FEDERAL MINISTRY OF HEALTH, NIGERIA

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

(REPRINT)

USAID
FROM THE AMERICAN PEOPLE
VISION
COMMUNITY PARTICIPATION IN ACTION IN THE SOCIAL SECTOR
NIGERIA

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

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

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

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

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

Dr. M.A. Amaeshi
Director
DCDPA
Federal Ministry of Health Abuja.

Nigeria National FP/RH Service Policy and Standards
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Contributors</td>
<td></td>
<td>v</td>
</tr>
<tr>
<td>Introduction</td>
<td></td>
<td>vi</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td></td>
<td>ix</td>
</tr>
<tr>
<td>Abbreviations</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

### SECTION ONE: FAMILY PLANNING/REPRODUCTIVE HEALTH SERVICE POLICY

1.0 Reproductive Health Service Policy ........................................ 1
   1.1 Family Planning ........................................................................ 1
   1.2 Prevention and Management of Unsafe Abortion and Post-abortion Care ........................................ 4
   1.3 Prevention and Management of Reproductive Tract Infections including STIs/HIV/AIDS .................. 6
   1.4 Prevention and Management of Infertility ................................ 9
   1.5 Prevention and Management of Cancers of the Female and Male Reproductive Systems ................. 11
   1.6 Responding to Concerns about Menopause / Andropause ......................................................... 13

2.0 Behavioural Change Communication ........................................ 15
3.0 Training of Reproductive Health Service Providers ........................................ 19

### SECTION TWO: FAMILY PLANNING/REPRODUCTIVE HEALTH SERVICE STANDARDS

9.0 BCC Methods, Channels and Materials .................................. 29
10.0 Information for Clients seeking FP/RH Services .................. 31
11.0 Family Planning Methods and Services .................................. 33
12.0 History Taking and Physical Examination ............................. 34
13.0 Family Planning / RH Basic Laboratory Tests ......................... 36
14.0 Eligibility Criteria for Family Planning Methods .......................... 37
15.0 Client Screening ........................................................................ 44
16.0 Follow-up Visits ........................................................................ 45
17.0 Client Screening: Special Considerations ................................. 46
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.0</td>
<td>Post-abortion Services</td>
<td>48</td>
</tr>
<tr>
<td>19.0</td>
<td>Prevention and Management of RTIs including STIs/HIV/AIDS</td>
<td>49</td>
</tr>
<tr>
<td>20.0</td>
<td>Infertility Prevention and Management</td>
<td>51</td>
</tr>
<tr>
<td>21.0</td>
<td>Prevention and Management of Reproductive Tract Cancers</td>
<td>53</td>
</tr>
<tr>
<td>22.0</td>
<td>Responding to Concerns about Menopause/Andropause</td>
<td>59</td>
</tr>
<tr>
<td>23.0</td>
<td>Functions of RH Service Providers</td>
<td>61</td>
</tr>
<tr>
<td>24.0</td>
<td>Training Requirements for RH Service Providers</td>
<td>63</td>
</tr>
<tr>
<td>25.0</td>
<td>List of Requirements for Effective Training Centres</td>
<td>67</td>
</tr>
<tr>
<td>26.0</td>
<td>Logistics Standards for Health Facilities</td>
<td>69</td>
</tr>
<tr>
<td>27.0</td>
<td>Management Information Systems</td>
<td>73</td>
</tr>
<tr>
<td>28.0</td>
<td>Supervision, Monitoring, Evaluation and Research</td>
<td>75</td>
</tr>
</tbody>
</table>

**LIST OF CONTRIBUTORS**

**Task Force Members**
- Mrs. Rachael Adediji
- Mrs. Abimbola Adegbibiko
- Prof. Adeyemi Oladekun
- Dr. Paju Adeosun
- Dr. A.A. Adeyemi
- Dr. Nike Adeyemi
- Dr. Mrs. Bisi Aisien
- Mrs. Yemisi Akinkunmi
- Mrs. Stella Akinso
- Dr. M.S. Amosu
- Mrs. Cecilia Nnonyelum Anumbe
- Mrs. Irene Anya
- Mrs. Yemisi Ayoola
- Dr. Magaji Dachi
- Dr. Akinremi Dada
- Dr. Bunmi Dosumu
- Mrs. O.A. Fatile
- Dr. Adesegun Fatusi
- Mrs. M.O. Hanido

**Development Partners**
- John Hopkins University Health Communications Project
- Engender Health
- IntraHealth
- PSI
- CEDPA
- Pathfinder
- UNFPA

**Editing and Formatting**
- Deadlines Nig. Ltd
- 34 McNeil Road,
- Sabo, Yaba.

**Secretariat and Logistic Staff**
- Mr. Babatunde O. Ahmed
- Mrs. Adesola Adesanwo

**ISBN - 978 062 224 - 1**
BACKGROUND
In 1999, a civilian administration was sworn in after 20 years of military rule during which the health and socio-economic status of Nigeria had deteriorated.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

It also specifies the services that can be provided at each level of health care, the cadre of service providers at each level, and those eligible for each specific service. In summary, section one identifies who provides what services, at which level of care.
and for whom the services are intended. Finally, this section sets out the modalities for training, human resources development and distribution, as well as supervision, monitoring and evaluation.

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

**WHO MAY USE THE DOCUMENT**

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

**HOW TO USE THE DOCUMENT**

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

**ACKNOWLEDGEMENTS**

On behalf of the Federal Ministry of Health, I wish to express our gratitude to IntraHealth for their invaluable technical and financial support towards the development of this Policy Guideline. In particular, we acknowledge the relentless effort and commitment of Professor Marcel Vekemans, Dr. Boniface Sebikali and Mrs. Sara Stratton. The invaluable contributions of Dr. Joe Taylor and Professor Oladosu Ojengbede, the consultants who worked with FMOH to develop the Guidelines, are highly appreciated.

Our sincere thanks also go to Dr. O. Adenusi, Prof. Adeyemi O. Adekunle, Dr. Ade A. Adetunji, Dr. Susan Kanu and Mrs. I. Jolaoso who worked with the consultants.

Special thanks to members of the Standards of Practice Task Force Team who reviewed the document and Deadlines Advertising for editing the document.

Finally, we thank all the Programme Managers and Service Providers that participated in the field-testing for their invaluable contributions.

*Dr. A.A. Adeyemi*
Consultant Special Grade 1
Head, Reproductive Health Division
ABBREVIATIONS

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

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

Nigeria National FP/RH Service Policy and Standards

x

Nigeria National FP/RH Service Policy and Standards

xi
1.0 REPRODUCTIVE HEALTH SERVICE POLICY

1.1 FAMILY PLANNING

The aims of family planning are to:

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

All individuals and couples are eligible for family planning services.

