



NURSING LEVEL III

NTQF Level III

LEARNING GUIDE #53

Unit of Competence: Promote and manage comprehensive Family Planning Service

Module Title: Promoting and managing comprehensive Family Planning Service

LG Code: HLT NUR3 M05 LO2- LG-51

TTLM Code: HLT NUR3 TTLM11 0919v1



LO2. Promote family planning services

Instruction sheet # 2 learning guide # 2

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- ▶ Consultation of community representatives and voluntaries
- ▶ Inter-sectoral collaboration
- ▶ Family planning promotion and education
- ▶ Supporting family planning Practices

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, upon completion of this Learning Guide, you will be able to:

- Identify consultative influential community representatives and voluntaries
- Promoting family planning practice and organized education in partnership with the community and relevant organizations on the basis of inter-sectoral approach
- Promoting family planning Practice and sustain education activities involving the resources of the community on the basis of stakeholders' genuine participation
- Supporting family planning Practices to take self-care approach in line with individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH

Learning Instructions:

Read the specific objectives of this Learning Guide.

1. Follow the instructions described in number 2 to 6.
2. Read the information written in the "Information Sheets 2". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.



3. Accomplish the “Self-check” in page 6.
4. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).
5. If you earned a satisfactory evaluation proceed to “Information Sheet 3”. However, if your rating is unsatisfactory, see your teacher for further instructions.
6. Submit your accomplished Self-check. This will form part of your training portfolio.
7. Your teacher will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your teacher shall advice you on additional work. But if satisfactory you can proceed to Learning Guide # 52.

Information Sheet-1**Consultation of community
representatives and voluntaries**

2.1. Consultation of community representatives and voluntaries

Community-based family planning brings family planning information and methods to women and men in the communities where they live. One of the main objectives of CBFP programs is to increase access to and choice of contraceptive methods in underserved areas. A voluntary, well-considered decision that an individual makes on the basis of options, information, and understanding represents his or her informed choice. The decision-making process begins in the community, where people get information even before coming to a facility for services. It is the provider’s responsibility either to confirm a client’s informed choice or to help him or her reach one.

Informed choice is defined as a voluntary choice or decision, based on the knowledge of all available information relevant to the choice or decision. In order to allow people to make an informed choice about family planning, you must make them aware of all the available methods, and the advantages and disadvantages of each. They should know how to use the chosen method safely and effectively, as well as understanding possible side-effects. In areas that do not have any type of health facility nearby, family



planning services may be made available through community-based distribution or CBD programmes. In this approach, CBD workers, usually village women are trained to educate their neighbors about family planning and to distribute certain contraceptives. In their training, the CBD workers learn the basic concepts of family planning, how each method must be used, what the precautions and side effects are for each method, and how to keep simple records and report the information to their supervisors.

Information Sheet-62**Inter-sectoral collaboration**

2.2. Inter-sectoral collaboration

Collaboration should be considered at all levels of health care delivery system. Integration of FP with other RH service delivery is cost effective and enables maximum utilization of health care services in one visit. The following services shall be integrated with FP services.

- **Voluntary counseling and testing:**

VCT services can be good entry points to FP services and vice versa. Both HIV and unwanted pregnancy are consequences of unprotected sex. Hence, clients attending VCT clinics and clients seeking FP services are sexually active people. Integrating VCT and FP service delivery is cost effective and enables maximum utilization of health care in one visit. Health care providers catering to the needs of VCT and FP clients are obligated to explore the sexual habits of their clients. Knowledge and skill of counseling prevails in health care workers that provide services for PLWHA and FP clients. With minimum input, both types of providers can provide service to clients seeking VCT and FP services at one stop.



- **Education, screening and treatment of STIs:**

Health care providers catering to the needs of patients with STIs and FP clients have the opportunity to discuss the sexual behavior of their clients. Health care providers that use the syndromic approach in the management of STIs should educate and counsel their clients about high risk behavior and promote condom use and dual use of FP. Partner notification and treatment in syndromic management of STIs creates an opportunity for male involvement in FP.

Family planning providers can talk to clients about how they can protect themselves both from STIs, including HIV, and pregnancy (dual protection). Program managers and providers can choose approaches that fit their clients' needs, their training, and resources, and the availability of services for referral. Many people seeking family planning services are in stable, mutually faithful, long-term relationships and so face little risk of getting an STI. People with sexually transmitted infections (STIs), including HIV, can use most family planning methods safely and effectively. Male and female condoms can prevent STIs when used consistently and correctly. Every family planning client needs to think about preventing STIs, including HIV—even people who assume they face no risk.

