems; ability to formulate solutions.
- Sufficient knowledge about comprehensive family planning services and the health system.
- Ability to coach, train, and convey information to others and learn from them.
- Sufficient knowledge of the concept of quality improvement, including supportive supervision and mentoring, and the use of national guidelines and standard operating procedures.
- Deep understanding of the roles and responsibilities of both supervisors and mentors and the ability to align oneself with mentors.
- Ability to provide and receive feedback after each visit and to write reports.

Overview of Supportive Supervision for Family Planning Service Delivery

The *National Integrated Guidelines for Supportive Supervision* provide comprehensive guidance for supportive supervision of family planning services (Table 11).

Table 11: Guidance on Supportive Supervision, by Level of the Health System

Action	Facility Level	Community Level	Drug Shops/Pharmacies
Who performs supervision	CHMT	In-charges of the RCH health facility	CHMT
When supervision happens	Quarterly	Monthly	Quarterly
What happens during supervision encounters	Observations based on standards (checklist)	Observations based on standards (checklist)	Observations based on standards (checklist)
What happens after supervision encounters	Address the issues identified Action plan for interventions	Address the issues identified Action plan for interventions	Address the issues identified Action plan for interventions

Abbreviations: CHMT = council health management team; RCH = reproductive and child health.

Roles of Supervision at Different Levels

Central level: The central level should support regional supervision by:

- Developing guidelines and standards for family planning services.
- Developing reporting and monitoring systems to assess service quality and identify where supervision is needed.
- Organizing and supporting supervisory skills training for regional supervisors and service-delivery teams.
- Responding to the service-delivery needs expressed by regional supervisors.
- Allocating necessary resources for supervision.

District level: The supervisors at the district level should:

- Provide primarily supervisory technical support in the service-delivery sites in their districts.
- Communicate regularly with clinic managers to provide prompt and constructive feedback.
- Assist with problem solving and planning so that clinic objectives can be achieved.
- Write reports and monitor the results of the supervision.

Clinic level: The clinic manager should make sure that family planning clients receive quality services. Working with the district supervisor, the clinic team should track their progress toward meeting clinic objectives and communicate the kind of support they need from central and district levels.

Community level: Supervision should be conducted by the health facility in-charges in collaboration with the district health management team. The supervisors should provide support to ADDOs and outreach services.

16. Quality Improvement

Quality improvement uses quantitative and qualitative methods to improve the effectiveness, efficiency, and safety of service-delivery processes and systems, as well as the performance of human resources in delivering products and services. This should be implemented according to the *Quality Improvement Guidelines*.

17. Social and Behavior Change Communication Materials

- Social and behavior change communication (SBCC) uses communication to promote and support recommended practices that often require changes in behavior. This includes changes in the behavior of individuals, their families, and their health providers and changes in related sociocultural norms to create a supportive environment.
- SBCC for family planning should use communication channels that reach specific target audiences or the general public. Specific target audiences may be adolescents, young people, or adult men and women. The channels used to reach these groups may include the mass media through newspaper articles, television, and radio; other print media; and mobile technology.
- Information, education, and communication (IEC) materials can be used to inform, educate, and communicate issues to individuals and groups including men, women, adolescents, community members, and the population at large to promote the use of services or change behaviors and attitudes. Such materials may include brochures, pamphlets, posters, cue cards, videos, billboards, banners, models, radio announcements, and text messages through mobile phones.

- Family planning SBCC materials should be pre-tested and approved by the MOHSW prior to release.
- Family planning SBCC materials should be provided to all adolescents, men, and women irrespective of their parity or marital status.
- Providers at all levels should educate the public on the importance of family planning in promoting family health and welfare. They should also help stimulate and sustain demand for family planning services.
- District reproductive health coordinators (DRHCOs), service providers, CHMTs, and family planning implementing partners should engage all sectors of the population in community-wide mobilization efforts to understand the benefits of and barriers to family planning, in order to increase family planning uptake and improve maternal and child health.

18. Contraceptive Security

Contraceptive security exists when every person is able to choose, obtain, and use high-quality family planning products whenever they want. Contraceptive security interventions must ensure that clients have an increased ability to choose, obtain, and use condoms and other contraceptives.

Contraceptive security also means that users are able to choose from a full range of methods that are of high quality and are affordable. To achieve this, budgeting and resource mobilization, followed by timely procurement and distribution, is mandatory.

