



Republic of Ghana



# **NATIONAL REPRODUCTIVE HEALTH SERVICE POLICY AND STANDARDS**



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The Government of Ghana has long recognized that population is the nation's most valuable resource. The developmental goals are therefore geared towards the improvement of the quality of life of the populace. However the welfare of the population continues to be threatened by a number of factors such as high maternal and infant morbidity and mortality rates, and high fertility rate, which have made the attainment of national development goals more difficult. However, the latest population-based survey recorded some improvement in certain key reproductive health indicators.

The contraceptive prevalence rate is 24% as compared to 17% in 2008 and the unmet need for family planning is 26% as compared to 35% in 2008. There was however a slight increase in the total fertility rate (4.3 as compared to 4 in the year 2008). The overall improvement in these indicators has led to slight reduction in maternal and new born mortality. The most current maternal mortality ratio is estimated at 350 per 100,000 live births (UN Estimates, 2008), while new born mortality is 30 per 1000 live births (MICS 2011).

As part of the development agenda, Ghana is currently implementing a programme of accelerated reduction in maternal and new born mortality. The main strategies under this acceleration plan are increased access to quality family planning, pregnancy and childbirth services, including emergency care, backed by an effective referral system. The current paradigm shift toward task-sharing/task shifting with the aim of attaining universal access to quality reproductive health care is reflected in this third edition of the National Reproductive Health Service Policy and Standards.

The document has been reviewed by the Ghana Health Service (GHS)/Ministry of Health (MOH) with the concerted efforts of individuals and organisations interested in the promotion of reproductive health. The GHS/MOH is grateful to the United Nations Population Fund (UNFPA) and the R3M Consortium of the United States Agency for International Development (USAID) for financial support and technical assistance. Health workers and all those who are engaged in the provision of reproductive health services in Ghana are expected to study and use this Policy and Standards document to guide service delivery.

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## BACKGROUND

The health sector medium term development plan 2010-2013 reflects the government's health development agenda for the medium term. It identifies the key priorities of the sector and provides five objectives for accelerating program implementation towards attaining equitable universal coverage of quality health care. One of the objectives is to improve access to quality health care, with reproductive health as one of the priority areas.

Reproductive health care involves the provision of a basic package of cost-effective services covering health promotion, prevention and cure. Services include safe motherhood, adolescent reproductive health, and the prevention and management of unsafe abortion, reproductive tract infections, sexual health, STD/HIV, infertility, cancers of the reproductive tract and gender-based violence. These services are delivered by different organisations. Thus there is a need for a national service policy and standards to guide the provision of reproductive health care throughout the country, by all stakeholders both public and private.

Some progress has been made in reproductive health since the development of the first edition of the document and the later revision. There has been some improvement in the family planning and maternal health indicators; the contraceptive prevalence rate has risen from 17% (DHS 2003) to 24% (MICS 2011); whilst unmet need for family planning has reduced from 35% (DHS 2003) to 26% (MICS-2011). Equally, skilled delivery coverage has increased from 47% (DHS 2003) to 68% (MICS 2011) and maternal mortality ratio estimates have shown a downward trend from 740 deaths per 100,000 live births in the early late 1990s to 350 per 100,000 live births as at 2008 (UN Estimates). The gain made in the exclusive breastfeeding rate for 6 months over the last two surveys 53.5% (DHS 2003) to 63% (DHS 2008) could not be sustained, with the latest rate being 46.7% (MICS 2011).

Despite the rising access to and utilization of modern contraceptive methods as well maternity services, the rate of decline of maternal mortality has been low, the key challenges being poor infrastructure, inadequate human resource and a weak referral system, all of which affect access to emergency care. The persistence of cultural and social practises also affect appropriate health seeking behaviour. The health sector is currently implementing an operational plan with a strong health systems improvement component to accelerate maternal mortality reduction as well as to improve new born care. .

## PURPOSE OF THE DOCUMENT

As in the earlier editions, the third edition of this document provides explicit direction and focus, as well as streamlines the training and service provision of reproductive health. It also seeks to make reproductive health programmes and services accessible and affordable to the majority of the target groups. It sets priorities for reproductive health and clarifies the roles of various agencies involved with the financing and provision of services and programmes and it helps to provide a coherent and coordinated reproductive health programme.

The policy guidelines and standards presented in the document are aligned to the National Population Policy and they reflect the current national reproductive health priorities and goals of the Ministry of Health/Ghana Health Service Programme of Work. They provide a set of basic expectations and minimum acceptable levels of service provision and training as well as address the gaps and inconsistencies that are currently affecting the provision of reproductive health services and training.

The document provides a reference for programme managers to determine national service targets for various components of reproductive health, set service objectives and identify the required resources including categories and numbers to be trained for specific service components. The document provides guidance for in-service training programmes on reproductive health and development and review of job descriptions for reproductive health service providers by the Human Resource Division of the Ghana Health Service. It also serves as a basis for the review curricula of pre-service health training institutions and the development of guidelines for the training of house officers (interns) in obstetrics and gynaecology.

As a reference document, it also provides the basis for monitoring and evaluating service availability, accessibility, utilisation and quality. Training programme planners will also find the guidelines in the document very useful for setting training targets and priorities, identifying required resources and prepare training strategies that respond to service needs and service standards.

## WHAT THE DOCUMENT CONTAINS

This document has two sets of guidelines aimed at making explicit the direction of reproductive health in the context of universal access to care. In this document, service delivery refers to the combination of technical, organisational and managerial activities. It also refers to the tasks that facilitate service provision and evaluation.

Part I, (the Service Policy Guidelines) spells out the general rules and regulations governing reproductive health services and training, components of reproductive health services, target and priority groups for services and information for behaviour and social change for the target and priority groups. It also identifies those eligible for services, providers of the services as well as the training, logistics, monitoring, supervision and evaluation activities to be implemented.

Part II, (the Service Standards) sets out the minimum acceptable level of performance and expectations for each component of reproductive health services, expected functions of service providers, the various levels of service delivery and the basic training content required for the performance of these functions.

In keeping with the emphasis on improving access to reproductive health care, the third edition of the document has incorporated the concept of task shifting/sharing so that certain aspects of reproductive health services can be provided at the primary care level, without compromising on

quality. The role of traditional birth attendants has also been made more explicit in this edition in order to provide direction for the provision of skilled care, especially during critical period of childbirth.

One of the additions to the third edition include infrastructure for reproductive health care. This section was considered necessary so that due diligence is given to areas such as the physical infrastructure to address challenges related privacy in the provision of reproductive health services. Included in this section is planning for water and power, the disruption of which hampers the provision of quality delivery services and emergency obstetric care.

Another addition is the portion on emergency obstetric and new born services, to highlight signal functions related to these services as critical for the prevention of maternal and new born deaths. The section on gender-based violence has been updated and it includes an expansion on the forms of gender-based violence and the key tasks that frontline services providers are expected to perform to assist victims.

There is also the inclusion of the broader term “tumour” instead of “cancer” of the reproductive tract to bring to bear the occurrence of benign tumours especially fibroids. This gynaecological problem is an important cause of morbidity and for which some affected women resort to unconventional means of treatment with very little or no success.

## WHO MAY USE THE DOCUMENT

These guidelines are written for use by those who participate in reproductive health service delivery. 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.



## ACKNOWLEDGMENTS

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## ABBREVIATIONS AND ACRONYMS

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|               |   |   |
|---------------|---|---|
| <b>AIDS</b>   | - | Acquired Immune Deficiency Syndrome                       |
| <b>ANC</b>    | - | Ante Natal Care   |
| <b>BP</b>     | - | Blood Pressure  |
| <b>BSCC</b>   | - | Behaviour and Social Change Communication                 |
| <b>BTL</b>    | - | Bilateral Tubal Ligation                                  |
| <b>CBS</b>    | - | Community-Based Services                                  |
| <b>CEDAW</b>  | - | Convention on Elimination of Discrimination Against Women |
| <b>CHAP</b>   | - | Community Health Action Plan                              |
| <b>CHMC</b>   | - | Community Health Management Committee                     |
| <b>CHNs</b>   | - | Community Health Nurse                                    |
| <b>CHO</b>    | - | Community Health Officer                                  |
| <b>CHPS</b>   | - | Community-based Health Prevention System                  |
| <b>CHRAJ</b>  | - | Commission on Human Rights and Administrative Justice     |
| <b>CHS</b>    | - | Chemical Sellers  |
| <b>CHV</b>    | - | Community Health Volunteer                                |
| <b>CIC</b>    | - | Combined Injectable Contraceptive                         |
| <b>CMS</b>    | - | Central Medical Stores                                    |
| <b>COC</b>    | - | Combined Oral Contraceptives                              |
| <b>CPR</b>    | - | Contraceptive Prevalence Rate                             |
| <b>CSO</b>    | - | Civil Society Organisation                                |
| <b>CYP</b>    | - | Couple Years of Protection                                |
| <b>DDHS</b>   | - | District Director of Health Services                      |
| <b>DHMT</b>   | - | District Health Management Team                           |
| <b>DHS</b>    | - | Demographic and Health Survey                             |
| <b>DOVVSU</b> | - | Domestic Violence and Victims Support Unit                |
| <b>EmONC</b>  | - | Emergency Obstetric and Newborn Care                      |
| <b>FAM</b>    | - | Fertility Awareness Method                                |
| <b>FDA</b>    | - | Food and Drug Authority                                   |
| <b>FGM</b>    | - | Female Genital Mutilation                                 |
| <b>FHD</b>    | - | Family Health Division                                    |