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

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

The services shall include:

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

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

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

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

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

Counselling
Provision of contraceptives
Management of side effects and complications
Referral

Contraceptive services shall be offered to:
- Prevent pregnancies
- Delay child-bearing
- Space births
- End child-bearing where desirable
- Prevent RTI including STI/HIV/AIDS

The following family planning methods shall be made available in Nigeria

**Temporary Methods**

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

**Long Term**
- Injectables
- Intra Uterine Device (IUD)
- Implants

**Permanent Methods**
- Bilateral Tubal Ligation
- Vasectomy

---

Nigeria National FP/RH Service Policy and Standards

2

---

Nigeria National FP/RH Service Policy and Standards

3
(tubal ligation, Vasectomy) contraception, and infert
management
- General Hospital: all of the above plus management
  of complications
- Specialist/Tertiary: as in general hospital plus
  advanced management of infertility

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

- Clinic based services
- Community based services
- Outreach services

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

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

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

Services for unsafe abortion and post-abortion care have
the following aims:
- Prevent unwanted pregnancies through family planning
counselling and services
- Create public awareness on the dangers and

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

The target groups shall include
- Men and women
- Adolescents

The strategies shall include
- Clinic-based
- Community-based
- Outreach

The activities shall be
- Education on dangers of unsafe abortion
- Family planning counseling and services
- Recognition and management of abortion complications
- Linkages with other RH services
- Referral

At each level, the services and providers shall include:

- Community Level
  Services: FP counselling, education on dangers of
  unsafe abortion, postabortion, FP services, referral
  Providers: CBDs, TBAs, CHEWs, Patent Medicine
  Dealers, Pharmacists
- Health Post
  Services: Same as for community level
  Providers: CBDs, CHEWs
- Basic Health Centre Level
  Services: Same as for community plus management of
  complications
  Providers: CHEWs, Nurses, Midwives, CHOs, Physicians

Nigeria National FP/RH Service Policy and Standards

Nigeria National FP/RH Service Policy and Standards
Comprehensive Health Centre
Services: Same as for Basic Health Centre plus management of complications, including surgery
Providers: CHEWS, Nurses, Midwives, PHN-CHO, and Physicians

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

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

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

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

The aim of STIs services is to:
- Prevent and manage RTIs including STIs, HIV/AIDS

The target group shall include:
- All sexually active men and women
- Adolescents

Nigeria National FP/RH Service Policy and Standards
Community
Services: Counselling including Prevention of Mother-To-Child Transmission (PMTCT), BCC, promotion and sale of condoms, and vaginal foaming tablets, follow-up and referral
Providers: TBAs, Patent Medicine Dealers, CHEWs and Pharmacists

Health Post
Services: BCC/ counselling, PMTCT, promotion and sale of condoms, spermicides, LAM, and re-supply of oral contraceptives
Providers: CBDS, TBAs, CHEWs

Basic Health Centre
Services: As in the health post plus syndromic management of STIs, counselling for PMTCT
Providers: CHEWs, Nurses, Midwives, Pharmacy technicians, and CHO

Comprehensive Health Centre
Services: As in the Basic Health Centre plus laboratory diagnosis and management of STIs, epidemiological surveillance and Voluntary Counselling & Testing (VCT)
Providers: CHEWs, Nurses, Midwives, Pharmacy Technicians, CHO, Laboratory Technicians and Physicians

General Hospital
Services: As in comprehensive health center plus reference laboratory
Providers: CHEWs, Nurses, Midwives, Pharmacy Technicians, CHO, Laboratory Technicians and Physicians

1.4 PREVENTION AND MANAGEMENT OF INFERTILITY
The aims of this service component are:
- Prevention of infertility
- Treatment of infertility

The target groups shall include:
- Persons in the reproductive age group
- Patients with RTIs
- Infertile couples
- Infertile individuals

The activities to be undertaken shall include:
**Prevention**
- Advocacy
- Multi-media channels
- Mass-media campaigns
- Interpersonal communication
- BCC
- Counselling
- Family life education
- Promotion of condoms
- Treatment of RTI (syndromic and etiologic)

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

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

- **Community**
  - Services: BCC, counselling, promotion of condoms, and referral
  - Providers: CBD, TBAs, CHEWs, Pharmacists.

- **Health Post**
  - Services: BCC, counselling, condoms promotion and referral
  - Providers: CHEWs, Pharmacy Technicians

- **Basic Health Centre**
  - Services: As in the health post plus clinical examination and syndromic treatment of RTIs
  - Providers: Midwives, Nurses, CHEWs, CHO (Nurse Midwives)

- **Comprehensive Health Centre**
  - Services: As in the Basic Health Centre plus syndromic and definitive treatment of RTIs, clinical examination and laboratory tests and some definitive treatment of infertility such as aduction of ovulation
  - Providers: Same as Basic Health Centre plus Physicians, Laboratory technicians

---

**General Hospital**

- Services: As in the comprehensive plus specialised investigations and some other treatments such as insemination, adoption
- Providers: Same as Comprehensive Health Centre level plus specialists

**Specialist / Tertiary Hospital**

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

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

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

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

The aims of this service component are:
- Prevention of reproductive tract cancers
- Early detection of reproductive tract cancers
- Treatment of patients with reproductive system cancers
- Management of terminally ill patients including home based care

The target groups shall include:
- Men
- Women
- Adolescents

---

_Nigeria National FP/RH Service Policy and Standards_
The activities to be undertaken shall include:

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

The services and providers shall be:

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

**General Hospital**

- Services: As at Comprehensive Health Centre plus laboratory diagnosis of early stage of diseases e.g. Prostate Specific Antigen (PSA) test, mammography where available
- Providers: As at the Comprehensive Health Centre plus specialist

**Specialist / Tertiary**

- Services: As at General Hospital plus definitive treatment of pre-malignant conditions and specific cancers
- Providers: Same as General Hospital

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

1.6 RESPONDING TO CONCERNS ABOUT MENOPAUSE AND ANDROPause

The aims of this service are to

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

The target groups are:

- Men and women of reproductive age and above
- Clients with menopause and andropause symptoms
- Spouses/partners of clients with menopause and andropause symptoms
The activities to be undertaken for menopause and andropause management shall include:

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

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

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

The services and providers shall be:

- **Community**
  - Services: BCC, counselling, referral
  - Providers: CBDs, TBAs, CHEWS

- **Health Post**
  - Services: Same as at community level
  - Provider: CHEWs as community level

- **Basic Health Centre**
  - Services: BCC, counselling, clinical examination and referrals
  - Providers: CHEWs, Nurses, Midwives, CHO

- **Comprehensive Health Centre**
  - Services: As at the Basic Health Centre plus laboratory investigation and treatment
  - Providers: As for Basic Health Centre plus Physicians and laboratory technicians

- **General Hospital**
  - Services: As at the Comprehensive Health Centre
  - Providers: As at the Comprehensive Health Centre plus specialists