At the central level, the MOHSW is responsible for ensuring that:

- Proper quantifications, budgeting, resource mobilization, and procurement plans are in place.
- Proper storage, transportation, and distribution are timely and done in accordance with the Integrated Logistics System (ILS) Manual.
- Free contraceptive methods, equipment, and supplies are available in the country.
- A wide range of family planning methods is available and accessible.
- Necessary instructions/information on new contraceptives or on modifications of existing contraceptives are promptly made available in writing to supervisors, trainers, and service providers at all levels and to NGOs involved in family planning service delivery and training.
- ILS and ILS Gateway tools are available at all levels.

19. Registration of Family Planning Products

- Only contraceptive products registered by the TFDA and approved by the MOHSW will be made available for use in both public and private sectors. The current list of registered and approved family planning products is shown in Table 5. The TFDA provides guidelines for registration of products.
- The Tanzania Food, Drugs and Cosmetics Act, 2003 prohibits the sale, offer, or supply of unregistered drugs. The Act also prescribes that drugs shall only be registered if they are in the public interest; meet appropriate standards of safety, efficacy, and quality; and are manufactured in facilities that comply with good manufacturing practice (GMP) requirements. All new family planning products are evaluated and registered by the TFDA before being approved for distribution and marketing in the country. More information can be found in the TFDA's *Guidelines for Product Registration*.

20. Procurement, Storage, and Distribution of Family Planning Commodities

Public Sector

- The Medical Stores Department (MSD) is responsible for procuring, storing, and distributing contraceptive commodities through warehouses that are located at the zonal level nationwide. The district medical officer together with the district pharmacist and the district RCH coordinator are responsible for ensuring that family planning commodities are distributed to the health facilities. The health facility in-charge is responsible for documenting consumption of all family planning commodities (contraceptives, supplies, and equipment) and making timely orders using the report and request (R&R) forms.
- Contraceptive security committees at central and zonal levels, regional health management teams (RHMTs), and CHMTs should follow up on the procurement, distribution, storage, and tracking of family planning commodities.

Private Sector

The private sector through pharmacies, ADDOs, and health facilities quantifies and procures its needs depending on the services it provides. The private sector should only procure and distribute family planning commodities that are registered by the TFDA and approved by the government.

Family planning clients can access family planning commodities through private health facilities for free, provided the source of the commodities is the public sector.

Social Marketing

Social marketing contributes substantially to family planning commodities and services. Organizations involved in social marketing do quantify and procure depending on the services they provide in their catchment areas.

Most socially marketed family planning products are branded. The family planning products are sold at reduced prices through health facilities, ADDOs, pharmacies, and mobile and outreach services.

21. Monitoring and Evaluation

Monitoring refers to the systematic and routine tracking of the key elements of a program or project's performance. Evaluation is the episodic assessment of the change in targeted results that can be attributed to the program or project intervention.

Monitoring

A family planning program is monitored within the health management information system (HMIS). All family planning data are collected at health facilities and at the community level using HMIS tools:

- MTUHA book 2: Facility Record (Taarifa ya Kituo)
- MTUHA book 4: Supplies Ledger (Leja ya Mali)
- MTUHA book 8: Family planning Register (Regista ya uzazi wa mpango)
- MTUHA book 10: Quarterly Report (Ripoti ya Robo Mwaka)
- All data should be compiled, reviewed, and analyzed at lower levels before being reported to the higher level.
- Data should be used to review progress and guide decision-making at all levels.
- NGOs and the private sector also should follow the MOHSW's record-keeping and service-provision guidelines.

- All family planning service providers should maintain adequate and accurate records of clients and commodities in order to plan, monitor, and evaluate their activities. The primary purpose of these records is to provide quality care to family planning clients and evaluate the attainment of set targets. All information relating to these records will be strictly confidential.

Key Monitoring Indicators:

- Number of new clients using a method, by method, gender, and age (10–14 yrs, 15–19 yrs, 20–24 yrs, and >25yrs).
- Number of continuing clients using a method, by method, gender, and age (10–14 yrs, 15–19 yrs, 20–24 yrs, and >25yrs).

Evaluation

A family planning program is usually evaluated as part of the Demographic and Health Survey (DHS) every five years. The last DHS, performed in 2010, revealed that the 34 percent of married women are using family planning services (27 percent modern methods and 7 percent other methods).

Research in Family Planning

Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. The MOHSW recognizes that conducting research to generate new knowledge and evidence is a good practice. Research is designed to generate knowledge to increase the efficiency, effectiveness, and quality of services delivered by providers and to increase the availability, accessibility, and acceptability of services desired by users. The MOHSW has developed a National Family Planning Research Agenda to guide all research activities in the country.

For the research activity to be useful:

- The research topic must be relevant and must address a priority family planning issue.
- Stakeholders must be engaged from the onset to review the research question, justification, and study design.
- All research must be approved by the research ethics committee at the National Institute for Medical Research (NIMR).
- Results of the research must be disseminated widely at local, national, and international levels.
- Deliberate efforts must be made to promote the utilization of the study findings to influence improvements in programs, practices, and policies.