|               |   |  |
|---------------|---|--|
| <b>FIDA</b>   | - | International Federation of Women Lawyers              |
| <b>FP</b>     | - | Family Planning  |
| <b>GBV</b>    | - | Gender Based Violence                                  |
| <b>GDHS</b>   | - | Ghana Demographic Health Survey                        |
| <b>GHS</b>    | - | Ghana Health Service                                   |
| <b>GOG</b>    | - | Government of Ghana                                    |
| <b>GRMA</b>   | - | Ghana Registered Midwives Association                  |
| <b>GSMF</b>   | - | Ghana Social Marketing Foundation                      |
| <b>Hb</b>     | - | Haemoglobin  |
| <b>HIV</b>    | - | Human Immunodeficiency Virus                           |
| <b>HRDD</b>   | - | Human Resource Development Division                    |
| <b>HVS</b>    | - | High Vaginal Swab                                      |
| <b>ICPD</b>   | - | International Conference on Population and Development |
| <b>ID</b>     | - | Identity   |
| <b>IEC</b>    | - | Information, Education and Communication               |
| <b>IMR</b>    | - | Infant Mortality Rate                                  |
| <b>INJ</b>    | - | Injection  |
| <b>IPC</b>    | - | Interpersonal Communication                            |
| <b>IUD</b>    | - | Intra Uterine Device                                   |
| <b>IUS</b>    | - | Intra Uterine System                                   |
| <b>IVF</b>    | - | In Vitro Fertilization                                 |
| <b>KAP</b>    | - | Knowledge, Attitude and Practice                       |
| <b>LAM</b>    | - | Lactational Amenorrhoea Method                         |
| <b>MA</b>     | - | Medical Assistant                                      |
| <b>MCH</b>    | - | Maternal and Child Health                              |
| <b>MDAs</b>   | - | Ministries, Departments and Agencies                   |
| <b>MDG</b>    | - | Millennium Development Goals                           |
| <b>MIS</b>    | - | Management Information Systems                         |
| <b>MMDAs</b>  | - | Metropolitan, Municipal and District Assemblies        |
| <b>MMR</b>    | - | Maternal Mortality Ratio                               |
| <b>MOGCSP</b> | - | Ministry of Gender, Children and Social Protection     |
| <b>MOH</b>    | - | Ministry of Health                                     |

|              |   |   |
|--------------|---|---|
| <b>PMTCT</b> | - | Prevention of Mother-to-Child Transmission          |
| <b>NCWD</b>  | - | National Council for Women and Development          |
| <b>NFP</b>   | - | Natural Family Planning                             |
| <b>NGO</b>   | - | Non-Governmental Organisation                       |
| <b>NMC</b>   | - | Nurses and Midwives Council                         |
| <b>NPC</b>   | - | National population Council                         |
| <b>NYC</b>   | - | National Youth Council                              |
| <b>OCP</b>   | - | Oral Contraceptive Pill                             |
| <b>PAC</b>   | - | Post Abortion Care                                  |
| <b>PAP</b>   | - | Papanicolaou  |
| <b>PHC</b>   | - | Primary Health Care                                 |
| <b>PID</b>   | - | Pelvic Inflammatory Disease                         |
| <b>PLWHA</b> | - | People Living With HIV/AIDS                         |
| <b>PMTCT</b> | - | Prevention of Mother-to-Child Transmission          |
| <b>PNC</b>   | - | Postnatal Care                                      |
| <b>PNDC</b>  | - | Provisional National Defence Council                |
| <b>POI</b>   | - | Progestin Only Injectable                           |
| <b>POP</b>   | - | Progestin Only Pill                                 |
| <b>PPAG</b>  | - | Planned Parenthood Association of Ghana             |
| <b>PPME</b>  | - | Planning Project Management and Evaluation          |
| <b>RCH</b>   | - | Reproductive and Child Health                       |
| <b>RDHS</b>  | - | Regional Director of Health Service                 |
| <b>RH</b>    | - | Reproductive Health                                 |
| <b>RTI</b>   | - | Reproductive Tract Infection                        |
| <b>SDHT</b>  | - | Sub District Health Team                            |
| <b>SDM</b>   | - | Standard Days Method                                |
| <b>SDMT</b>  | - | Sub District Management Team                        |
| <b>SDP</b>   | - | Service Delivery Point                              |
| <b>SPMDP</b> | - | Society of Private Medical and Dental Practitioners |
| <b>STI</b>   | - | Sexually Transmitted Infection                      |
| <b>TBAs</b>  | - | Traditional Birth Attendants (Trained)              |
| <b>TC</b>    | - | Testing and Counselling                             |
| <b>TT</b>    | - | Tetanus Toxoid                                      |

|              |   |   |
|--------------|---|---|
| <b>TV</b>    | - | Television  |
| <b>UGMS</b>  | - | University of Ghana Medical School                |
| <b>UN</b>    | - | United Nations                                    |
| <b>UNFPA</b> | - | United Nations Population Fund                    |
| <b>USAID</b> | - | United State Agency for International Development |
| <b>WHO</b>   | - | World Health Organisation                         |

# **PART I**

## **REPRODUCTIVE HEALTH SERVICE POLICY**

# **1.0 REPRODUCTIVE HEALTH IN GHANA**

The Government of Ghana endorses the principle that Reproductive Health care is a constellation of preventive, curative and promotional services for the improvement of the health and well-being of the population, and especially mothers, children and adolescents.

This implies that all couples and individuals have the basic right to decide freely and responsibly their reproductive goals and have the information and means to do so.

## **1.1 DEFINITION**

The Government of the Republic of Ghana adopts and adapts the reproductive health definition from the 1994 Cairo ICPD as follows: -

- "Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters related to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

- Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

- In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."

## **1.2 SERVICE COMPONENTS**

The components of Reproductive Health Care Services are:

Safe Motherhood: antenatal, labour and delivery, post-natal care including breast-feeding and infant health

Family Planning

Prevention and management of unsafe abortion and post-abortion care

Prevention and management of Reproductive Tract Infections (RTIs), including Sexually Transmitted Infections (STIs) and HIV/AIDS

- Prevention and management of infertility
- Prevention and management of cancers/tumours of the female and male reproductive system, including the breast
- Responding to concerns about menopause and andropause (male climacteric)
- Discouragement of harmful practices and gender based violence that affect the reproductive health of women and men
- Information and counselling on human sexuality, responsible sexual behaviour, responsible parenthood, preconceptional care and sexual health
- Reproductive Health Infrastructural development and Commodity Security.

## **2.0 REPRODUCTIVE HEALTH SERVICE POLICY**

### **2.1 SAFE MOTHERHOOD**

Safe Motherhood is concerned with maintaining the health of the woman/and her new-born throughout the process of pre-conception, pregnancy, childbirth and the post-delivery period.

It means creating the circumstances within which a woman is enabled to choose whether she will become pregnant, and if she does, ensure she receives care for prevention and treatment of pregnancy complications, has access to trained birth assistance, emergency obstetric care if she needs it, and care after birth, so that death or disability from complications of pregnancy and childbirth can be avoided for both mother and baby.

#### **2.1.1 Goal**

The goal of the safe motherhood programme is to improve the health of women and their new-borns in general and specifically to contribute to the reduction in maternal and new-born morbidity and mortality.

Strategies shall include:

- Promoting family planning and pre-conception counselling
- Providing essential obstetric and new-born care
- Providing emergency obstetric and new-born care
- Strengthening referral between communities, basic and comprehensive emergency care settings
- Equipping community health workers, including TBAs with skills and tools to support and provide quality services to mothers and their children within the context of Primary Health Care
- Strengthening community participation in maternal and new-born care
- Developing and regularly updating clinical management protocols and health education guidelines
- Building capacity of maternal and new-born health care providers and managers through training and supportive supervision
- Monitoring and evaluation including maternal and perinatal health and death audits
- Promoting and supporting research into maternal and new-born care issues to inform policy



## 2.1.2 Components:

Health education and counselling  
Pre-conception care  
Antenatal care  
Labour and delivery care  
Postnatal care  
Family planning  
Post Abortion Care

### Health Education and Counselling

Health education and counselling are important aspects of all the other components and shall be provided to adolescents, men, women and their families.

### Pre-conception Care

This is the counselling and care given to women planning to become pregnant. It involves detecting and managing health problems that might affect the woman and her baby later and ensuring that women with medical illnesses such as diabetes, hypertension, cardiac diseases etc. have these conditions controlled before becoming pregnant.

It also involves steps taken to reduce the risk of birth defects and other problems; for example, folic acid supplements are given to women to prevent neural tube defects.

The components include the following:

- Education on nutrition to maintain healthy weight, to avoid exposure to alcohol and smoking during pregnancy etc.
- Folic acid supplementation to avoid neural tube defect
- Counselling on reproductive health goals (number and timing of pregnancy)
- Up-to-date vaccinations e.g. tetanus
- Screening for diabetes, hypertension, asthma etc.
- Genetic counselling

### Antenatal Care

Antenatal care is the health care and education given during pregnancy. Antenatal care is an important part of preventive and promotive health care.

To deliver antenatal care services, appropriate infrastructure and logistic support shall be provided as indicated in the standards.

The provision of antenatal care shall be guided by the principles of :

- Comprehensive and individualized care
- Disease detection and not risk categorization
- Same provider providing all aspects of basic care to the client

The objectives of antenatal care are:

To promote and maintain the physical, mental and social health of mother and baby by providing education to the pregnant mother and her family on nutrition, rest, personal hygiene, family planning, immunization, danger signs, RTI including /STI/HIV/AIDS, birth preparedness and complication readiness

- To detect and manage all complications arising in pregnancy, whether medical, surgical or obstetric
- To ensure delivery of a full term healthy baby with minimal stress to mother and baby
- To help prepare the mother to breastfeed successfully, experience a normal puerperium and take good care of the child physically, psychologically and socially
- To prevent mother-to-child transmission of HIV and other STIs

The beneficiaries of antenatal care shall be all pregnant women and their spouses, including adolescents and their families.

Support person involvement shall be encouraged

Antenatal care shall be provided through:

- Clinic-based services
- Community-based services
- Outreach services

The activities of antenatal care shall include:

- Monitoring of normal pregnancy
- Identification and management of complications of pregnancy and referral
- Provision of supplementary micronutrients
- Prevention of malaria including intermittent preventive treatment
- Immunization
- Health education and counselling
- Screening for anaemia, syphilis, sickle cell disease, Hepatitis B, etc.
- HIV testing and counselling
- Antiretroviral treatment
- Birth preparedness/complication readiness

## Labour and Delivery Care

Labour is the commencement of painful regular uterine contractions accompanied by cervical effacement and dilatation to the complete expulsion of the products of conception and up to six hours later.

The provision of labour and delivery care shall be guided by:

- Use of evidence-based labour and birth practices
- Respect for women's labour and birthing position
- Maintenance of woman's dignity, confidentiality and privacy

The main objective of labour and delivery care is to ensure safe delivery.

The specific objectives of care are to ensure:

- Early identification, management, and/or early referral of complications
- Proper management of the four stages of labour,
- minimal stress or injury to mother and baby during the delivery

The beneficiaries shall be women in labour and their babies.