- **Specialist / Tertiary:**
  - Services: Same as for General Hospital plus Specialist care
  - Providers: Same as for General Hospital

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

### 2.0 BEHAVIOURAL CHANGE COMMUNICATION (BCC) AND COUNSELLING

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

The aims of this service component are to:

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

For effective BCC, a multimedia approach shall be used. BCC messages shall be correct, timely, audience specific, culturally sensitive and acceptable.
The target groups shall include:
- Policy makers
- Opinion leaders
- Religious bodies
- Adolescents and youth
- All men and women
- Clients with reproductive health concerns or problems

The main BCC activities for the promotion of reproductive health shall include the following:
- Data collection, analyses and presentation
- Community involvement
- Training
- Material production
- Field testing
- Presentation
- Material distribution
- Resource mobilisation
- Community mobilisation e.g. during new yam festival, durbars
- Counselling
- Interpersonal communication

The following strategies shall be used for the promotion of Reproductive Health:
- Advocacy
- Community mobilisation / involvement
- Involvement of the adult literacy programmes (in and out of school) at promoting Family Life Education (FLE)
- Strengthening the use of reproductive health database
- Intensifying outreach programmes

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

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

**Health Post**
- As for community level

**Basic Health Centre**
- Same as community level
- Public Health Nurses
- Midwives

**Comprehensive Health Centre**
- Same as Basic Health Centre
- School Counsellors
- Physicians
- Public Health Nurses
- Health Educators
- Peer Counsellors
- Social Health Workers
- NGOs
3.0 TRAINING OF FP/REPRODUCTIVE HEALTH SERVICE PROVIDERS

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

TRAINING CONTENT

Training shall focus on:
- BCC
- Counselling Skills
- Interpersonal Communication Skills
- Family Planning/Contraceptive Technology
- Adolescent Reproductive Health
- RTI including STI/HIV/AIDS and PMTCT
- Prevention and Management of Infertility
- Infection Prevention
- Post-abortion Care
- Reproductive System Cancer Prevention and Screening (breast, cervix, prostate)
- Menopause/Andropause
- Clinical Skills
- Training and Facilitation Skills
- Contraceptives Logistics Management
- Management Information System
- Supervision, Monitoring and Evaluation
- Operations Research
PRE-SERVICE TRAINING
- FP/RH shall continue to be integrated in the pre-service training curricula of all health workers in order to provide for full integration of reproductive health services in the National Health Care Delivery System.

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

POST BASIC AND POST GRADUATE TRAINING
The training of Nurses, Midwives, Physician & Specialists shall include:
- Reproductive health components
- Revision of curricula
- Specialised training in reproductive health planned according to the needs.

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

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

**PLANNING OF HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT**

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

**TRAINING AND HUMAN RESOURCE DEVELOPMENT**

- All pre-service training curricula shall include Reproductive Health components
5.0 MANAGEMENT INFORMATION SYSTEM (MIS)

The aim of management information system is to gather information that will facilitate decision-making for planning, implementation and evaluation of FP/RH services.

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

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

Information shall be collected on the following:

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

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

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

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

**Reproductive Tract Cancer Management**
- Number of clients screened
- Types of cancer
- Number of cases referred

**Prevention and Management of Infertility**
- Numbers of clients screened
- Numbers of pregnancies achieved

**Management of Menopause/Andropause**
- Numbers of clients reporting
- Numbers of clients treated
- Numbers of clients referred

% of admission for abortion related complications
Number of deaths as a result of abortion
6.0 QUALITY ASSURANCE

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

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

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

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

Nigeria National FP/RH Service Policy and Standards

7.0 FINANCIAL RESOURCES

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

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

Nigeria National FP/RH Service Policy and Standards
SECTION TWO

FAMILY PLANNING/REPRODUCTIVE HEALTH SERVICE POLICY STANDARDS

8.0 SUPERVISION, MONITORING, EVALUATION AND RESEARCH

SUPERVISION
The aims of supervision are to:
- Guide, assist and support staff in order to improve their performance in their assigned tasks
- Provide support to providers to resolve emerging concerns and problems

MONITORING AND EVALUATION (M&E)
The aims of M&E are to:
- Assess, on a continuous and periodic basis how resources are being deployed to achieve set goals
- Provide information to make judgements and decisions on programmes

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

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

RESEARCH
The aims of research are to:
- Find out the magnitude of RH issues and collect information to help formulate appropriate strategies
- Generate information to influence policy

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

This shall include basic and operations research, the findings of which shall be disseminated and applied to improve the reproductive health status of the people.
9.0 BCC METHODS, CHANNELS AND MATERIALS

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

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

MATERIALS
- Flip Charts
- Posters
- Leaflets
- Pamphlets
- Video and audio equipment
- Video camera
- Films/Slides
- Projectors
- Models (penile, breast, pelvic)
- Samples of contraceptives
- Newspapers
- Billboards
- Banners
- Souvenirs
- RAPID* Presentation

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

These methods and materials shall be used at all levels depending on the target group and resources available.
10.0 INFORMATION FOR CLIENTS SEEKING RH SERVICES

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

**General Topics**

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

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

---

**STIs & HIV/AIDS**

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

**Infertility**
- Causes of infertility
- Relationship between infertility and RTIs
- Principles of management of infertility

**Cancers Of Reproductive System**
- Information regarding common cancers – cervix, breast, prostate
- Risk factors
- Early detection (screening)
- Principles of management

**Menopause & Andropause**
- Information on the physiology of menopause and andropause
- Common symptoms and signs
- Coping mechanisms
- Principles of management

Nigeria National FP/RH Service Policy and Standards
11.0 FAMILY PLANNING METHODS AND SERVICES

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

<table>
<thead>
<tr>
<th>LEVELS OF SERVICES</th>
<th>TYPES OF FAMILY PLANNING METHODS AND SERVICES</th>
<th>SERVICE PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Community</td>
<td>• Counseling</td>
<td>• CBD Agent, TBA</td>
</tr>
<tr>
<td></td>
<td>• Condoms</td>
<td>• Patent medicine dealers</td>
</tr>
<tr>
<td></td>
<td>• Spermicides</td>
<td>• Pharmacists</td>
</tr>
<tr>
<td></td>
<td>• LAM</td>
<td>• CHEWs</td>
</tr>
<tr>
<td></td>
<td>• Re-supply of oral contraceptives</td>
<td></td>
</tr>
<tr>
<td>+ Health Post</td>
<td>Same as community</td>
<td>• CHEWs</td>
</tr>
<tr>
<td>+ Basic Health Centre</td>
<td>Same as for above plus</td>
<td>• Midwives</td>
</tr>
<tr>
<td></td>
<td>• Fertility awareness methods</td>
<td>• Nurses</td>
</tr>
<tr>
<td></td>
<td>• Injectables</td>
<td>• CHO</td>
</tr>
<tr>
<td></td>
<td>• IUD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Oral contraceptives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Diaphragms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Contraception</td>
<td></td>
</tr>
<tr>
<td>+ Comprehensive Health Centre</td>
<td>Same as for basic health centre plus</td>
<td>• Physicians</td>
</tr>
<tr>
<td></td>
<td>• Implants and</td>
<td>• Specialists (Ob/Gyn)</td>
</tr>
<tr>
<td></td>
<td>• Sterilization for both men and women</td>
<td>if available</td>
</tr>
<tr>
<td>+ Specialist / Tertiary Hospital</td>
<td>Same as above plus</td>
<td>• Physicians</td>
</tr>
<tr>
<td></td>
<td>• Implants and</td>
<td>• Specialists (Ob/Gyn)</td>
</tr>
<tr>
<td></td>
<td>• Sterilization for both men and women</td>
<td>if available</td>
</tr>
</tbody>
</table>