Data for Decision-Making

Data for decision-making is the process of obtaining, analyzing, and interpreting data; making decisions; and taking action based on data to strengthen program performance.

Data collected should be analyzed, interpreted, and used for decision-making at all levels.

PART II:

STANDARDS FOR FAMILY PLANNING SERVICES AND PROGRAMS

STANDARDS FOR FAMILY PLANNING SERVICES AND PROGRAMS

Overview

Standards for family planning services and programs are a set of the minimum acceptable levels of performance and expectations for providing quality family planning services and implementing effective and efficient programs in Tanzania.

“A standard is a level of quality expected of a performance by a health care provider or program that can be measured.”

This section describes the expected performance standards and criteria for the following list of topics:

1. Fulfilling client rights
2. Social and behavior change communication
3. Screening for family planning method use
4. Provision of family planning methods
5. Youth-friendly services
6. Male engagement
7. Preventing and responding to gender-based violence
8. Clinic organization
9. Record keeping and logistics management
10. Supportive supervision and quality assurance

1. Fulfilling Client Rights

Fulfilling client rights during the provision of family planning services is fundamental for assuring good quality services. The *National Family Planning Procedure Manual* provides comprehensive guidance on the 10 rights of clients.

Standard 1.1: The service provider upholds and fulfills client rights, which are the rights to information, access to services, choice, safety, privacy, confidentiality, dignity, comfort, continuity of services, and opinion.

The service provider:

- Gives accurate non-biased family planning information and education to clients and the community (right to information).
- Provides services to all individuals regardless of sex, creed, color, marital status, or location (right to access).
- Assists clients in making an informed choice of method and respects their choice (right to choice).
- Ensures that clients practice family planning in a safe and effective manner (right to safety).
- Ensures a private environment during counseling or service provision (right to privacy).
- Assures clients that any personal information will remain confidential (right to confidentiality).
- Treats clients with courtesy, consideration, and attentiveness (right to dignity).

- Ensures that clients feel comfortable when receiving services (right to comfort).
- Provides clients with contraceptive services and supplies for as long as needed (right to continuity).
- Allows clients to express their views on the services offered (right to opinion).

2. Social and Behavior Change Communication

Social and behavior change and communication (SBCC) activities are important for raising awareness about family planning (and reducing misinformation), motivating individuals to seek family planning services, and reducing barriers to access and use of family planning services.

Client Education

Client education is the process of transferring knowledge about issues or topics that are general in nature and not tailored to any individual needs. Client education is conducted individually or in a group or community setting.

The *National Family Planning Procedure Manual* provides comprehensive guidance on how to provide client education and the content to be included. The following standards and criteria should be met for providing family planning education.

Standard 2.1: The service provider provides accurate, comprehensive, non-biased family planning and other related reproductive health information and education to clients and the community.

The service provider:

- Uses and distributes behavior change communication (BCC) materials during client and community education sessions.
- Gives clients accurate, up-to-date, and relevant information about available treatments, procedures, and family planning methods, using a language that they can readily understand.
- Assesses client knowledge about family planning and reproductive health, fills any knowledge gaps, and corrects any misinformation.

Standard 2.2: The service provider or service-delivery point ensures the availability, distribution, and posting of current information, education, and communication (IEC)/BCC materials (e.g., leaflets, brochures, posters, booklets).

The service provider or service-delivery point:

- Makes relevant family planning and other reproductive and child health (RCH) IEC/BCC materials available in appropriate places at family planning service-delivery points, including in waiting, registration, counseling, examination, and doctors' rooms.
- Features posters and updated IEC/BCC materials.
- Uses and distributes IEC/BCC materials during client and community education sessions.

Standard 2.3: The service provider uses various communication channels to conduct family planning and other RCH education sessions for clients: women, men, young people, and people living with disabilities.

The service provider:

- Plans, conducts, and evaluates family planning and reproductive health education sessions for individuals, groups, and the community in a culturally acceptable manner.
- Uses IEC/BCC materials that are relevant to the sessions.
- Collaborates and organizes with community groups to use songs, drama, poems, and other cultural communication approaches or techniques for selected family planning and RCH messages.
- Uses various communication channels such as radio, television, and video.

Standard 2.4: Materials used for IEC/BCC are approved by the Ministry of Health and Social Welfare (MOHSW) and follow behavior change principles in accordance with the MOHSW IEC/BCC guidelines.

The service provider:

- Should have IEC materials clearly displayed at the facility and accessible for clients.
- Can use these materials to give clients accurate and unbiased information about family planning and reproductive health options and services.