Support person involvement shall be encouraged.

Labour and delivery care shall be provided at the hospital, clinics or by community-based interventions.

The activities shall be:

- Management of normal labour
- Identification and management of complications and referrals as required

### Postnatal Care

The postnatal period begins at the end of delivery and ends six weeks after delivery.

The objectives of postnatal care are:

- To maintain the physical and psychological well-being of mother and baby
- To perform comprehensive screening for detection, treatment and /or referral of complications of both mother and baby
- To detect and treat complications in the mother and the baby
- To provide health education on nutrition, danger signs, family planning, infant feeding/breastfeeding and immunization of the baby
- To counsel and provide family planning services

The beneficiaries shall be all women in the puerperium and their babies

Male partner and family involvement shall be encouraged

Post-natal care shall be provided through:

- Clinic-based services
- Community-based services
- Outreach services

The activities shall be:

- Management of normal puerperium and the baby
- Promotion of breastfeeding, including early initiation
- Identification and management of complications
- Micronutrient supplementation
- Immunization of the mother and baby / babies
- Health education and counselling
- Family planning motivation, counselling and services
- HIV testing and counselling
- Antiretroviral treatment

- Birth registration

The providers of antenatal, delivery and postnatal care at each level of service delivery shall be:

- Community level: \*TBAs, CHOs, and Midwives
- Sub-District Level: Midwives, Nurses and Physician Assistants with training in midwifery, Health Assistants Clinical
- District Level: Midwives, Physician Assistants with training in midwifery, Medical doctors, Obstetricians (where available)
- Regional Level: Midwives, Medical doctors and Obstetricians
- Teaching/Specialised Centres: Same as for Regional

## Family Planning

This will be considered under a separate section.

## Post Abortion Care

This will be considered under a separate section

***\*TBAs are recognized as community-based service providers and shall offer supportive care, education, lay counselling and referral services but not conduct delivery. However in communities that do not have access to skilled delivery care, they shall be trained and supported to conduct deliveries.***

## **2.1.3 Linkage of Safe Motherhood to other Policies and Guidelines**

Specialized care areas linked to maternal and new-born care for which policies and guidelines are available include:

Prevention of mother to child transmission of HIV  
Breastfeeding Policy  
New-born Care Strategy  
Postpartum Haemorrhage Prevention and Management Strategy

### Prevention of Mother to Child Transmission of HIV

In Ghana PMTCT is defined as a comprehensive family centered continuum of promotive, preventive, clinical and supportive services provided in conjunction with other public health interventions to prevent the transmission of HIV from a mother to her infant(s). The goal of these services is to provide a package of clinical and public health interventions to maintain health of mother and limit the proportion of new-borns infected with HIV.

PMTCT services shall be guided by the principles of Confidentiality, Informed consent for testing and counselling and Post-test Counselling and Support services

PMTCT has four pronged approach, they are:

1. Primary prevention of HIV infection
2. Prevention of unintended pregnancies among women infected with HIV
3. Prevention of HIV transmission from women infected with HIV to their infants
4. Provision of treatment, care and support to women infected with HIV, their infants and their families

PMTCT services shall be provided in both public and private health care settings in Ghana where antenatal, delivery and postnatal services are conducted.

Services shall include:

- IEC on the transmission of HIV/STI
- Provider-initiated counselling and testing
- Antiretroviral therapy
- Supportive care and counselling for all HIV positive mothers
- Counselling and support for infant feeding
- Early infant diagnosis of HIV

\*HIV Counselling and Testing shall be routinely offered to all pregnant women as part of initial and subsequent ANC services as early as possible in the pregnancy.

### *Cost of Care*

Every woman accessing PMTCT shall be provided services free of charge.

### Breastfeeding Policy

Exclusive breastfeeding shall be promoted from birth to six months (children less than 180 days). Exclusive breastfeeding means that the infant is breastfed and given no other solids or liquids, including water (drops of vitamins, minerals or medicines are allowed when medically indicated). This policy recognizes the "International Code of Marketing of Breast milk Substitutes" and is backed by "Breastfeeding Promotion Regulations, Legislative Instrument 1667", enacted by Parliament in May 2000. All mothers shall be supported to provide appropriate feeding of their infants. Health facilities with maternity services shall be encouraged to be baby-friendly and monitored to retain their status.

### New-Born Care Strategy

The neonatal period is defined as the period between birth and 28 days of life. Essential new-born tasks in the immediate post-delivery period include prevention and management of haemorrhage, thermal care, cord care, early initiation of breastfeeding, eye care and recognition of when to refer. Low birth-weight babies (LBW) shall be managed with Kangaroo mother care (KMC). All personnel who have contact in the immediate post-delivery period shall be trained in key tasks. Pre-delivery education of mothers and other family members will review immediate post-delivery tasks. Since post-delivery tasks generally require minimal special knowledge or skills, they can be promoted and reinforced by family members, community groups and volunteers.

## Postpartum Haemorrhage Prevention and Management

Postpartum haemorrhage is one of the complications of childbirth that cannot be predicted. Thematic areas identified for the prevention and management of postpartum haemorrhage are health systems strengthening, universal access to maternal health care and gender equity and practices that promote women's health. Key strategies under the thematic areas include ensuring good working environment with quality logistics, improving professional performance, improving physical and financial access to health facilities and increasing uterotonic protection coverage for women giving birth outside of health facilities.

### **2.1.4 Emergency Obstetric and New-born Care**

An obstetric emergency is a severe or life-threatening condition that is related to pregnancy or delivery that requires urgent medical intervention to prevent the likely death of the mother and/ or the baby. Emergency obstetric and new-born care is classified into two categories:

#### *Basic Emergency Obstetric and New-born Care*

Components

Provision of:

Parenteral antibiotics

Parenteral uterotonics

Parenteral anticonvulsants

Manual removal of placenta

Removal of retained products of conception

Assisted vaginal delivery

Neonatal resuscitation

#### *Comprehensive Emergency and New-born Care*

Components

All basic functions and:

Obstetric surgery and anaesthesia

Blood transfusion

Basic emergency obstetric and new-born care shall be provided at health centres and maternity homes. Comprehensive emergency obstetric and new-born care shall be provided in hospitals.

## 2.2 FAMILY PLANNING

Family planning services include methods and practices to space births, limit family size and prevent unwanted pregnancies. Pregnancy by choice and not by chance is a basic requirement for women's health. Fertility regulation is also a major component of safe motherhood strategy. It reduces the number of unwanted pregnancies with a resulting decrease in the total exposure to the risk the pregnancy poses as well as decrease in the number of unsafe abortions.

Proper planning of births can also decrease the risk of complications in pregnancy. Family planning improves the quality of life, not only for the woman but also for the family as a whole, particularly children. The quality of childcare invariably rises, as parents are able to invest more of their time, energy and money in bringing up a small number of children.

Family planning services serve as a link to other reproductive health services such as the prevention and management of RTI including STI/HIV/AIDS.

### 2.2.1 Goal

The goal of family planning is to assist couples and individuals of all ages to achieve their reproductive goals and improve their general reproductive health.

The Objectives of family planning are:

- To provide information, education and counselling to individuals and couples to enable them to decide freely and responsibly, when to start child bearing, the number and spacing of their children

- To provide affordable contraceptive services and make available a full range of safe and effective methods

- To provide information on childbearing

- To assist couples to achieve pregnancy and have babies

- To prevent and manage RTIs including STI/HIV/AIDS

- To promote dual protection

*Dual protection means the use of male or female condom on their own to prevent both unintended pregnancies and STI/HIV/AIDS (dual purpose) or the use of male or female condom in addition to other family planning methods to prevent STI/HIV/AIDS (dual method).*

All individuals and couples including adolescents are eligible for family planning services.

In view of the increasing problems associated with adolescent sexuality and adolescent pregnancies in Ghana, information and counselling shall be provided for adolescents. Sexually active adolescents who seek contraceptive services shall be counselled and served. In general, emphasis shall be on abstinence.

For couples, consent of partner for contraceptive use is not required.

In the case of mental disability or serious psychiatric disease where the nature of the disease does not allow for informed choice, contraceptives shall be provided in consultation with all relevant parties including persons in loco parentis and trained service providers.

The family planning needs of people living with HIV/AIDS shall be addressed.

### **2.2.2 Methods**

The following family planning methods shall be made available in Ghana:

#### **Temporary Methods**

##### *Short Term*

- Condoms (Male and Female)
- Spermicides
- Oral contraceptive pills
- Combined injectables
- Progestin only Injectables
- Lactational Amenorrhoea Method (LAM)
- Natural Family Planning Methods (e.g. Standard Days Method)

##### *Long Term*

- Intrauterine Device (IUD) e.g. Copper bearing, Levonorgestrel intrauterine System
- Hormonal Implants: Jadelle, Zarin, Implanon

#### **Permanent Methods**

- Tubal ligation (Female Sterilization)
- Vasectomy (Male Sterilization)

#### **Emergency Contraception:**

- Dedicated products e.g. Levonorgestrel pills
- Combined Oral Pills e.g. Microgynon, Secure
- Copper T Intrauterine Device

**CAUTION:** Emergency contraception shall not be promoted as a regular family planning method.

Contraceptive services shall be provided by trained service providers at various service delivery points:

- Community level: CBS, CHNs, TBAs, chemical sellers and pharmacists
- Sub districts level: Midwives, Nurses, Physician/Medical Assistants, Medical Doctors
- District level: Medical Doctors, Physician Assistants, Health Promotion Officers, Nutrition Technical Officers, Health Assistant Clinical, Midwives, Nurses, Specialists



- Regional level: Midwives, Nurses, Medical Doctors, and Specialists
- Teaching/Specialist Centres: same as for regional

The activities shall be:

- Behavioural and Social Change Communication (BSCC)
- Counselling on human sexuality and contraception, etc.
- Assisted Conception
- Provision of full range of contraceptives
- Management of side effects
- Prevention and management of STI/condom use/safer sex
- Cervical Cancer Screening and Management
- Testing and Counselling of HIV
- Logistics management
- Referral

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:

- Outreach services
- Static Services
- Social marketing

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

- Community level: condoms (male/female), spermicides, oral contraceptives, LAM, natural family planning, , implants, injectables, IUD/IUS, emergency contraception
- Sub-district level: condoms (male/female), spermicides, oral contraceptives, LAM, natural family planning methods, implants, injectables, IUD/IUS, emergency contraception
- District level: condoms (male/female), spermicides, oral contraceptives, LAM, natural family planning methods, implants, injectables, IUD, emergency contraception tubal ligation and vasectomy
- Regional and Teaching hospitals, same services as at district level

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

**CAUTION:** Abortion is not and shall not be used as a family planning method

## **2.2 PREVENTION AND MANAGEMENT OF UNSAFE ABORTION AND POST ABORTION CARE**

Unsafe abortion is a major cause of maternal deaths. Globally, approximately 13% of all maternal deaths are due to complications of unsafe abortion.