HISTORY TAKING

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

The information obtained shall include

**BIODATA**

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

**PHYSICAL EXAMINATION**

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

**General Examination**

- Gait
- Facial expression
- Pronounced disability or obvious ill-health
- Pallor
- Jaundice
- Temperature
13.0 FAMILY PLANNING / REPRODUCTIVE HEALTH
BASIC LABORATORY TESTS

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

**TYPES**
- Urinalysis (hot and cold) – albumin, glucose and acetone
- Blood for Hb, PCV, malaria parasites and sickling test
- Pregnancy test
- Pap smear
- Microscopy, culture and sensitivity (high vaginal / endocervical swabs)
### 14.0 ELIGIBILITY CRITERIA FOR FAMILY PLANNING METHODS

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

<table>
<thead>
<tr>
<th>METHODS</th>
<th>WHO CAN USE</th>
<th>WHO CANNOT USE</th>
</tr>
</thead>
</table>
| **Fertility Awareness Method** | - Client's choice is influenced by religious or other personal reasons  
- Other methods are unsuitable  
- Medical care is inaccessible  
- An inexpensive method is required | - Absence of knowledgeable instructor to teach the client  
- Client is not motivated  
- Client cannot understand how to use the methods  
- Menses are irregular (for calendar method)  
- There is alteration of cervical mucus e.g. infections, erosions  
- Immediate postpartum, post-abortion, during breastfeeding  
- LAM cannot be used in clients treated for some chronic illnesses such as hypertension and diabetes (because of presence of drug in breastmilk)  
- LAM can not be used in clients treated for some chronic illnesses | 

Who can use **with caution**

- LAM is not advisable for HIV positive mothers because of risk of transmission from mother to child. However, if HIV+ mother chooses to breastfeed, LAM is recommended.

| **Spermicides** | - Client does not want to use systemic or other forms of contraception  
- Other methods are not suitable  
- Intercourse is infrequent  
- There is need to enhance the effectiveness of the diaphragm and/or condom  
- There is fear that other methods may interfere with successful lactation  
- Emergency Contraception is more effective than Spermicides for failed withdrawal  
- Medical personnel are unavailable or inaccessible to initiate other clinical methods  
- There is a need to delay first pregnancy | - Allergy to ingredients of the spermicides  
- Cervical or vaginal lesions  
- High risk of STIs  
- HIV/AIDS: risk of HIV transmission is increased  
- Its typical high failure rate makes it unsuitable for those whose health will be endangered by pregnancy e.g. in sicklers. | 

### Nigeria National FP/RH Service Policy and Standards

**Diaphragm**
- Intercourse is infrequent  
- No other contraceptive method is available or acceptable to client  
- Other contraceptives are unsuitable  
- The woman's choice is diaphragm

- History of allergy or sensitivity to latex rubber or spermicides  
- Past toxic shock syndrome

**Male Condom**
- Non-prescription-type contraceptive is desired  
- The male wants to share the contraceptive responsibility  
- No other contraceptive methods are available or acceptable to the couple  
- Multiple sexual partners are involved  
- Back up contraceptive for some other methods, if required, or dual protection  
- Sexual intercourse is infrequent  
- Wants STI/HIV protection

- Allergy to latex (rubber)  
- Inability to sustain erection

**Female Condom**
- Non-prescription-type contraceptive is desired  
- No other contraceptive methods are available or acceptable to the couple  
- Clients not eligible for IUD & hormonal contraceptives  
- Multiple sexual partners are involved  
- Back up contraceptive for some other methods is required

- Genital prolapse  
- Vaginal abnormalities e.g. septa, atresia/stenosis

---

*Nigeria National FP/RH Service Policy and Standards*
### Combined Oral Contraceptives
- Adolescents
- Nulliparous women
- Post partum (3 weeks if not breast feeding)
- Immediate Post-abortion
- Women with varicose veins
- Any weight (fat or thin)
- Asthmatic clients

**Women with these conditions can use COCs with caution (i.e. being seen by physician)**
- Diabetes mellitus (stabilized; without kidney, eye or vascular disease)
- Severe headaches (migraine)
- Epilepsy
- Varicose veins (deep)
- Benign breast disease (non oestrogen dependent)
- Uterine fibroids
- Endometriosis

- Pregnancy
- History of raised blood pressure (systolic above 140 mmHg and/or diastolic above 90 mmHg)
- History of cerebrovascular disease (stroke)
- Have coronary artery disease (heart attack)
- History of pre-existing tumours of the breast or genital organs
- Current or past thrombophlebitis (e.g. constant and severe pain at the back of the leg)
- Age above 35 years and smoking
- Breast feeding less than 6 months post partum
- Existing liver disease, jaundice or yellow eyes
- Gallbladder disease
- Use of rifampicin or anticonvulsants

### Progestin Only Oral Contraceptive
- Of all reproductive ages and parity (Adolescent and Nulliparous)
- Breastfeeding (after 6 weeks)
- With raised blood pressure, varicose veins or sickle cell anemia
- With oestrogen related side effects
- Desiring minipills
- Of any weight (fat or thin)
- Who just had an abortion
- Smoking cigarette
- Benign breast disease
- Headaches
- Iron deficiency anaemia
- Varicose veins
- Valvular heart disease
- Sickle cell disease
- PID
- STIs
- Heavy painful menstrual period
- Uterine fibroids
- Epilepsy

### Emergency Contraceptives
- Of all reproductive ages and parity including adolescents and the nulliparous
- Who have just experienced rape, or incest
- With contraceptive failure e.g. breakage of condom, or missed pill
- Who had unplanned sexual intercourse

### Injectable
- Progestin
- Of all reproductive ages including adolescents and the nulliparous
- Who are breastfeeding, after 6 weeks
- Desiring hormonal contraception
- Who want to use a contraceptive method confidently
- In whom combined pills are contraindicated
- With sickle cell disease
- With oestrogen related complications