Counseling for Family Planning Methods

Counseling in general refers to the process in which a trained provider helps a client make an informed, voluntary decision to solve a problem with the understanding of the facts and emotions involved. It is a dynamic and interactive process, allowing clients to explore and express their needs, issues, or problems.

Counseling for contraceptive informed choice refers to a process in which an individual or couple is assisted in choosing a preferred family planning method after being provided with clear, accurate, complete, and specific information tailored to their reproductive goals and needs.

The *National Family Planning Procedure Manual* provides comprehensive guidance on how to provide counseling and the content to be included during counseling sessions. The following standards and criteria should be met for providing counseling.

Standard 2.5: Before initiating a contraceptive method, the service provider counsels clients to make an informed choice of a family planning method and other reproductive health services, regardless of social status in society.

The service provider:

- Counsels any woman, man, couple, or young person regardless of age, parity, marital status, creed, race, color, or sexual preference.
- Adheres to principles of counseling, including rapport, empathy, support, partnership, explanations, cultural sensitivity, and trust (RESPECT).
- Follows key steps in counseling for informed choice.
- Informs client of all available family planning methods and referral options as necessary.
- Does not use incentives or coercion to influence a client to adopt a family planning method.
- Does not make a decision to adopt a family planning method on behalf of the client.

Standard 2.6: The service provider maintains visual and auditory privacy, confidentiality, respect, and client dignity during counseling.

The service provider:

- Closes the door when serving clients.
- Avoids interruptions by other clients and staff.
- Speaks in a low but audible voice to maintain auditory privacy.
- Maintains confidentiality.
- Treats each client as an individual.
- Attends to one client at a time.
- Uses screens to maintain visual privacy.

Standard 2.7: The service-delivery point ensures that informed choice counseling is provided to all clients prior to initiation of family planning methods.

The service-delivery point has:

- A dedicated room or space for family planning counseling that offers visual and auditory privacy.
- Service providers who are trained to provide informed choice counseling.
- Service providers who do not use coercion or incentives to influence the adoption of contraceptive methods.

Client Consent

Informed consent results from communication between a client and provider confirming that the client has made an informed and voluntary choice to use or receive a medical method or procedure. Informed consent can only be obtained after the client has been given full information about the nature of the medical procedure, its associated risks and benefits, and other alternatives.

Consent cannot be obtained by means of inducement, force, fraud, deceit, duress, bias, or other forms of coercion or misrepresentation.

The *National Family Planning Procedure Manual* provides comprehensive guidance on the informed consent process. The following standards and criteria should be met during the informed consent process.

Standard 2.8: Individual clients receiving family planning services communicate their decisions about family planning methods (through verbal consent for both short- and long-acting methods and through written consent for permanent methods).

The service provider:

- Confirms a client's contraceptive method of choice.
- Does not require a written consent form for short- and long-acting methods but does for permanent methods.
- Performs a written informed consent process for sterilization methods.
- Makes consent forms available to clients.
- Includes the following seven elements in informed consent for voluntary sterilization:
 - The understanding that this is a surgical procedure.
 - The knowledge of the availability of temporary methods.
 - The understanding of the benefits and risks of the procedure, including the small risk of failure.

- The understanding that it is intended to be permanent.
- The understanding that if the voluntary surgical sterilization is successful, then the client will have no children.
- The understanding that voluntary surgical sterilization does not protect the client or his or her partner from infection with sexually transmitted infections (STIs) including HIV.
- Knowledge of the option to decide against the procedure at any time before the operation.

3. Screening for Family Planning Method Use

Appropriate screening based on the World Health Organization (WHO) Medical Eligibility Criteria (MEC) should be conducted before a client commences any method of choice. The *National Family Planning Procedure Manual* provides comprehensive guidance on screening procedures and the WHO MEC. The following standards should be met during screening for medical eligibility.

Standard 3.1: The provider conducts relevant social-medical, obstetric, and gynecological histories for all new clients seeking family planning methods in health facilities (clinics) and at outreach activities. Guidelines for taking histories are included in the *National Family Planning Procedure Manual*.

The service provider:

- Uses the RCHS No. 5 card to perform social-medical, obstetric, and gynecological histories before a client commences any method of choice.

Standard 3.2: The service provider performs screening for medical eligibility for all clients, using recommended screening procedures for the specific method, prior to a client initiating contraceptive use. A quick reference chart of the WHO MEC is included in the *National Family Planning Procedure Manual*. (Guidelines for screening procedures are included in Annex 1.)