In Ghana, 13% of all maternal deaths are due to complications of unsafe abortion.

Medical practice defines abortion as the loss of pregnancy before the foetus is viable (in Ghana, before 28 weeks of gestation)

Unsafe abortion is “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both” (WHO, 1992).

Post Abortion Care is a strategy to reduce maternal morbidity and mortality due to abortion.

Comprehensive Abortion Care includes the package of services to provide safe abortion care and post-abortion care

The objectives of comprehensive abortion care for women are:

- To prevent unwanted pregnancies through family planning services, including counselling and method provision.

- To help women make free and informed decisions regarding their pregnancy, be more informed about health services and follow up care needed, and feel more emotionally comfortable with their decisions through supportive, nondirective reproductive health counselling

- To ensure that the abortion services provided to women, as permitted by law, are safe, affordable and accessible.

- To reduce deaths and disability from abortion complications through effective management and/or stabilisation and referrals.

- To improve women's broader reproductive health by integrating abortion services into other sexual and reproductive health services.

- To reduce morbidity and mortality due to unsafe abortion through public awareness on the availability of safe abortion services and the dangers of unsafe abortion.

- To ensure that every woman in Ghana is able to exercise her right to safe abortion.

### **GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF CAC SERVICES**

The guiding principles on how the services should be implemented in order to ensure women's access to comprehensive abortion care are as follows:

#### **a. General principles**

Each client has the right to access abortion care as an integral part of comprehensive, integrated reproductive health services.

Each client must be evaluated as an individual based on her own circumstances.

Parental, partner or spousal consent is encouraged but not mandatory when requesting CAC services.

Pre and post-counselling are integral components of comprehensive abortion care.

Compassionate, non-directive pregnancy options and abortion counselling shall be offered to enable women make the best decisions for themselves.

After the client has made a decision to terminate the pregnancy, the service shall be provided as soon as practical.

Each client has the right to privacy and confidentiality.

Clients shall be provided with post-abortion family planning counselling and methods that are acceptable to them.

## b. Rape

Legal evidence of defilement, rape or incest is not required in order for the client to obtain an abortion. (A client's word is sufficient).

## c. Mental Health

Mental health refers to a state of emotional, psychological and social wellbeing and not merely the absence of disease in matters relating to mental function. A continuing pregnancy may put a client's mental health at risk. Mental health is essential to personal welfare, family and interpersonal relationships and the individual's contributions to the community or society.

No psychiatric assessment is required in order to obtain a legal abortion.

## d. Consent

### *Minors*

A minor is a person below the age 18 years (Reference: Children's Act of Ghana 1998, Act 560).

The service provider shall encourage minors to consult a parent or a trusted adult if they have not done so already, provided that doing so will not put the minor in danger of physical or emotional harm. However, abortion services shall not be denied because such minor chooses not to consult them.

A parent, next of kin, another adult or trained service provider acting in loco parentis (in place of the parent) shall give consent on behalf of the minor.

The confidentiality of the minor should be respected, subject to the usual exceptions that apply to patient-provider confidentiality.

Providers should recognize that, in cases where pregnancy occurs in a minor under 16 years of age and is a result of defilement (statutory rape), such patients are entitled to abortion services.

If a client suffering from mental illness lacks the capacity to give consent for the procedure, such consent shall be given on her behalf by the person with legal responsibility (her next of kin, parents, or person acting in loco parentis).

#### e. Professional and Ethical Responsibilities

The subject of induced abortion generates many conflicts of opinion based on religious and other beliefs. Though individuals have a right to their own beliefs and moral perspectives on abortion, their personal beliefs should not hinder access to care for others. Health care administrators, providers and workers must note the following:

Managers of all health facilities have the obligation to ensure that services are provided within those facilities for all women of Ghana.

Service providers are mandated to provide compassionate and non-directive counselling, factually correct information about clients' rights to abortion care and provide or refer for services.

No provider has the right to refuse to perform an abortion procedure that is needed to preserve a woman's health or life.

No provider may refuse if the client is below 18 years of age, according to the following constitutional provisions:

- “No child shall be deprived by any other person of medical treatment, education or any other social and economic benefit by reason only of religious or other beliefs”.

For the purposes of this Article, 'child' means a person below the age of 18 years”. Article 28 of the Constitution of the Republic of Ghana, Clauses (4) and (5)

A service provider has a duty to provide compassionate and non-judgmental counselling and factually correct information to the client about her rights to the service and or refer her to an accessible provider.

The target groups for post abortion care shall be all women, including adolescents and their spouses or partners, family and community members.

#### Provision of services

- Clinic-based services
- Community-based
- Outreach services.

The activities shall include:

- Provision of abortion care services

- Management of abortion complications and/or referral
- IEC/BCC on dangers of unsafe abortion
- Family planning counselling and services
- Linkage to other relevant services

The providers shall include:

- CHOs, Nurses, Midwives, Medical Assistants, Medical Practitioners, and Obstetricians/Gynaecologists

***TBAs and community based volunteers shall be oriented to give support through education, lay counselling and referral.***

At each level the providers shall include:

Community level: CHNs and Midwives

Sub-District Level: Nurses, Midwives, Medical/Physician Assistants

District Level: Nurses, Midwives, Medical/Physician Assistants, Medical Doctors, Obstetricians (where available)

Regional Level: Same as for District

Teaching Hospital/: Same as for Regional

## **2.2 PREVENTION AND MANAGEMENT OF REPRODUCTIVE TRACT INFECTIONS INCLUDING STI/HIV / AIDS**

Prevention and ensuring early management of reproductive tract infections including HIV has been shown to control the spread of HIV among the population. It also reduces the consequences of such infections on the mother and foetus or baby. In Ghana STI and HIV infection are common among women reporting to our health facilities. The policy therefore supports every effort at prevention and managing individuals, pregnant women, couples and adolescents who are infected with STI or HIV/AIDS.

2.4.1 The objectives of reproductive tract infection services shall be:

- To prevent and control reproductive tract infections (RTIs)
- To prevent and control sexually transmitted infections (STIs)
- To diagnose and treat reproductive tract infections
- To prevent transmission of HIV
- To manage and support people living with HIV (PLHIV)

2.4.2 The target groups shall include:

- Individuals with RTIs including STIs
- All sexually active individuals and couples including adolescents
- All pregnant women
- Post-partum and post-abortion clients
- Individuals in the sex industry/commercial sex workers
- Family planning clients

2.4.3 The following activities shall be provided

- BSCC
- Counselling
- Promotion of condom use – male & female
- Immunisation (Hepatitis B)
- Client screening and testing
- Syndromic diagnosis and treatment
- Laboratory diagnosis and treatment
- Partner notification, counselling and management ie diagnosis and treatment
- Follow-up care
- Management of long-term complications

- Management of HIV/AIDS patients including provision of anti-retroviral drugs and prevention of mother-to-child transmission

2.4.4 The service delivery strategies shall include:

#### Prevention

##### *Through BSCC*

- Family life education
- Mass-media campaigns
- Entertainment education
- Inter-personal communication
- Advocacy
- Promotion of condom use (male & female)
- Prevention of mother-to-child transmission of HIV/AIDS (PMTCT)
- Adherence to infection prevention procedures
- Screening and management of RTIs including HIV and Hepatitis B

#### Management

- Development of service standards
- Development of treatment protocols
- Development of referral system

2.4.5 Providers at each level shall be:

Community level: CBS, TBAS, Chemical Sellers, Community Health Nurses, Health Assistant Clinical, HIV/AIDS Counsellors, Pharmacists

Sub-district level: Physician Assistants, Health Assistant Clinical, laboratory technicians, Pharmacy technician, Disease Control officers Nurses, Midwives, and Pharmacists & Community Health Nurses

District level: All the above plus Biomedical Scientists, Health Promotion Officers, Medical Doctors and Specialists

Regional level: All of the above plus researchers

Teaching Hospitals/ Specialised Centres: Same as for regional level

2.4.6 Appropriate logistic support shall be provided at all levels for the prevention and management of RTIs, including STI/HIV/AIDS.

## **2.5 PREVENTION AND MANAGEMENT OF INFERTILITY**

Infertility is the inability to achieve conception after one year of regular unprotected intercourse.

The major causes in Ghana are:

Female: Tubal damage and inability to ovulate

Male: Oligospermia and azoospermia

2.5.1 The objectives shall be:

- To prevent infertility
- To treat infertility
- To promote social support for infertile couple

2.5.2 The target groups shall include adolescents, men and women, infertile individuals and couples.

2.5.3 The activities to be undertaken shall include:

### Prevention

- Promotion of condom (male & female), multi-media campaigns, inter-personal communication, family life education, advocacy
- Treatment of RTI
- Prevention and management of unsafe abortion

### Management

Counselling

Clinical examination

Laboratory investigations

Specialised investigations

- Definitive treatment, including
- Assisted conception techniques: Artificial Insemination, IVF, etc.
- Referrals, including linkage to adoption services
- Advocacy for social support for infertile couples

Sperm and egg donation as well as serogacy are emerging as significant reproductive health issues in the country.



2.5.4 Service providers for prevention and management of infertility services shall include:

- Community level: CBS, TBAS, CHNs, Chemical Sellers
- Sub-district level: Nurses, Midwives, Physician Assistants, and Dispensary Technician
- District level: As at sub-district level, plus Medical Doctors, Laboratory Technicians, Pharmacists, Specialists, biomedical scientists
- Regional level: Same as district level
- Teaching Hospital/Specialised Centres: Same as regional level plus Biomedical Scientists, Biologists and embryologists

## **2.6 PREVENTION AND MANAGEMENT OF TUMOURS OF THE REPRODUCTIVE SYSTEM AND BREAST**

Tumours of the reproductive system and breast that compromise the health and well-being of men and women and are of public health concern include fibroid uterus, breast, cervical and prostate cancers. Breast and cervical cancers are the leading cancers afflicting Ghanaian women in their reproductive ages and beyond, while in men prostate cancer is the leading problem. Common non-malignant tumours of the reproductive system such as fibroids also cause significant morbidity during the reproductive ages in women as they often present with menstrual and fertility problems. This section focuses on addressing these selected diseases.