- **Delivery and postnatal care:**

A woman seeks abortion or post-abortion care largely because of unwanted pregnancy. One of the elements of comprehensive abortion and post-abortion care is provision of FP counseling and services based on free and informed choice. Abortion and post-abortion care can be the first encounter of a woman with the health system. So, this opportunity should be utilized to counsel and provide FP services. The Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia recommends that a woman should be provided with the choice of contraception immediately after abortion considering the medical eligibility criteria of WHO. If a woman comes for a repeat abortion, then, the health system has failed in preventing unwanted pregnancy.



Over a quarter of pregnant women in Ethiopia attend ANC. FP counseling should be part of focused ANC services. Though institutional delivery and postpartum care is currently less than 10% of all deliveries, it is imperative that all women who give birth at health facilities should be counseled on FP and informed about the availability of FP services.

- **Child health, immunization and other RH services**

Child health and immunization services create a good opportunity for provision of FP information and counseling. More than half of children under one year are immunized for BCG and DPT 1. Though no reliable figure is available, it can reasonably be assumed that most child immunization services are reached by women. Hence, these services should be utilized to address issues related to FP.

Furthermore, family planning programs and services should also be integrated with programs that address HTPs, GBV, prevention and management of infertility, screening for gynecological malignancies, family life education (FLE), and other RH services.

Information Sheet-3

Family planning promotion and education

2.3. Family planning promotion and education

The community should be made aware of the overall benefits and availability of services for FP. FP programs and services including IEC/BCC activities should respect the customs and traditions of the community. Community involvement is key to dispelling rumors and misconceptions and to developing ownership of FP programs by the community for successful and sustainable outcomes. The following strategies should be used for the promotion of FP and reproductive health in the community:

- ✚ Advocacy
- ✚ Community engagement /conversation
- ✚ Promoting family life education



✚ Strengthening the use of RH data base

○ **Screening for reproductive organ cancers:**

Family Planning offers a unique opportunity to screen and teach the client to do self examination for some of the ROC cancers. Health workers should teach all clients to regularly do self-breast examination. Where facilities exist, women should be encouraged to have an annual Pap smear or have visual inspection of the cervix using acetoacetic acid or Lugol's solution (VIA/VILI) at the health center level.

Community health workers should educate women and their families about ROCs and the benefits of screening.

Family planning services are educational and comprehensive medical or social activities which enable individuals and couples to determine freely the number and spacing of their children, and to select the means by which this may be achieved. The service includes education, information, Counseling, provision of contraceptive methods and referrals. Like other health services, a variety of methods, both formal and informal are used in health education to offer family planning programs. Some are personal, that is, involving a health worker in direct contact with an individual or a group.

Others are impersonal, in which the communication does not involve such contact, for example the use of posters, leaflets, and the mass media (newspapers, radio, television, and internet). Each method has its advantages and limitations.

Family planning services are educational and comprehensive medical or social activities which enable individuals and couples to determine freely the number and spacing of their children, and to select the means by which this may be achieved. The service includes education, information, Counseling, provision of contraceptive methods and referrals. Family life education helps prepare young people for the transition to adulthood. In school programs can result in positive behavior changes.

Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women for enhanced education and participation in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more



in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

The basic concepts of family planning, how each method must be used, what the precautions and side effects are for each method, and how to keep simple records and report the information to their supervisors and a usually distribute condoms; some also provide pills and spermicidal.

2.4. Supporting family planning practice

The client should know the characteristics of the method, how to use the method, the side effects and complications of the method, and when to return to the facility. To avoid inconvenience to clients, a family planning practicing health worker can prescribe 13 cycles of pills at a visit. Similarly, 48 units of condoms to be used for 3 months can be prescribed for a client at one visit, and the client should be informed that he/she can come for more if these run out before the day of appointment.

Date of expiry and physical characteristics of the method to be provided should be checked.

Self-Check -1

Written Test

I- Say True if statement is correct and False if statement incorrect

1. Informed choice is defined as a voluntary choice or decision, based on the knowledge of all available information.
2. Community-based family planning brings family planning information to men in the communities

ANSWER SHEET

Name: _____ Date: _____

I - True or False

1. _____
2. _____



Reference:

1. Federal Democratic Republic of Ethiopia Ministry of Health Family planning: family planning module Blended Learning Module for the Health Extension Program
2. Federal Democratic Republic of Ethiopia Ministry Of Health 2011, Participant's Handout Basics in Family Planning and Short acting Family Planning Methods

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