The service provider:

- Uses appropriate screening criteria and medical eligibility criteria before a client commences any method of choice.
- Uses recommended screening procedures, considered essential or mandatory, or contributes substantially to safe and effective use of a method.
- Does not impose specific screening procedures on a client, unless they are indicated or requested by the client or they are considered mandatory for the safe and effective use of the method. For example, pelvic examinations are considered essential and mandatory prior to intrauterine device (IUD) insertion, but not for hormonal contraceptives (pills, depot medroxyprogesterone acetate, and implants).

Standard 3.3: The service provider uses a screening checklist to be reasonably sure that a client is not pregnant before initiating a contraceptive method. The pregnancy checklist is included in the *National Family Planning Procedure Manual*.

The service provider:

- Follows the instructions on the pregnancy checklist to ask the client questions to rule out pregnancy.
- Does not impose menstruation requirements on a client before initiation of contraceptive methods, with the exception of clients who choose to use IUDs or sterilization methods and for whom a pregnancy test cannot be performed because of unavailability. For clients choosing these methods, the absence of a pregnancy must be confirmed.

Standard 3.4: The provider uses the opportunity to assess the client for other reproductive health and sexual concerns.

The service provider:

- Performs a risk assessment for STIs including HIV.
- Screens clients for cancer (including breast, cervical, and prostate cancer) when they are accessing family planning services. Guidelines for integrated cancer screening are provided in Table 4.

Standard 3.5: Managers and supervisors ensure that providers use recommended screening procedures for a specific method, prior to a client initiating contraceptive use. These procedures include taking a history and conducting medical or physical examinations or lab tests.

The service provider:

- Is trained on screening procedures and tools.

4. Provision of Family Planning Methods

Contraceptives should be provided to clients in accordance with nationally approved method-specific guidelines and job aids and by providers who have been trained to provide the methods.

The *National Family Planning Procedure Manual* provides comprehensive guidance on the key procedural steps providers should follow to help clients initiate methods, support continuing users, and manage problems related to method use.

Standard 4.1: The service provider follows key procedural steps to help clients initiate family planning method use.

The service provider:

- Confirms the method chosen by the client.
- Determines when a client can begin using the method.
- Explains to the client how to use the method.
- Explains to the client about side effects.
- Plans for the next visit, if appropriate.

Standard 4.2: The service provider ensures that the client receives his or her family planning method of choice, even if the method is not available or the provider is not skilled to provide the method.

The service provider:

- Refers clients for family planning methods not offered in the community or facility, as necessary.
- Follows up with clients to make sure referral has been completed.

Standard 4.3: The service provider follows up with clients using family planning methods.

The service provider:

- Follows steps for conducting follow-up.
- Ensures clients are given a return date, as per guidelines in the *National Family Planning Procedure Manual*.

Standard 4.4: The service provider manages family planning method-related side effects and complications.

The service provider:

- Uses the subjective information, objective data, assessment, and plan (SOAP) approach and flow charts to manage method-related side effects and complications.

Standard 4.5: The service provider correctly implements all infection-prevention practices and procedures to protect clients and themselves.

- Managers and supervisors ensure that providers have access to up-to-date written guidelines on infection prevention.
- Managers, supervisors, and providers ensure that service settings and clinical areas are clean.
- Instruments and other items used in clinical procedures are properly processed (i.e., are sterilized or undergo high-level disinfection) before use.
- Providers wash hands before and after conducting procedures.
- Providers use gloves, eye protection, and face shields, as needed.
- Providers conduct clinical procedures using sterile instruments or those that have gone through high-level disinfection, as appropriate.
- Medical waste and disposable supplies are properly handled and disposed of.

Standard 4.6: Managers and supervisors ensure availability and accessibility of short-term, long-acting, and permanent family planning methods in accordance with the service levels.

- Service providers are trained on screening procedures and tools.

Standard 4.7: Managers and supervisors ensure that the service providers are trained and competent to provide quality family planning services.

Standard 4.8: Managers and supervisors ensure that infection-prevention standards are met.

Standard 4.9: Managers and supervisors ensure that providers have access to updated service-delivery guidelines, standards, and protocols.

Supervisors:

- Ensure that providers comply with up-to date service-delivery guidelines, standards, and protocols.
- Provide timely updates to providers on service-delivery guidelines, standards, and protocols.
- Ensure, along with managers, that medical, attitudinal, and policy barriers that limit client access to services are identified and corrected.

Standard 4.10: Managers and supervisors ensure that referral systems are functional where family planning methods or services are unavailable.

- Service-delivery guidelines for referral are in place and operational.
- Providers, including community health workers, are trained to counsel and refer family planning clients for those methods and services they do not provide.