2.6.1 The objectives of this service component are:

- To prevent cancers of the reproductive system
- To educate men and women about tumours of the reproductive system and breast
- To detect early cancerous and non-cancerous tumours of the reproductive System and breast
- To treat cancerous and non-cancerous tumour of the reproductive system and breast
- To manage terminally ill patients

2.6.2 The approach shall include:

- Mass media
- Clinic based services

2.6.3 The target groups shall include:

- Women
- Men
- Adolescents
- Pre-Adolescents
- Family and community members

2.6.4 The activities to be undertaken shall include:

## Prevention

- BSCC
- Provision of condoms (to help prevent cervical cancer)
- Vaccination/immunization

## Clinic Based services

- Counselling
- Education on signs and symptoms of cancerous and non-cancerous tumours of the reproductive system and breast
- Early detection and definitive treatment of STIs associated with genital cancers
- Early detection and definitive treatment of pre-cancerous lesions of the cervix
- Early detection and definitive treatment of cervical breast and prostate cancer
- Early detection and definitive treatment of non-cancerous tumours of the reproductive system and breast
- Follow-up
- Referrals
- Management of terminally ill patients

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

2.6.5 The service providers shall be:

- Community level: TBAs, CBS, and CHNs, Health Assistant Clinical (HAC), Midwives
- Sub-district level: Nurses, Midwives, Physician Assistant and Dispensary Technicians
- District level: As at sub-district level, plus Medical Doctors, Pharmacists and Specialists.
- Regional level: Same as district level
- Teaching and specialised centres: Same as regional level

## **2.7 RESPONDING TO CONCERNS ABOUT MENOPAUSE AND ANDROPAUSE (MALE CLIMACTERIC)**

Both men and women experience physical, mental and social changes as they approach the end of the reproductive life cycle because of the decline in their sex hormone production.

In women the term menopause is used to describe the permanent cessation of menses that occurs at this time. In males the changes, which are subtle and less well defined, are termed andropause or male climacteric. It is associated with a reduction in libido and sperm quality.

Women are more likely than men to experience bothersome physical and psychological symptoms as they pass through this phase of life.

2.7.1 The objectives of this service areas are:

- To create awareness and respond to concerns about symptoms and signs of menopause and andropause
- To provide appropriate management of clients with bothersome menopausal symptoms

2.7.2 The target groups are:

- Men and women above forty years of age
- Women with bothersome climacteric symptoms
- Partners/Spouses of men and women with climacteric symptoms
- Family members
- Community members

2.7.3 The activities to be undertaken shall include:

BSCC

Counselling

Clinical Examination

Laboratory Investigations

Treatment

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

- Inter-personal Communication
- Mass-media Communication
- Entertainment Education
- Focus Group Discussions
- Clinic based Services

2.7.5 The providers shall be:

- Community Level: CBS agents, TBAs, Chemical Sellers, CHNs
- Sub-district Level: Midwives, Nurses, Physician Assistants, Dispensing Technicians
- District Level: As at sub-district level, plus Pharmacists and Medical Practitioners
- Regional Level: Same as district level plus specialists
- Teaching Hospitals/Specialised Centres: Same as regional level

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

## **2.7 PREVENTION AND MANAGEMENT OF HARMFUL REPRODUCTIVE HEALTH PRACTICES**

Recognizing that certain practices are harmful to reproductive health, the Ghana Health Service/Ministry of Health, in collaboration with the Ministry of Gender, Children and Social Protection, and other relevant ministries, departments and agencies, shall embark on education to discourage these practices. They shall also treat, counsel and rehabilitate victims of these practices.

Known harmful traditional and emerging practices that shall be discouraged and/or prevented include: -

- Female Genital Mutilation/Cutting
- Pregnancy Related Food Taboos
- Use of harmful vaginal herbal preparations
- Use of herbal uterine stimulants for hastening labour and termination of pregnancy
- Drug abuse
- Abuse of aphrodisiacs
- Ritual servitude e.g. Trokosi.

2.8.1 The objectives shall be:

- To manage victims of harmful traditional and emerging practices
- To rehabilitate victims
- To create public awareness on dangers of harmful practices affecting reproductive health
- To integrate prevention and management of harmful practices that affect reproductive health into the curricula of pre-service health training institutions and other relevant agencies
- To build capacity for the management of victims of harmful practices that affect reproductive health

2.8.2 The target groups shall include:

- Traditional/opinion leaders
- Politicians/policy makers
- Religious bodies
- "Wanzams" (Traditional Surgeons)
- Victims
- Women's Groups
- Men's Groups
- Youth Groups

- Teachers and school children
- Medical personnel
- Police

2.8.3 The strategies for discouragement of harmful practices affecting reproductive health include:

- Integration of services into all on-going reproductive health activities/programmes
- Integration of services into the school health education programme
- Health facility based services
- Community involvement
- Service provider training
- Strengthening database on harmful traditional practices
- Operations research
- Multi-media communication

2.8.4 The activities for discouraging and treating the effects of harmful practices that affect reproductive health shall include the following:

- Enforcement of the law on female genital mutilation (Act 484 of 1994 amended criminal Code Act 29) (see appendix 2)
- Enforcement of the Rights of the Child
- BSCC
- Counselling
- Medical treatment
- Rehabilitation

2.8.5 The service providers shall include:

Community level:

- CHNs
- CBS agents, NGO volunteers, TBAs, traditional rulers, chemical sellers, opinion leaders, e.g. "Magajia", Assembly Man/Woman
- Religious bodies
- "Wanzams "
- Peer educators
- Law enforcement officers
- National service personnel

Sub-district level:

- Same as community level, plus
- Teachers

- Health workers
- Social Welfare Officers
- District Assembly Members

District level: Same as sub-district level, plus, Medical Practitioners, pharmacists, MCEs/DCEs

Regional Level and Teaching/ Specialised centres: Same as above, plus

- Ministry of Gender, Children and Social Protection
- Regional Houses of Chiefs
- Queen Mothers' Associations
- Regional Coordinating Councils
- Media Persons
- Parliamentarians
- DOVVSU of Ghana Police Service
- International Federation of Women Lawyers (FIDA)
- Civil Society Organisations including NGOs

### **3.0 GENDER-BASED VIOLENCE AND REPRODUCTIVE HEALTH CARE**

Gender-Based Violence (GBV) is universal, differing only in scope from one society to the next. Gender-based violence is violence involving men and women in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. Gender-based violence includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering coercion, and/or deprivation of liberty within the family, or within the general community). Gender-based violence can occur throughout a woman's life cycle. It includes violence, which is perpetrated or condoned by the state

Types include:

Sex-selective abortion  
 Female child infanticide  
 Differential food and medical care for girls  
 Girl child marriage  
 Female genital mutilation  
 Child prostitution

Rape  
Battering during pregnancy  
Wife/husband battering  
Dating and courtship violence  
Physical, economical, spiritual and emotional abuse  
Trafficking/slavery of girls and women  
Abuse of the elderly woman/man  
Widowhood rites

Gender-based violence is a profound human rights issue and health problem. Recent global efforts (to which Ghana is signatory) to address this have led to the following:

1979 – Convention on the elimination of all forms of discrimination against women guarantees women equal rights with men in all spheres of life including education, employment, health care, voting rights, nationality and marriage.

1993 – World Conference on Human Rights, Vienna. Affirmed that women's human rights are a fundamental part of all human rights. Progress made in implementing the Vienna declaration was reviewed in March – April 1998 session of the UN Commission on Human Rights.

1993 – UN Declaration on the Elimination of Violence against Women for the first time provided a definition of violence, and included the associated psychological dimension in the definition.

1994 – ICPD, Cairo. Affirmed that women's rights are an integral part of all human rights. It also stressed that “Population and development programmes are most effective when steps have simultaneously been taken to improve the status of women”.

1995 – UN Fourth World Conference on Women, Beijing. The Conference Platform for Action recognised that “All governments, irrespective of their political, economic and cultural systems are responsible for the promotion and protection of women's human rights”.

1996- Addis Ababa. African Charter on the rights of the child states parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mortal injury or abuse, neglect or maltreatment including sexual abuse, while in the care of a parent, legal guardian or school authority or any other person who has the care of the child.



The United Nations Declaration of Violence against Women provides a basis for defining gender-based violence. According to Article 1 of the Declaration, violence against women is to be understood as: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private". The definition encompasses (but is not limited to) physical, sexual and psychological violence occurring in the family and in the community.

Reproductive health problems presented at health facilities in the country may have underlying physical and sexual abuse events. These include:

- High-risk sexual behaviour
- Sexually transmitted infection, HIV/AIDS
- Unwanted pregnancies
- Unsafe abortions
- Miscarriage/Low birth weight
- Complications of pregnancy
- Low and/or improper use of contraceptives
- Gynaecological disorders

The psychological effects of Sexual and Gender-Based Violence may be more serious than its physical effects, which invariably has negative effects on Reproductive Health.

Because many societal and traditional norms do not strongly discourage gender-based violence, little attention has been paid to the Reproductive Health problems associated with it. Health care providers being members of their communities unfortunately also share these same cultural and societal attitudes. Victims of sexual and domestic violence are often reluctant to disclose their experiences when they present, further making recognition of the problem difficult.

The Government of Ghana, recognizing the serious problems of gender-based violence/violence against women, has instituted certain measures to discourage this menace.

- 1992 Constitution of Ghana (Article 212)
- In 1998 a Criminal Code Amendment Act makes rape and defilement a first-degree felony liable to imprisonment of five to twenty five years.

The Act addresses the issue of forced marriage as well as indecent assault including sexual harassment, incest, child trafficking and prostitution.

The Act also has a provision on customary servitude, banning of any traditional ritual or activity that subjects a person to any form of customary servitude or forced labour.