### Combined (oestrogen and progestin)
- Of all reproductive ages and parity including nulliparous women
- Who want highly effective method against pregnancy
- Who are breastfeeding (6 months and above)
- Who are post partum and not breastfeeding
- Who are post abortion
- With anaemia
- With severe menstrual cramping

### Clients:
- Of all reproductive ages and parity including adolescents and the nulliparous
- Who have just experienced rape, or incest
- With contraceptive failure e.g. breakage of condom, or missed pill
- Who had unplanned sexual intercourse

- Breast and genital cancers
- Abnormal vaginal bleeding
- Pregnancy
- Depression
- History of stroke, heart attack or blood clot problem
- Hypertension (systolic of 160 mmHg and above and/or diastolic of 100 mmHg and above)
- History of liver disease or acute liver disease
- Diabetes with vascular diseases

- Pregnancy
- Breastfeeding of less than 6 weeks post partum
- Gallbladder disease
- Using anticonvulsants or rifampicin
- Unexplained vaginal bleeding
- Active liver disease (viral hepatitis)
- Over 35 years and who smoke
- History of heart disease, stroke or high blood pressure (> 180/110 mmHg)
<table>
<thead>
<tr>
<th>Contraceptive Implant</th>
<th>Intra Uterine Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>• With irregular menstrual cycles&lt;br&gt;• Who cannot remember to take their pill every day&lt;br&gt;• Clients using Anti-convulsants or Rifaximin&lt;br&gt;• History of blood clotting problems or uncontrolled diabetes&lt;br&gt;• Migraines and focal neurologic symptoms&lt;br&gt;• Breast cancer</td>
<td>• Desiring child spacing&lt;br&gt;• Prefers it and has no contraindication&lt;br&gt;• For whom hormonal contraceptives are contraindicated&lt;br&gt;• Has completed childbearing but does not wish to have surgery&lt;br&gt;• Has menorrhagia of functional nature (use progestin-bearing IUD where available)</td>
</tr>
<tr>
<td>• Want long-term contraception&lt;br&gt;• Want highly effective reversible contraception that does not require daily action&lt;br&gt;• Are delaying the start of their family, have completed their family or do not want children&lt;br&gt;• Require user-independent method&lt;br&gt;• Have completed their family sizes but are not yet decided on, or are not suitable for sterilisation&lt;br&gt;• Cannot use estrogens</td>
<td>Women who can use IUD with follow-up&lt;br&gt;• Chronic Pelvic Inflammatory Disease&lt;br&gt;• Recurrent heavy periods (use IUD with levonorgestrel)&lt;br&gt;• Cervicitis or cervical erosion&lt;br&gt;• Severe anaemia (PCV less than 25%)&lt;br&gt;• Uterine fibroids (mainly sub-mucous ones)&lt;br&gt;• Age less than 16 years except in special circumstances&lt;br&gt;• Nulligravida&lt;br&gt;• Multiple sexual partners&lt;br&gt;• Sickle cell disease&lt;br&gt;• Vascular heart disease&lt;br&gt;• Clotting disorders (excessive bleeding)</td>
</tr>
<tr>
<td>Women who can use with follow-up visit&lt;br&gt;• Benign breast disease&lt;br&gt;• Diabetes mellitus without kidney disease&lt;br&gt;• Blood clotting problems&lt;br&gt;• Raised blood pressure (systolic above 160 mm Hg or diastolic above 100mm Hg)&lt;br&gt;• Epilepsy&lt;br&gt;• Gallbladder disease&lt;br&gt;• Mental depression&lt;br&gt;• Headaches&lt;br&gt;• Sickle cell disease&lt;br&gt;• Thyroid disease&lt;br&gt;• Obesity&lt;br&gt;• Iron deficiency anaemia&lt;br&gt;• Varicose veins&lt;br&gt;• Benign ovarian tumours and fibroids</td>
<td>• Suspected pregnancy, (Intrauterine or ectopic)&lt;br&gt;• Malignancy of the genital organs&lt;br&gt;• Abnormal vaginal bleeding of undetermined origin&lt;br&gt;• Acute pelvic inflammatory disease (PID)&lt;br&gt;• TB pelvis&lt;br&gt;• STI/HIV/AIDS&lt;br&gt;• Chorioamnionitis&lt;br&gt;• Prolonged premature rupture of membranes (for PPIUD only)&lt;br&gt;• History of acute PID (within the last three months)&lt;br&gt;• After septic abortion (i.e. immediately after abortion involving genital tract infection)&lt;br&gt;• Allergy to copper (for copper IUDs)</td>
</tr>
</tbody>
</table>
## CLIENT SCREENING

**Procedures at initial visit by method**

### CONTRACEPTIVE METHODS

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION/LAB TEST</th>
<th>BARRIER METHODS</th>
<th>CONDOM M</th>
<th>DIAPHRAGM</th>
<th>SPERMICIDES</th>
<th>INJ</th>
<th>NORPLANT</th>
<th>IUD</th>
<th>STERILISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>C</td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Jaundice</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>TwentiGums</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Breast Examination</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Abdominal Examination</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>PELVIC EXAMINATION</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>Speculum Examination</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>Semen Analysis</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>LAB TEST</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>Unanalysis</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>High Vaginal Swab</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>FIS Smear</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>B</td>
</tr>
</tbody>
</table>

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

*Nigerian National FP/RH Service Policy and Standards*
17.0 CLIENT SCREENING: SPECIAL CONSIDERATIONS

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

FOLLOW-UP SCHEDULES AND QUANTITY OF SUPPLIES

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>First Follow-Up Visit</th>
<th>Subsequent Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schedule</td>
<td>Supplies</td>
</tr>
<tr>
<td>Condom / Sterilisation</td>
<td>Service Policy and Standards</td>
<td>N/A</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>3 months</td>
<td>Re-supply of diaphragm</td>
</tr>
<tr>
<td>Injectable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMPA</td>
<td>3 months/12 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Norplant</td>
<td>2 months/8 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Gedecon</td>
<td>1 month/4 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Implants</td>
<td>On 1 week</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Pills</td>
<td>1-3 months</td>
<td>1.5 cycles</td>
</tr>
<tr>
<td>IUD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine Device (IUD)</td>
<td>4 weeks-6 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Sterilisation</td>
<td>1 week</td>
<td>N/A</td>
</tr>
</tbody>
</table>
POST-ABORTION SERVICES

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

**LEVELS**

- Community Health
- Basic Health
- Comprehensive Health
- General Hospital
- Specialist/Referral

**ACTIVITY/PROVIDER**

- Registration
- History
- Phys. Exam
- Obstetric Exam
- Vaginal Exam
- Lab
- Resuscitation
- Referral
- Use of MVA
- FP Counselling and Services

**Key**

- Y: Yes
- N: No
- N/A: Not Applicable
- DM/P: Decidal Medcine Progression Accepatle
- N/EN: Not Ethicale Necessabile