- To make referrals, providers use up-to-date lists of referral facilities that show services, locations, and contact persons.
- There is a functioning system of communication between the referring facility or provider and the facility or provider accepting the referral. This ensures that client information is shared and services are delivered in a timely and confidential manner.
- A monitoring mechanism for the referral system collects data on the numbers of referrals in, the number of referrals out, reasons for referral, sources of referral, and outcomes of referral.

5. Youth-Friendly Services

All family planning service-delivery points—whether in a facility, community, or outreach setting—should incorporate youth-friendly services, as further described in Section II: Standards. Services are youth-friendly if they have policies and attributes that attract youth to the services, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain youth for follow-up and repeat visits.

Standard 5.1: All young people are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances, and stage of development.

- Relevant information and education materials are displayed or distributed to young people.

Standard 5.2: All young people are able to obtain sexual and reproductive health services that include preventive, rehabilitative, and curative services that are appropriate to their needs.

- Job aids, protocols, and guidelines that address services for young people are in place.
- Young people are able to obtain a range of family planning services according to their needs.
- Young people are referred to other service-delivery points when necessary.

Standard 5.3: All young people are informed of their rights regarding sexual and reproductive health information and services, whereby these rights can be observed by all service providers and significant others.

- Young people are able to obtain family planning services without any restrictions, regardless of their marital status.

Standard 5.4: Service providers in all delivery points have the required knowledge, skills, and positive attitudes to effectively provide sexual and reproductive health services to young people in a friendly manner.

The service providers exhibits the following characteristics:

- Has technical competence in adolescent-specific areas.
- Respects young people.
- Keeps privacy and confidentiality.
- Allows adequate time for client/provider interaction.
- Is non-judgmental and considerate.
- Observes adolescent reproductive health rights.

Policies and management systems are in place in all service-delivery points in order to support the provision of adolescent-friendly sexual and reproductive health services.

The policies and management systems:

- Fulfill the rights of adolescents as outlined in the United Nations Convention on the Rights of the Child.
- Should not restrict the provision of health services on grounds of gender, disability, ethnicity, religion, age, or other characteristics.
- Should pay special attention to gender issues.
- Should guarantee privacy and confidentiality.
- Ensure that services are either free or affordable to adolescents.

Standard 5.5: All service-delivery points are organized for the provision of adolescent-friendly reproductive health services as perceived by adolescents themselves.

The service-provision system:

- Addresses each adolescent's physical, social, and psychological health and development needs.
- Provides a comprehensive package of health care with a functioning referral system.
- Uses an efficient management information system.

The health facility exhibits the following characteristics:

- Wide range of health services and functioning referral system available.
- Convenient hours and, if possible, separate space and special times.
- Adequate space and privacy.
- Conducive location.
- Comfortable surroundings.
- Availability of a peer counseling service.

Standard 5.6: Mechanisms to enhance community and parental support are in place to ensure that adolescents have access to sexual and reproductive health services.

The community exhibits the following characteristics:

- Adolescents are well-informed about services and their rights.
- Adolescents are partners in the program's design, monitoring, and evaluation.
- The value of health services is promoted.
- The provision of reproductive health services to adolescents is approved.
- The community is a partner in the provision of information and services to adolescents (adult-led and peer-to-peer).

6. Male Involvement

Male involvement in family planning means more than men using family planning methods. It also includes men who encourage and support their partners and their peers in using family planning and who influence the policy environment to be more conducive to male-related and male-acceptable programs.

In this context, “male involvement” should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group who may increase the acceptability and prevalence of family planning practices for either sex. *Performance Standards for Male-Friendly Health Services* provides guidance on increasing engagement of men in the provision of family planning services.

Standard 6.1: All men are able to obtain sexual and reproductive health information and advice relevant to their needs.

- Relevant information and education materials are displayed or distributed to improve family planning knowledge, attitudes, and practices among men.

Standard 6.2: Family planning programs are sensitive in addressing social-cultural and religious barriers that affect male involvement in family planning.

- Social-cultural and religious barriers are identified and addressed during programming and implementation of family planning activities.

Standard 6.3: The service provider should support male engagement in family planning.

The service provider exhibits the following characteristics:

- Has technical competence in male-specific areas.
- Respects male people.
- Keeps privacy and confidentiality.
- Allows adequate time for client/provider interaction.
- Is non-judgmental and considerate.
- Observes the specific rights of men.

The health facility has the following characteristics:

- Wide range of health services and functioning referral system.
- Convenient hours and, if possible, separate space and special times.
- Adequate space and privacy.
- Conducive location.
- Comfortable surroundings.
- Availability of couples counseling.

7. Clinic Organization

Clinic organization is the arrangement of a clinic to maximize access to and quality of services offered. The *National Family Planning Procedure Manual* provides comprehensive guidance on the purpose of clinic organization and on factors that enhance the efficiency and safety of an environment.