- A law has also been enacted banning female genital mutilation/cutting
- (See Appendix II). Also ratified is the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).
- Furthermore the Women and Juvenile Unit (WAJU), now known as the Domestic Violence and Victim Support Unit (DOVVSU) of the Police Service has been set up to handle all cases of gender-based violence/violence against women.

Key principles that shall be adhered to in the provision of services for Gender Based Violence victims include:

Ensuring privacy and confidentiality  
Prioritizing patient safety from violence  
Adopting multi-disciplinary and multi-sectoral approach to care  
Ensuring proper documentation to support forensic evidence

3.1 The objectives of this service are:

- To create awareness about the problem of gender-based violence and its implications for reproductive health
- To provide appropriate reproductive health care for victims of GBV
- To link victims and perpetrators to other organizations or institutions that support measures to prevent and address GBV

3.2 The target groups for this service shall be:

- Victims
- Perpetrators of GBV
- Civil Society
- Civil Society Organizations
- Relevant MDAs (AGs dept., FIDA, CHRAJ, MOGCSP)
- Health workers
- School-aged-children
- Adolescents
- Teachers

3.3 Strategies for responding to gender-based violence include:

- Advocacy and SBCC

- Development of protocols and guidelines
- M & E including strengthening database on GBV
- Service Provision (Clinic-based and outreach)
- Capacity-building of Care Providers and Managers
- Establish linkage to other organizations
- Research

### 3.4 Activities to be undertaken shall be:

- IEC/BCC
- Psycho-social care (e.g. Counselling)
- History
- Examination
- Laboratory investigations
- Support forensic investigations
- Specific treatments
- Reporting as required by Law
- Referral
- Documentation
- Safety Plan development

### 3.5 Providers of this service shall be:

#### Community Level

- CHNs
- CBV's e.g. Peer Counsellors, Chemical sellers etc.
- TBAs
- Social Welfare Officers

#### Sub- District level:

Same as community level, plus

- Medical/ Physician Assistants
- Midwives
- Nurses
- Laboratory Technicians

### District level:

Same as Sub District level, plus

- Physicians
- Public Health Nurses

### Regional and Teaching Hospital level:

Same as for district level plus

- Obstetrician/Gynaecologist
- Pathologist
- Clinical Psychologist
- Psychiatrist
- Paediatrician
- Surgeon

### 3.6 Collaborators who would work at the various levels shall include:

DOVVSU

FIDA

CHRAJ

AG's department

Law Enforcement Agencies

Chemical sellers

Traditional leaders

Religious leaders

Teachers

Peer Counsellors

Political leaders

Media

District/Municipal Health Committees

## 4.0 OTHER REPRODUCTIVE SYSTEM DISORDERS AND SEXUAL HEALTH

Reproductive system disorders include a wide variety of conditions that may arise from the functional and/or physical changes within the reproductive organs and its related systems. Common functional and physical disorders of the reproductive system include in the female for example, menstrual, sexuality and virilisation disorders and in the male, may present as erectile and ejaculatory disorders. Both sexes may also have loss of libido associated with reproductive system changes. .

Sexual health is defined here as the integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love. Every person has a right to receive sexual information and to consider sexual relationships for pleasure as well as for procreation". (*WHO Technical Report Series #572*)

Sexuality disorders include in the female, frigidity (sexual unresponsiveness), vaginismus (abnormal tightening of the vagina preventing penetration) and in the male, they include premature ejaculation.

Sexual variances that exist include; lesbianism in the female and homosexuality in the male

Low levels of knowledge about many of these reproductive system and sexuality disorders and the available treatments in the country have led to delays in seeking care resulting in poor health and social outcomes.

Sexual rights include the right of all people to:

- decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual and reproductive health
- be free of discrimination, coercion, or violence in their sexual lives and in all sexual decisions
- expect and demand equality, full consent, mutual respect, and shared responsibility in sexual relationships

The provision of services for these reproductive system disorders and sexual health shall be guided by respect for the sexual rights and principles of privacy, confidentiality, gender and cultural sensitivity.

4.1 The components of other reproductive system disorders and sexual health shall include:

- Provision of information on the male and female reproductive system and its normal functions
- Provision of information on human sexuality
- Provision of information on common non- infective disorders affecting the reproductive organs and their function in male and females and available treatments
- Prevention and management of sexual dysfunction

- Provision of treatment and/or referral for sexual and reproductive system disorders
- 4.2 The objectives of this service are:
- o provide information and education on human sexuality including adolescent sexuality
  - To promote responsible sexual behaviour
  - To prevent and manage sexual dysfunction
  - To Promote healthy care seeking behavior for sexual and reproductive system disorders
  - To restore normal sexual and reproductive system function
- 4.3 The strategies shall include:
- IEC/BSCC on sexual health and on normal function of the reproductive system in male and female and the common disorders
- 4.4 Integration of sexual and reproductive system health issues into all on-going reproductive health activities/programmes
- 4.5 Integration of sexual health/rights, gynaecological and urological disorders into pre-service and in-service curricula of all care providers and managers.
- 4.6 Promoting and Supporting integration of sexual and reproductive health into school health education programme
- 4.7 Provision of clinic-based services for diagnosis, treatment and /or referral of sexuality, gynaecological and urological disorders
- 4.8 Research into common reproductive system disorders.
- 1.4 The target groups are:
- Couples
  - Men
  - Women
  - Adolescents
  - Pre-adolescents
  - Teachers
  - Youth Associations
- 4.5 Activities shall include:
- IEC/BSCC
  - Training

- Advocacy
- Counselling
- Assessment, diagnosis and treatment
- Psycho-social care
- Referrals
- Follow-up

4.6 The providers of this service shall be:

Community level: TBAs, CHO, CBV

Sub district level: Medical/Physician Assistants, Nurses, Midwives, Biomedical Scientists and Pharmacists

District level: Same as above plus medical practitioners

Regional level: Same as above plus specialist, Clinical Psychologists, Social Workers

Teaching hospital: Same as regional level

## **5.0 BEHAVIOUR AND SOCIAL CHANGE COMMUNICATION (BSCC)**

Many of the Reproductive Health problems encountered can be prevented by responsible sexual behaviour and/or choices. Providing clients with information, education and communication in an enabling environment helps them to make informed choices, decisions and take action to improve their RH status through appropriate behavioural change.

Community structures that uphold traditional and religious values like abstinence assertiveness etc. especially among the youth shall be strengthened.

5.1 Objectives of this service are:

- To promote and enhance sexual and reproductive health knowledge and healthy sexual and reproductive health behaviour for all including adolescents.
- To engage and empower communities to make informed choices on all the components of RH including HIV/AIDS
- To promote the utilization of available RH services

For effective BSCC, multimedia approach shall be used. IEC messages shall be accurate, up to date, timely, audience specific and culturally sensitive.

Advocacy for effective policies and creation of supportive environment shall be pursued  
Health providers have to be oriented to be more client friendly

BSCC (IEC and counselling) activities shall take place in all health facilities and schools, the community, workplaces and any other suitable settings. Innovative BSCC and advocacy approaches shall be used to enhance services particularly in adolescent health, male involvement programs and community participation. These activities shall be carried out regularly and consistently by trained persons with due consideration given to the needs of target populations with total involvement of the community.

BSCC shall include information on all components of reproductive health and the promotion of available services.

The target groups of Reproductive Health BSCC (IEC and counselling) programmes shall include the following

- Religious bodies
- School-age children
- Teachers
- Adolescents (both in and out of school)
- Disabled persons
- People living with HIV/AIDS
- Clients with reproductive health needs
- Women
- Men
- Opinion leaders
- Community members
- Traditional leaders
- Policy makers (All MDA s)
- Partners/spouses of clients with reproductive Health needs
- Media personnel
- Health service providers
- Security Agencies
- Civil Society Organization (CSOs)
- Non-Governmental Organization (NGOs)

The following strategies shall be used for the promotion of Reproductive Health

- Health Education
- Advocacy
- Social mobilization/involvement



- Collaboration with other health-related organisations including the Non-Formal Education sector
- Integration of Family Life Education (FLE) into school curricula and out-of-school programmes
- Strengthening of the reproductive health database
- Intensification of outreach programmes
- Training
- Counselling of clients/partners/families

5.2 The main BSCC activities for the promotion of Reproductive Health shall include the following:

- Knowledge, Attitude and Practice (KAP) Studies
- Message and material development
- Material production
- Material distribution
- Advocacy meetings /sessions
- Counselling
- Training
- Audience segmentation
- Resource mobilisation
- Interpersonal communication (IPC)
- Community Empowerment
- Durbars
- Radio / TV Discussions
- Campaigns

BSCC shall be undertaken at various levels by personnel including the following:

#### Community

- CHOs
- Teachers
- CBS agents
- TBAs
- Agriculture extension officers
- Chemical sellers
- Community volunteers
- Peer Educators

- Opinion leaders
- Traditional health practitioners

#### Sub-district Level:

- Same as community level plus
- Nurses
- Midwives
- Medical Assistants
- Dispensing Technicians
- Biostatistics Assistants
- Pharmacy Technicians
- Health Information Officers

#### District level:

- Same as Sub-district Level, plus
- Public Health Nurses
- Political leaders
- School Counsellors
- Medical Practitioners
- Technical Officers (Disease Control, Nutrition, Health Information, Health Promotion, etc.)
- District Information Officers
- NCWD Officers?
- NGOs / CSOs

#### Regional Level:

- Same as district level plus:
- BSCC/Health Promotion Specialists
- Media personnel
- Regional Population Officers
- Religious leaders

#### Teaching Hospital Level

Staff of Health Promotion Department of GHS  
 The National Population Council Secretariat  
 IEC officers of other collaborating Agencies

Political Leaders

Universities/Training Institutions

Media personnel

Religious leaders

The Health Promotion Department of the GHS shall coordinate all components of the BSCC programmes at the National Level.