**NOTICE**

Where trained/competent to perform

- Physician
- Nut: Nurse/Midwife
- Health Extension Worker
- Health Nurse

1. If any concerns be encountered, they must be addressed with the clinician immediately. It is important that clients be reminded of this schedule, as they may be in need of medical attention.
2. Clients should not initiate OCPs but can resupply TRs/CBBs and Patent Medicine Dealers.
3. N/A.
<table>
<thead>
<tr>
<th>ACTIVITY/PROVIDER</th>
<th>General LEVELS</th>
<th>Specialist/Tertiary LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/MW CHOPHN</td>
<td>N/MW CHOPHN</td>
</tr>
<tr>
<td></td>
<td>LT PHY SPEC</td>
<td>LT PHY SPEC</td>
</tr>
<tr>
<td>History</td>
<td>+ + + 0</td>
<td>+ + 0</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>+ + + 0</td>
<td>+ + 0</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>0 0 0 +</td>
<td>0 0 0 +</td>
</tr>
<tr>
<td>Counselling</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
<tr>
<td>Immunisation</td>
<td>+ + 0</td>
<td>+ + 0</td>
</tr>
<tr>
<td>Sympathetic treatment</td>
<td>+ + + 0</td>
<td>+ + + 0</td>
</tr>
<tr>
<td>Definitive treatment</td>
<td>0 + + + +</td>
<td>0 + + + +</td>
</tr>
<tr>
<td>Provision of condom</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
<tr>
<td>Contact tracing</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
<tr>
<td>Management of contact</td>
<td>0 0 0 +</td>
<td>0 0 0 +</td>
</tr>
<tr>
<td>BCC</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
<tr>
<td>Referral</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
<tr>
<td>Follow-up</td>
<td>+ + + +</td>
<td>+ + + +</td>
</tr>
</tbody>
</table>

**Key**

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

*Nigerian National FP/RH Service Policy and Standards*
In the table below, the levels of service are indicated by numerical values, with higher numbers denoting more advanced care. The key symbols (*, +, -, 0) represent different levels of service availability:

- **:** Indicates that the service is provided at this level of care.
- *:** Indicates that the service is not provided at this level of care.
- +:** Indicates that the service is provided at an advanced level of care.
- -:** Indicates that the service is not provided at an advanced level of care.
- 0:** Indicates that the service is not provided at this level of care.

The table also includes a key to interpret the symbols:

- **:** Indicates absence of a service.
- *:** Indicates that the service is provided.
- +:** Indicates that the service is provided at an advanced level.
- -:** Indicates that the service is not provided.
- 0:** Indicates that the service is not provided at an advanced level.

The table outlines the levels of care for various activities in the prevention and management of infertility, including general and specialist/tertiary hospital services.
PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS (Contd)

CERVICAL CANCER

<table>
<thead>
<tr>
<th>ACTIVITY/PROVIDER</th>
<th>LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Hospital</td>
</tr>
<tr>
<td></td>
<td>CHO-PHN</td>
</tr>
<tr>
<td>BCC</td>
<td>+</td>
</tr>
<tr>
<td>Provision of Condom</td>
<td>+</td>
</tr>
<tr>
<td>History</td>
<td>+</td>
</tr>
<tr>
<td>Counselling</td>
<td>+</td>
</tr>
<tr>
<td>Pevic Exam</td>
<td>+</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>+</td>
</tr>
<tr>
<td>Unaided visual inspection of cervix</td>
<td>+</td>
</tr>
<tr>
<td>Gynoscropy</td>
<td>+</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>+</td>
</tr>
<tr>
<td>Punch Biopsy</td>
<td>+</td>
</tr>
<tr>
<td>Cone Biopsy</td>
<td>+</td>
</tr>
<tr>
<td>Referral</td>
<td>+</td>
</tr>
<tr>
<td>Def Treatment</td>
<td>+</td>
</tr>
<tr>
<td>Follow-up</td>
<td>+</td>
</tr>
</tbody>
</table>

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

Nigerian National FP/RH Service Policy and Standards
**PREVENTION AND MANAGEMENT OF REPRODUCTIVE SYSTEM CANCERS (Contd)**

**BREAST CANCER**

<table>
<thead>
<tr>
<th>ACTIVITY / PROVIDER</th>
<th>General Hospital</th>
<th>LEVELS</th>
<th>Specialist / Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHO-PHN</td>
<td>N/MW</td>
<td>PHY</td>
</tr>
<tr>
<td>BCC</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>History</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Counselling</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Teach Breast Self Exam</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Routine Breast Exam</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Referral</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Specialised Investigations</td>
<td>0</td>
<td>0</td>
<td>+</td>
</tr>
<tr>
<td>Definitive Treatment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Follow-up</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

**Key**

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

_Nigerian National FP/RH Service Policy and Standards_
### Prostate Cancer

#### Prevention and Management of Reproductive System Cancers (Contd)

<table>
<thead>
<tr>
<th>Activity / Provider</th>
<th>General Hospital</th>
<th>LEVELS</th>
<th>Specialist / Tertiary Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHW-PhN</td>
<td>NMW</td>
<td>Phy</td>
</tr>
<tr>
<td>BCC</td>
<td>+</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Teach Prostate Self Exam</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Rectal Exam</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Routine Testicular Exam</td>
<td>0</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Referral</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Specialised Investigation</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Definitive Treatment</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Follow-up</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**

- 0 = No
- + = Yes
- = Where trained / competent to perform

---

Nigerian National FP/RH Service Policy and Standards
**ACTIVITIES FOR RESPONDING TO CONCERNS ABOUT MENOPAUSE / ANDROPAUSE (Contd)**

<table>
<thead>
<tr>
<th>ACTIVITY/PROVIDER</th>
<th>LEVELS</th>
<th>General Hospital</th>
<th>Specialist/ Tertiary Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHO-PHN</td>
<td>N/M/W</td>
<td>PHY</td>
</tr>
<tr>
<td>BCC</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Counselling</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>History Taking</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Laboratory Investigation</td>
<td>0</td>
<td>0</td>
<td>+</td>
</tr>
<tr>
<td>Detoxification</td>
<td>0</td>
<td>0</td>
<td>+</td>
</tr>
<tr>
<td>Referral</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Follow-up</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

**Key**

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

Nigerian National FP/RH Service Policy and Standards
### Functions of Reproductive Health Care Providers