Standard 7.1: The service provider keeps clinic surroundings clean and free from any source of infection.

The service provider ensures:

- General cleanliness of the clinic and its surroundings.
- Proper disposal of different types of waste.
- Functioning, clean, and well-ventilated toilets/latrines.
- A functioning drainage system.
- An adequate water supply.

Standard 7.2: The service provider ensures a smooth flow of clients and services.

The service provider:

- Ensures that the waiting area is sheltered.
- Ensures adequate seating for clients and their partners.
- Follows the “first come first served” approach for non-emergencies.
- Sets priorities for emergency and referred clients.
- Ensures that the waiting area has client IEC materials (e.g. leaflets, radio, television, posters).

Standard 7.3: The service provider ensures the facility has adequate space to provide short-acting, long-acting, and permanent methods when applicable.

- The service provider ensures:
 - Adequate space to provide short-acting, long-acting, and permanent methods when applicable.
 - Privacy during service provision.
 - Adequate ventilation.
 - Adequate lighting.
 - Availability of furniture, equipment, and supplies for delivering family planning services. (A comprehensive list of required equipment and supplies can be found in Annex 2.)
 - Clearly labeled service areas.

Standards 7.4: Facilities have adequate infrastructure, supplies, and equipment to deliver quality services.

- Providers have the necessary equipment and supplies to perform well and provide safe services.
- Trained staff consistently forecast equipment, contraceptives, and supply requirements and submit requests for re-supply on a timely basis to prevent stock-outs.
- A system is in place for maintaining, repairing, and replacing equipment.

8. Record Keeping and Logistics Management

The *National Family Planning Procedure Manual* provides comprehensive guidance on the purpose, types of reports, and reporting system for record keeping. It also describes the purpose of family planning logistics management, levels of the logistics system, and the roles of service providers in logistics. The following standards should be met for record keeping and logistics.

Standard 8.1: The service provider maintains a functioning and efficient logistics system at the facility level.

The service provider:

- Records the amount of family planning commodities available, received, used, lost, and adjusted for each quarter.
- Calculates the average monthly and quarterly consumption (minimum and maximum stock levels) and re-orders as needed.
- Ensures that all equipment and supplies received, distributed, or used are recorded in the ledger.
- Ensures timely completion and forwarding of R&R forms.
- Adheres to integrated logistics system (ILS) and ILS Gateway procedure manuals for managing family planning commodities and other medicines and supplies.
- Ensures regular and timely servicing and maintenance of equipment.
- Ensures that stationery, supplies, and equipment are stored in a safe place.

Standard 8.2: The service provider maintains an effective system for managing records at the facility level.

The service provider:

- Ensures availability of MTUHA books 2, 4, 8 and 10; ledgers; R&R forms; and RCH 5 cards.
- Maintains an inventory of equipment and supplies.
- Records complete and accurate information about clients.
- Ensures safe storage of client records to enhance confidentiality, easy retrieval, and tracking of defaulters.
- Compiles and submits family planning and RCH reports monthly, quarterly, and annually to the district level.
- Solicits and uses feedback on reports submitted to the next level.
- Reviews data to monitor, evaluate, and improve the quality of family planning and RCH services.

Standards 8.3: Service statistics are continuously collected and used for decision-making at the service-delivery level.

- Managers ensure that a system for collecting service statistics and auditing records is in place, maintained, and continuously used to analyze and address major and minor complications or medical errors.
- Providers complete client records accurately and completely.
- Facility managers, supervisors, and providers regularly discuss and analyze service statistics and reports to help improve services.

9. Supportive Supervision and Quality Assurance

The *National Guidelines for Integrated Supportive Supervision* provide guidance on supportive supervision for family planning services.

Standard 9.1: Supervisors regularly conduct medical monitoring at the facility level to assess the readiness and processes of service delivery and to make recommendations for improvement.

The service provider:

- Uses quality assessment tools to assess service performance.

The supervisor:

- Conducts supportive/facilitative supervision using MOHSW supervision guidelines and specific regional and district checklists to monitor family planning and RCH services.
- Monitors providers' compliance with standards, norms, guidelines, protocols, and procedures.
- Evaluates the family planning and RCH services and shares findings with stakeholders.
- Uses data for decision-making.
- Trains service providers on the use of quality-assessment tools.
- Ensures availability of equipment, supplies, and other resources to help service providers improve the quality of their services.
- Provides feedback to service providers on their performance.

Standard 9.2: Quality-assurance mechanisms are implemented at the facility level to analyze and address service-delivery issues.