## **6.0 TRAINING OF REPRODUCTIVE HEALTH SERVICE PROVIDERS**

### **6.1 SERVICE PROVIDER TRAINING**

All persons involved in the provision of reproductive health services shall be given appropriate training. Training shall focus on:

- Safe motherhood
- Family planning including contraceptive technology
- Clinical /Coaching skills
- Training skills
- Counselling
- RTI including STI/HIV/AIDS
- Logistics management
- Management information systems
- Supervision, monitoring and evaluation
- Operations research
- IEC/BCC
- Adolescents and their needs
- Infection prevention
- Prevention and management of infertility
- Management of unsafe abortion and post-abortion care
- Reproductive tract cancer prevention and screening (cervix, breast, prostate, testes)
- Responding to concerns about menopause/andropause
- Gender issues
- Sexual health

## **6.2 PRE-SERVICE TRAINING**

- Reproductive Health shall 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
- Pre-service training of health workers (Nurses, Midwives, Medical Practitioners and Pharmacists) and social workers shall include reproductive health training.

## **6.3 IN-SERVICE TRAINING**

- In-service training in Reproductive Health must be in line with the Reproductive Health standards and ensure sustained quality of service delivery
- In-service training programmes must ensure coverage of all service providers in both public and private sectors with regular and routine updating of skills and knowledge

Standardised in-service training curricula shall be developed as part of structured and institutionalised continuing training that targets all levels of responsibility and skills. Such curricula shall be reviewed regularly in concert with other agencies collaborating in reproductive health.

- Relevant aspects of reproductive health shall become integral aspects of structured in-service training
- The structured in-service training programmes shall be a requirement for promotion and career progression
- In-service training sessions shall be decentralised to regional and district training centres
- A national corps of Reproductive Health resource persons shall be developed to provide regular training programmes

## **6.4 POST-BASIC AND POST-GRADUATE TRAINING PROGRAMMES**

The programme for training of nurses, midwives, medical practitioners and specialists shall include:

- Reproductive health components
- Revision of curricula
- Specialised training in reproductive health planned according to the specific needs

## **6.5 TRAINING OF OTHER REPRODUCTIVE HEALTH SERVICE PROVIDERS**

The training programme for other RH Service Providers (CBS, TBAs, and CHOs) shall include:

- 4.9 Frequency of training: Formal training sessions would be held every two years for 'other' service providers to achieve coverage of services and to assure replacement of attrition.
- 4.10 On-the-job training shall accompany all monitoring and supervisory activities prescribed by the 'standards'
- 4.11 Duration of training shall be commensurate with the content and level of skill needed as determined by accredited resource persons
- 4.12 Any service provider shall be required to have undergone the appropriate in-service training before carrying out any additional or new tasks. Communities shall be appraised of these skills when acquired through the usual modes of communication
- 4.13 Training sites: These service providers shall receive training at designated district and regional sites including Regional Resource Training Centres
- 4.14 The Ministry of Health/GHS in collaboration with other agencies and resource persons shall develop and regularly update training resource materials, which shall be made available to all training centres

## **7.0 HUMAN RESOURCE DEVELOPMENT (HRD)**

This section is in line with the national document on HRD developed by the MOH/GHS.

### **7.1 PLANNING OF HUMAN RESOURCE DEVELOPMENT**

- The Health Sector shall develop projections of future needs and supply of Reproductive Health Service Providers
- Appropriate cadres of service providers shall be developed and distributed according to workload, as well as geographical and access equity

### **7.2 MANAGEMENT OF SERVICE PROVIDERS**

- Management of reproductive health workforce shall involve decentralised processing of personnel administration
- Systematic and regular performance appraisal shall be linked to promotion and post-basic training

- Incentives shall be provided for officers with heavy workloads and those working in 'hardship' areas

### **7.3 TRAINING AND HUMAN RESOURCE DEVELOPMENT**

- All pre-service training curricula shall include Reproductive Health components
- Multipurpose worker cadres shall provide reproductive health services that are integrated into other health services
- The multipurpose workers shall increase the availability of Reproductive Health skills at all levels for service provision
- Specialised training of Reproductive Health Service Providers shall relate to an acceptable ratio of specialists to general service providers
- Specialist training shall take into consideration regional and district requirements and distribution as well as national needs
- Specialised skills development shall be for all categories of service providers and support staff
- Specialist training shall include courses to rapidly provide skills at local levels. More intensive courses shall also be provided to produce highly specialised academicians and trainers. The cost-effectiveness/efficiency of such training programmes shall be emphasised
- Reproductive health standards shall determine the ratios of every cadre of service provider needed in relation to the population and expected workload
- Access to reproductive health services especially in rural areas shall remain an important factor in development and assignment of service provider

## **8.0 INFRASTRUCTURE**

Infrastructure to support RH care services is critical. These include physical buildings, access roads, water and sanitation, electricity, communication and emergency referral transport. Infrastructure that is inadequate can significantly and negatively affect use of services and quality of RH care.

MOH/GHS shall advocate for access roads and other infrastructural services such as potable water supply and electricity. Decision makers and managers of health care system shall ensure that care needs of growing population and also changing RH needs are taken into consideration during the design and implementation of RH infrastructure developments. Managers of facilities providing RH care, shall implement adequate maintenance plans that ensure that essential RH care services that must be provided on 24 hour basis are not constrained by infrastructure inadequacies.

### **8.1 PHYSICAL FACILITIES**

RH service units shall be available and routinely be integrated into all health care services at both basic and comprehensive health care levels. Physical infrastructure for RH service must include facilities for both out-patient and in-patient service areas (including emergency care) as indicated. These facilities must be spacious and equipped with places of convenience for staff, women, their support persons and their babies.

In the planning for and in the built-up of physical structures for RH care services attention shall particularly be paid to ensuring that privacy, confidentiality, gender sensitivity and the peculiar care needs of the RH components are considered. Due consideration must also be paid to the need for integration of services of the various linked RH care components as well as requirements for provision of 24 hour services in the building designs.

Safe -motherhood service delivery national standards are that for every 200,000 people there should be at least five EmONC facilities, at least one of which provides comprehensive care. Given Ghana's current population of 24,232,431, the national standard requires 485 basic facilities and 121 comprehensive facilities. A recent assessment in 2011 found that functionally only 13 basic facilities (leaving a gap of 472) and 76 comprehensive facilities (leaving a gap of 45). Building infrastructural deficiencies contributed significantly to this gap. International standards accepted and used by Ghana also recommend 30 to 32 maternity and delivery beds for every 1000 deliveries for a first-level referral facility, such as a district hospital.

These standards shall guide planning and siting of building infrastructure.

## **8.2 Water and Sanitation**

Inadequate water and sanitation infrastructure present a critical challenge to RH service delivery as care components such as labour /delivery care and emergency obstetric care must be available on 24 hour basis. Furthermore medical waste arising from RH care service delivery, are particularly hazardous and also constitute the greatest volume of medical waste. Infrastructure planning and development for RH services must take these factors into consideration.

All facilities providing RH service components shall have emergency water supply plans in place to prepare for, respond to and recover from total or partial interruptions of normal water supplies.

## **8.3 Electricity**

Data from 2011 EMONC survey showed that 9 percent of facilities surveyed had no source of electricity. Of the remaining facilities, the study found that 91 percent relied on power lines (the grid) as their primary source. Eight percent had solar energy as their primary source, and less than 1 percent had a generator as their primary source. Even where facilities have access to some source of power they are often challenged significantly by frequent disruptions in supply leading to interruptions in RH service delivery.

Facilities providing 24 hour service shall be supported to have emergency electricity supply plan in place to ensure continuous emergency service delivery.

## **8.4 Communication and Transport for RH Care**

Mobile phone technologies shall be promoted for effective communication in RH service delivery in areas of emergency referral, data and information transfer to clients and staff and in logistic management. Public and Private transportation systems shall be mobilized to support RH service delivery.

Many RH complications are unpredictable and beyond the capacity of primary health facilities to treat. In Ghana many women reside far from sources of lifesaving care. Referral facilities remain a key intervention in addressing emergency care needs for these women when they arise.

Referral infrastructure systems comprise of effective communication systems from community to facilities, within and between health facilities and with linkages to the National Ambulance system and/or adequate transport. These shall be available on 24 hour basis at basic and comprehensive RH care facilities.



## **9.0 PROCUREMENT AND SUPPLY CHAIN MANAGEMENT SYSTEMS**

### **9.1 PROCUREMENT**

Procurement of contraceptives, other drugs and commodities and supplies shall be carried out in accordance with the approved specifications and procedures on procurement of drugs and supplies.

Quality control measures coordinated with relevant state and other stakeholders shall ensure consistency of efficacy of the products.

### **9.2 STORAGE AND DISTRIBUTION**

In order to ensure continuous flow of family planning services to clients in the public sector, distribution of contraceptives and other drugs and commodities shall be co-ordinated through the Ministry of Health/GHS at the Central Medical stores (CMS). In the private sector, this shall be done by the organisations concerned.

Adequate storage facilities shall ensure efficient distribution of drugs, commodities and supplies at all levels.

Storage of Reproductive Health commodities shall be as indicated below:

National level: Central Medical stores

Regional level: Regional Medical stores

Facilities

Distribution of RH commodities (including FP commodities) shall be coordinated alongside the National Essential Drug distribution system. The distribution shall follow established strategies and procedures from the central level (Central Medical Stores – CMS) through the regional level and directly to health facilities for use. This shall be in accordance with the transportation policies of the GHS.

### **CONTRACEPTIVES**

Contraceptives, having been classified as drugs shall be included in the essential drug list.

New contraceptives and contraceptive methods shall be approved and registered by the Food and Drugs Authority before being used in Ghana.

### **9.3 EQUIPMENT**

The policy guidelines for the acquisition and application of health care equipment are detailed in the equipment policy document of the MOH/GHS.

### **9.4 MANAGEMENT OF REPRODUCTIVE HEALTH COMMODITIES**

The Ministry of Health/Ghana Health Service shall ensure reproductive health commodity security. Adequate drugs and supplies and buffer stocks shall be available in the country for distribution within the Ghana Health Service and other organisations involved in reproductive health service delivery. Whenever necessary, the Ministry of Health/GHS shall support these organisations when they have shortages and vice-versa.

## **10.0 MANAGEMENT INFORMATION SYSTEMS (MIS)**

To provide information that can be used to improve quality and coverage of reproductive health, managers and service providers at all levels shall collect, analyse and report on the data.

The information gathered shall be used in planning, policy formulation and implementation, monitoring, supervision and evaluation.

### **Objectives**

- To identify reproductive health needs
- To monitor trends of RH services
- To monitor the implementation of RH interventions and their impact
- To identify research areas
- To analyse and use results appropriately

### **Strategies**

- Regular collection of disaggregated data, analysis and use at all levels
- Regular feedback and dissemination of information to all stakeholders
- Regular review and update of RH data collection tools

Overall coordination shall be done by the GHS in collaboration with the Ministry of Health.