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD/TBA/Potent Medicine Sellers</td>
<td>* Counselling clients on family planning methods,</td>
</tr>
<tr>
<td></td>
<td>STIs/HIV and infertility prevention</td>
</tr>
<tr>
<td></td>
<td>* Initiate and supply barrier methods (except diaphragm)</td>
</tr>
<tr>
<td></td>
<td>* Re-supply pills</td>
</tr>
<tr>
<td></td>
<td>* Refer clients requesting other methods as necessary</td>
</tr>
<tr>
<td></td>
<td>* Perform activities of safe motherhood care especially</td>
</tr>
<tr>
<td></td>
<td>those that will help to overcome the three levels of delay</td>
</tr>
<tr>
<td></td>
<td>* Counsel and refer clients with other reproductive health problems</td>
</tr>
<tr>
<td></td>
<td>e.g. complications of abortion, infertility, STD,</td>
</tr>
<tr>
<td></td>
<td>victims of unprotected sexual intercourse</td>
</tr>
<tr>
<td></td>
<td>* Record keeping and reporting</td>
</tr>
<tr>
<td></td>
<td>* And any other Reproductive Health functions approved by the Ministry of Health</td>
</tr>
<tr>
<td>Pharmacists CHEWs</td>
<td>All of the above plus</td>
</tr>
<tr>
<td></td>
<td>Emergency Oral Contraception (as stated in the National FP/RH service protocols)</td>
</tr>
<tr>
<td></td>
<td>And any other Reproductive Health functions approved by the Ministry of Health</td>
</tr>
<tr>
<td>Nurses</td>
<td>All of the above plus</td>
</tr>
<tr>
<td></td>
<td>* Initiate and re-supply pills</td>
</tr>
<tr>
<td></td>
<td>* Administer injectables</td>
</tr>
<tr>
<td></td>
<td>* And any other Reproductive Health functions approved by the Ministry of Health</td>
</tr>
<tr>
<td>Midwives/Family Planning Nurses</td>
<td>All of the above plus</td>
</tr>
<tr>
<td>CHO's (PHNs)</td>
<td>* Insertion/Removal of IUD (if trained)</td>
</tr>
<tr>
<td></td>
<td>* Insertion / Removal of Implants (if trained)</td>
</tr>
<tr>
<td></td>
<td>* First line management of side effects and complications</td>
</tr>
<tr>
<td></td>
<td>* Post-abortion care including Manual Vacuum</td>
</tr>
<tr>
<td></td>
<td>Aspiration (MVA) (if trained)</td>
</tr>
<tr>
<td></td>
<td>* Prevention and Management of RTI including</td>
</tr>
<tr>
<td></td>
<td>STIs/HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>* Operations research</td>
</tr>
<tr>
<td></td>
<td>* Any other Reproductive Health functions approved by the Ministry of Health</td>
</tr>
</tbody>
</table>

Nigeria National FP/RH Service Policy and Standards

---

Physicians/Specialists

- All of the above plus
  - Voluntary Surgical Contraception (if trained)
  - Management of method failure
  - Management of side-effects and complications of contraceptives
  - Definitive management of Reproductive Health conditions such as infertility and cancers of reproductive organs

Nigeria National FP/RH Service Policy and Standards
## 24.0 TRAINING REQUIREMENTS BY TYPE OF HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>SERVICE PROVIDER</th>
<th>TRAINING REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD/TBA/Pharmacist, medicine sellers</td>
<td>- Basic Human Reproductive Anatomy on Physiology</td>
</tr>
<tr>
<td></td>
<td>- Antenatal care (Risk assessment), support for household production</td>
</tr>
<tr>
<td></td>
<td>- Rationale for Family Planning</td>
</tr>
<tr>
<td></td>
<td>- Types of Family Planning methods</td>
</tr>
<tr>
<td></td>
<td>- EC and Counselling skills</td>
</tr>
<tr>
<td></td>
<td>- Breast Examination</td>
</tr>
<tr>
<td></td>
<td>- General counselling</td>
</tr>
<tr>
<td></td>
<td>- Method specific counselling</td>
</tr>
<tr>
<td></td>
<td>- Counselling on STIs/HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>- Birth protection</td>
</tr>
<tr>
<td></td>
<td>- Adolescent health</td>
</tr>
<tr>
<td></td>
<td>- Menopause</td>
</tr>
<tr>
<td></td>
<td>- Cancers of the reproductive system and breast</td>
</tr>
<tr>
<td></td>
<td>- Breast examination</td>
</tr>
<tr>
<td></td>
<td>- Dispersing rumours and misconceptions in family planning and reproductive health</td>
</tr>
<tr>
<td></td>
<td>- Promotion of exclusive breastfeeding in the 1st 6 months</td>
</tr>
<tr>
<td></td>
<td>- Screening for appropriate contraceptive methods using a checklist and referral procedures</td>
</tr>
<tr>
<td></td>
<td>- Prevention and control of infection, including STIs/HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>- Menopause</td>
</tr>
<tr>
<td></td>
<td>- Prevention of infertility</td>
</tr>
<tr>
<td></td>
<td>- Identification and referral of clients with abortion and pregnancy related complications</td>
</tr>
<tr>
<td></td>
<td>- Family Planning Commodities and supply/logistics management</td>
</tr>
<tr>
<td></td>
<td>- Record keeping and reporting</td>
</tr>
<tr>
<td></td>
<td>- Oral Rehydration Therapy</td>
</tr>
<tr>
<td></td>
<td>- Prevention and Treatment of malaria</td>
</tr>
<tr>
<td></td>
<td>- Immunisation-promotion</td>
</tr>
<tr>
<td></td>
<td>- Dispersing harmful practices that affect reproductive system e.g. Female genital mutilation</td>
</tr>
<tr>
<td></td>
<td>- All of the above, plus supervision</td>
</tr>
</tbody>
</table>

| CBD supervisor | - All of the above, plus supervision |

---

### Pharmacists, CHEWs
- All of the above, plus
  - Adolescent reproductive health
  - Emergency oral contraception

### Nurses, CHOs
- All of the above, plus
  - Physical examination skills for FP/Reproductive Health (especially recognition of RTIs and reproductive system cancers)
  - Diagnosis and Management of Reproductive Tract Infections, including STIs and HIV/AIDS
  - Supervision, Monitoring & Evaluation of services
  - And any other subjects as per pre-service curriculum