- Each facility continuously assesses performance and service quality, develops action plans, and implements necessary improvements. Managers and supervisors ensure that a mechanism is in place for obtaining staff input for quality improvements.
- Meetings are held at the facility level to discuss the quality of service delivery on a regular basis. Community members are encouraged to participate.

Standard 9.3: Providers have adequate knowledge and skills to perform their jobs.

- A system is in place to periodically assess and address the staff's training and learning needs.
- Technical skills are updated regularly through training and other approaches for developing skills.
- Each facility has a system in place to transfer knowledge and skills from newly trained providers to others within the facility.
- Providers have and use up-to-date reference materials (e.g., job aids, training manuals).
- Supervisors and managers ensure that providers have access to up-to-date reference materials.

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ANNEXES

ANNEX 1: Screening Procedures for Providing Family Planning Methods

The World Health Organization (WHO) has classified the screening procedures that are needed by method, as shown in the table below. Procedures are classified into three classes:

Class A: Essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B: Contributes substantially to safe and effective use. If the test or examination cannot be done, however, the risk of not performing it should be weighed against the benefits of making the contraceptive method available.

Class C: Does not contribute substantially to safe and effective use of the contraceptive method.

Screening Procedure	Combined oral contraceptives	Monthly injectables	Progestin-only pills	Progestin-only injectables (Depo-Provera)	Implants	IUDs	Male and female condoms	Female sterilization	Vasectomy
Breast examination by provider	C	C	C	C	C	C	C	C	N/A
Pelvic/genital examination	C	C	C	C	C	A	C	A	A
Cervical cancer screening	C	C	C	C	C	C	C	C	NA
Routine laboratory tests	C	C	C	C	C	C	C	C	C
Hemoglobin test	C	C	C	C	C	B	C	B	C
STI risk assessment: medical history and physical examination	C	C	C	C	C	A*	C	C	C
STI/HIV screening: laboratory tests	C	C	C	C	C	B*	C	C	C
Blood pressure screening	‡	‡	‡	‡	‡	C	C	A	C [§]

*If a woman has a very high individual likelihood of exposure to gonorrhea or chlamydia, she generally should not have an IUD inserted unless other methods are not available or not acceptable. If she has current purulent cervicitis, gonorrhea, or chlamydia, she should not have an IUD inserted until these conditions are resolved and she is otherwise medically eligible.

†Women at high risk of HIV infection or AIDS should not use spermicides. Using diaphragms and cervical caps with spermicide is not usually recommended for such women unless other more appropriate methods are not available or acceptable.

NA=Not applicable

‡Desirable, but in settings where the risks of pregnancy are high, and hormonal methods are among the few methods widely available, women should not be denied use of hormonal methods solely because their blood pressure cannot be measured.

§For procedures performed using only local anesthesia.

ANNEX 2: List of Required Equipment and Supplies

1.	Examination bed
2.	Portable flashlight/torch with batteries
3.	Intrauterine device kits
4.	Speculum
5.	Uterine sound
6.	Scissors
7.	Vucellin forceps
8.	Bowl with cotton balls
9.	Blood pressure machine
10.	Weigh scale
11.	Family planning supplies
12.	Latex gloves
14.	Jik and chlorine powder
15.	Gauze and cotton
16.	Reminder cards
17.	Reproductive and child health (RCH) No. 5 cards
18.	World Health Organization (WHO) Medical Eligibility Criteria
19.	Decision-making tool for service providers

ANNEX 3: Glossary of Terms

Adolescents are defined by the World Health Organization (WHO) as persons between the ages of 10 and 19, and **Youth** are defined by WHO as persons between the ages of 15 and 24. Strategic actions that have been identified to promote the health of adolescents and youth are to acknowledge their right to reproductive health services and to increase their access to these services.

Health system, sometimes referred to as health care system or healthcare system, is the organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations.

Family planning outreach services are one of the important strategies that promote uptake of family planning by reaching clients in remote areas, especially with long-acting and permanent methods (LAPMs) of contraception.

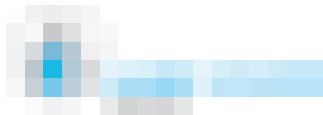
Pre-menopause is a word used to describe the years leading up to the last menstrual period, when the levels of reproductive hormones are already becoming lower and more erratic and the effects of hormone withdrawal may be present.

Social marketing is a systematic application of marketing along with other concepts and techniques in order to achieve behavioral goals for a social good. Social marketing seeks to influence social behavior and not to benefit the marketer but to benefit the general society. This technique has been used extensively, especially for marketing contraceptives and oral rehydration therapy.

Reproductive rights are legal rights and freedoms related to reproduction and the reproductive health of an individual. Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so and the right to attain the highest standard of sexual and reproductive health. Reproductive rights also include the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence.



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