### Midwives/Family Planning Nurses, CHOs (FPN)
- All of the above plus
  - Antenatal care
    - Risk assessment
    - Tetanus toxoid immunisation
    - Breast examination
    - Identification and referral of pregnancy complications
  - Labour and delivery
    - Use of parograph
    - Active management of labour including breech
    - Vacuum extraction
    - Episiotomy repair
    - Manual removal of placenta
    - Resuscitation of mother and/or neonate
  - Postnatal care
    - Initiation of breastfeeding
    - Care of the neonate
  - Prevention and management of unsafe abortion; use of MVA, emergency treatment of abortion complications, counselling and provision of post-abortion contraceptive method of choice
    - IUD insertion and removal
    - Implants insertion and removal
    - Referral for other Reproductive Health services
<table>
<thead>
<tr>
<th>Physicians</th>
<th>Obstetrician/Gynaecologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screening for cancers of reproductive system:</td>
<td></td>
</tr>
<tr>
<td>- Unaided visual inspection</td>
<td></td>
</tr>
<tr>
<td>- Gynoscopy</td>
<td></td>
</tr>
<tr>
<td>- Management Information System (MIS)</td>
<td></td>
</tr>
<tr>
<td>- Clinic organisation and management</td>
<td></td>
</tr>
<tr>
<td>- Quality assurance of reproductive health services</td>
<td></td>
</tr>
<tr>
<td>- First line management of side effects and complications of contraceptive methods</td>
<td></td>
</tr>
<tr>
<td>- Operations research: data collection, basic data analysis, interpretation and application of results</td>
<td></td>
</tr>
<tr>
<td>And any other subjects as per pre-service curricula</td>
<td></td>
</tr>
<tr>
<td>All of the above plus</td>
<td></td>
</tr>
<tr>
<td>- Low cavity forceps delivery</td>
<td></td>
</tr>
<tr>
<td>- Caesarean section</td>
<td></td>
</tr>
<tr>
<td>- Evacuation of the uterus using MVA or dilatation and curettage (D&amp;C)</td>
<td></td>
</tr>
<tr>
<td>- Endotracheal intubation of the neonate</td>
<td></td>
</tr>
<tr>
<td>- Cut down procedures done when it is difficult to access the veins</td>
<td></td>
</tr>
<tr>
<td>- Emergency laparotomy (e.g. for obstetric hysterectomy)</td>
<td></td>
</tr>
<tr>
<td>- Minilaparotomy Sterilisation</td>
<td></td>
</tr>
<tr>
<td>- Vasectomy</td>
<td></td>
</tr>
<tr>
<td>- Screening and management of breast and reproductive tract cancers (pap smear, PSA etc)</td>
<td></td>
</tr>
<tr>
<td>- Management of infertility: evaluation of infertility (including HSG, laparoscopy/dye test), endometrial biopsy, semen analysis), induction of ovulation</td>
<td></td>
</tr>
<tr>
<td>- Management of side effects and complications of contraceptive methods including method failure</td>
<td></td>
</tr>
<tr>
<td>- Management of high-risk pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Pregnancy-induced hypertension</td>
<td></td>
</tr>
<tr>
<td>- Diabetes in pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Heart disease in pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Rhesus isomunisation</td>
<td></td>
</tr>
<tr>
<td>- Anaemia in pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Complicated deliveries</td>
<td></td>
</tr>
<tr>
<td>- Craniotomy</td>
<td></td>
</tr>
<tr>
<td>And any other topics as per undergraduate and/or postgraduate curricula</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obstetrician/Gynaecologist</th>
<th>All of the above plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Specialised management of infertility</td>
<td></td>
</tr>
<tr>
<td>- Tubal microsurgery/Endoscopic surgery</td>
<td></td>
</tr>
<tr>
<td>- Myomectomy</td>
<td></td>
</tr>
<tr>
<td>- Laparoscopy and hysteroscopy</td>
<td></td>
</tr>
<tr>
<td>- Assisted conception techniques</td>
<td></td>
</tr>
<tr>
<td>- Artificial insemination</td>
<td></td>
</tr>
<tr>
<td>- Specialised management of cancers of the reproductive tract</td>
<td></td>
</tr>
<tr>
<td>- Cone biopsy</td>
<td></td>
</tr>
<tr>
<td>- Cryotherapy</td>
<td></td>
</tr>
<tr>
<td>- Abdominal/vaginal hysterectomy</td>
<td></td>
</tr>
<tr>
<td>- Repair of obstetric fistulae</td>
<td></td>
</tr>
<tr>
<td>- Repair of urovaginal prolapse</td>
<td></td>
</tr>
<tr>
<td>- Amniocentesis</td>
<td></td>
</tr>
<tr>
<td>- Chorionic villus sampling</td>
<td></td>
</tr>
<tr>
<td>- All of the above</td>
<td></td>
</tr>
</tbody>
</table>

Nigeria National FP/RH Service Policy and Standards

65

Nigeria National FP/RH Service Policy and Standards

66
LIST OF REQUIREMENTS FOR EFFECTIVE TRAINING CENTRE

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

2. Personnel
   - Adequate number of effective trainers
   - Logistic Officer
   - Secretarial Staff

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

4. Practicum Sites
   - Accessible
   - Adequate space
   - Adequate client load
   - Adequate equipment/supplies
   - Adequate number of clinical instructors
   - Anatomical models
   - IEC materials for client education

5. Funds
   - Adequate funds to meet all expenses
### Community level

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

### Basic Health Centre level

- Furniture e.g. filing cabinet/cupboard
- IEC material
- Stationary
- Registers
- Files
- Out-patient cards
- ID cards
- Radio cassette player with audio cassettes
- Wheel chair
- Trolley
- Height measure
- Gynoscope
- Catheter forceps and instrument jar
- Oxygen cylinder, regulator, mask and tubes
- Wall clock
- Examination table with stirrups
- Pedal bin
- Angle-poised lamp/torch light with batteries
- BP apparatus/stethoscope/foetoscope (sonicaid and Pinnard’s)
- Weighing scales
- Screen
- Wooden steps/stool
- Instrument tray
- Hand wash basin/sink
- Storage tank with tap
- Soap/detergents
- Bed linen/pillow
- Sterilisers
- Disinfectant
- Arm length gloves
- Gloves
- Face mask
- Dressing
- Bowls for chlorine solution
Mucus extractor  
Ambu bag  
Resuscitation kit  
Instrument drum  
Urine testing kit  
IUD kit  
Contraceptive supplies  
IV Infusion set and drip stand  
Syringes & needles  
Essential drugs  
Delivery kit  
Sanitary pads  
Cotton wool  
Microscope, slides and cover slips and reagents  
Vacuum extractor  
Bacteriology swabs  
Generator/hurricane lamp  
Cervical screening kit  
Refrigerator  
Stove  
Lamp stand  
Hypochlorite solution  
Oxytocin  
ARVs  
Misoprostol

**Comprehensive Health Centre Level**

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

**General Hospital Level**

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

**Specialist / Teaching Hospital Level**

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

*Nigeria National FP/RH Service Policy and Standards"
27.0 MANAGEMENT INFORMATION SYSTEM

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

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

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

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

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

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

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

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

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

Supervision responsibilities and activities at different levels of service delivery

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>WHO</th>
<th>WHAT</th>
<th>HOW</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community level</td>
<td>Head of basic health centre</td>
<td>1. Performance objectives:</td>
<td>1. Guidance and training</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Job description</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Task and Target</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Physical facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Knowledge and skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- BCC and Counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Service delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Logistics and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Capacity building</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Record keeping and reporting/feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic and Comprehensive Centre</td>
<td>LGA FP/RH Supervisor</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>General and Specialist Hospital</td>
<td>State RH Coordinator</td>
<td>As above</td>
<td>As above</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

Nigerian National FP/RH Service Policy and Standards

75