## **10.1 INDICATORS FOR REPRODUCTIVE HEALTH**

The indicators shall include:

- **Maternal Deaths**
  - Institutional maternal deaths
  - Community maternal deaths
  - % audited

- **Antenatal Care**
  - Antenatal care coverage
  - TT vaccination coverage as at 3<sup>rd</sup> trimester
  - % anaemic at registration (Hb below 11gm/dl )
  - % anaemic at 36 weeks
  - % of ANC attendance with at least 4 visits per pregnancy
  - % receiving 2 or more doses of intermittent preventive treatment for malaria
  - % tested and counselled
  - % tested who were HIV positive
  - % HIV positive receiving ARV
  - No. and % of babies receiving ARV
- **Delivery**
  - % of deliveries supervised
  - % of deliveries referred
  - % of caesarean sections
  - % of low birth weight
  - % of assisted deliveries
  - % of delivery points providing essential obstetric care
  - No. with PPH
  - No. with Eclampsia
  - No. with obstructed labour
  - Case fatality rates
- **Post Natal Care**
  - No with Puerperal Sepsis
  - Post natal coverage:
    - % 1<sup>st</sup> visit within 48hrs
    - % of mother/baby pairs exclusively breastfeeding at discharge

- **Family Planning**
  - Contraceptive prevalence rate (DHS)
  - Family planning acceptor rate
- Method Mix:
  - % of clients accepting temporary methods
  - % of clients accepting permanent methods
  - % of clients receiving fertility awareness-based methods
  - Couple Years of Protection by method
  - % of clients undergoing vasectomy
  - No. receiving emergency contraception Total CYP
- **Abortion Management**
  - No. and % elective abortions
  - No. and % spontaneous abortions
  - No. and % induced abortions
  - No. and % of clients provided with MVA
  - No. and % post-abortion care clients accepting a FP method
  - No. and % of abortion-related complications
  - Case fatality rate
- **RTI Management**
  - % of clients counselled and given treatment for STI/HIV.
  - No. of condoms distributed
  - STI prevalence rate
  - HIV prevalence rate
  - No. of types of RTIs other than STIs
- **Sexual and Gender-Based Violence**
  - No. of women physically assaulted by their partners reporting to health facility
  - No. of rape cases reporting to health facility
  - No. of clients with FGM
  - No. of male/female ratio of reported cases of gender based violence
- **Cervical Cancer**
  - No. of women screened
  - % screened having dysplasia
  - % receiving cryotherapy

- % returning for follow-up after cryotherapy
- % screened having cancer of cervix

## **Adolescent Reproductive Health**

- Median age of first sexual intercourse (DHS)
- Adolescent pregnancy rate
- Prevalence of HIV/AIDS in adolescents
- % of STIs clients who are adolescents
- % of induced abortion cases who are adolescents
- Proportion of health facilities that are adolescent-friendly.
- No. of peer educators
- No. of adolescent clubs

## **11.0 QUALITY ASSURANCE**

### **11.1 QUALITY OF CARE**

Quality of care shall be assured at all reproductive health service delivery points. Special attention shall be paid to:

- Client-provider interaction
- Privacy and confidentiality
- Counselling for informed choice/decision
- Access to widest possible range of effective reproductive health services
- Provision of appropriate infrastructure
- Effective logistics management system
- Infection prevention and control
- Technical competence of service providers
- Effective referral systems
- Mechanisms to ensure follow-up

### **11.2 STRATEGIES**

Strategies to ensure quality shall include:

Training and acquisition of skills

Provision of

- Practical guidelines

## Administrative procedures

- Performance standards and protocols
- Specifications

Monitoring compliance to standards

Development of quality indicators for service delivery

Strengthening maternal and neonatal death audits

Community participation in service delivery

Provision of materials and support services

Ensure availability of reproductive health commodity security

Continuous supervision and monitoring of quality of care

Bi-annual Reproductive Health conference

## **12.0 FINANCING**

### **12.1 FINANCING OF REPRODUCTIVE HEALTH SERVICES**

Financing of reproductive health services in Ghana shall continue to be provided by the Central Government, Local Councils, Development Partners, NGOs, Internally Generated Funds (IGF), communities and individuals. 1

Owing to the cost-effectiveness of most of the RH interventions, the Government of Ghana (GOG) shall utilise all mechanisms including the national health insurance to make services as accessible as possible to all people.

Inability to pay for services shall not serve as hindrance to receiving services.

To promote easy accessibility and utilisation of services, exemption mechanisms shall ensure that specific services are available to needy patients and clients including free maternal, new-born care and family planning services.

In line with government's decentralisation policies and the decentralised framework for delivering reproductive health services, a greater proportion of funds for reproductive health shall be decentralised to the district level of the health delivery system.

### **12.2 FINANCIAL MANAGEMENT OF REPRODUCTIVE HEALTH SERVICES**

Financial management systems and capacity building of staff at the district and sub-district level shall be strengthened to meet the new responsibilities.

Funds from different sources shall continue to be provided as a global budget to districts to facilitate integration of services.

Common financial and accounting procedures shall be promoted at all levels of the health service system.

Where cost recovery mechanisms are introduced a proportion of funds generated shall be retained at the facility in accordance with existing financial laws to promote increased quality of services.

## **13.0 SUPERVISION, MONITORING, EVALUATION AND RESEARCH**

### **13.1 SUPERVISION**

Supervision aims to guide, assist and support staff to perform well in their assigned tasks. Thus the role of a supervisor is that of a problem detector and a problem solver. The supervisor shall act during the supervisory visit in a supportive/facilitative manner.

### **13.2 MONITORING AND EVALUATION**

**Monitoring** is the process of ascertaining regularly whether programme activities are being implemented as planned.

**Evaluation** implies periodic assessment of the progress made towards achievement of programme goals and objectives, both qualitatively and quantitatively.

Monitoring and evaluation shall be carried out at all levels of health care delivery system by service providers and managers.

The Ghana Health Service (GHS) in collaboration with all participating agencies shall coordinate the monitoring and evaluation of all reproductive health programmes in the country.

### **13.3 RESEARCH**

The Ministry of Health/Ghana Health Service shall encourage and support research activities into reproductive health. Such activities shall include:

- Acceptability studies
- Clinical trials
- Operational research
- Social behaviour research in relation to reproductive health
- Indigenous contraceptive methods
- Male involvement
- Adolescent sexuality

The Ministry of Health/GHS and other participating agencies shall ensure that such research findings are adequately disseminated to appropriate institutions and individuals involved in reproductive health activities.

Ethical clearance shall be sought from the appropriate bodies for all research.



## **14.0 INSTITUTIONAL ARRANGEMENTS FOR PROVIDING REPRODUCTIVE HEALTH SERVICES**

Within the health sector, there are a variety of actors who are key to the implementation of this policy. The GHS aims to work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health, has equitable access to high quality health and related interventions.

This requires engagement with stakeholders for effective communication to strengthen the role of the community, civil society and community-based organizations, MMDAs, Development Partners and NGOs to support the implementation of this Policy. Development of systems for collaboration and community engagement as well as capacity building on leadership, advocacy, communication, resource and social mobilisation at all levels (National, Regional, District and Community) is essential to achieve this collaboration.

### **The National Level**

The national level (MOH/GHS) shall clarify the RH policy, standards and protocol to all health workers and the public and build their capacity at all levels of the Ghana Health Service to engage community members in RH services. They shall mobilize resources; build partnership and inter-sectoral collaboration for the provision of RH services across the country. The national level will coordinate monitoring and evaluation and provide policy direction.

The FHD shall provide coordination, support and supervision oversight for RH services in the Ghana Health Service. The Divisional Director, Heads of Departments and Program Managers are responsible for mainstreaming RH services into health delivery at all levels including CHPS implementation framework. They shall discuss RH outcomes and provide periodic updates (MDG 4 and 5, maternal deaths, child mortality, teenage pregnancies) with relevant MDAs, Politicians, Religious leaders, National House of Chiefs, Media etc. with the view of rallying national support for RH services as a national priority agenda. The Director General and other Heads of Agencies shall be accountable for the implementation of this policy.

### **The Regional Level**

The Regional Director of Health Services shall advocate for RH services at the Regional Coordinating Council, Regional House of Chiefs, and other MDAs. The Regional Director of Health Services shall also advocate to local and foreign NGOs and corporate bodies. S/He shall also mobilize resources to assist in the implementation of RH services in the districts. The Regional Deputy Director, Public Health and other Unit Heads (Health Promotion, RCH, Nutrition) shall coordinate, support, supervise, monitor and report on RH services in the Districts. S/He shall also provide technical support to the Districts for effective implementation.

### **District Level**

The District is the apex service delivery point of the primary health care organization and management in Ghana. Within the district, health services are organized in a three tiered hierarchy with the District level (level C) at the top, the Sub-district level (level B) and the Community level (level A) at the bottom.

## **The District Health Management Team (DHMT)**

The District Health Management Team (DHMT) serves as the decision-making, programme development and co-ordinating body for health services within the district. The DHMT supports the Sub-district Health Teams (SDHT) for RH Services in the district. The District Director of Health Services (DDHS) with support of DHMT and SDHT shall engage the communities on RH services, support overall RH services, plan and budget for RH services, provide supportive supervision for SDHT and train the SDHT and CHOs in RCH implementation activities.

The District Public Health Nurse and other Unit Heads shall support, supervise, monitor and provide technical assistance on RH services across the district.

While the District Director of Health Services (DDHS) is responsible for overall management of the RH services, providing guidance and technical assistance, planning and budgeting for district health service delivery activities, the Sub-district Head has the delegated responsibility to implement RH services in the CHPS zones in his/her particular sub-district. The DDHS shall dialogue on RH services within the health workers, Assemblies, Chiefs, Queen mothers, 'Magajias', Religious leaders, Town Development Committees and Elders, Community members, CSOs/NGOS and any other key stakeholders in the community to:

- ensure residence for health workers in community,
- make transport arrangements for emergencies,
- engage the Youth and the Midwives and CHNs for health education,
- organize regular sanitation campaign,
- visit health facilities at least half yearly,
- Support( financial, cleaning etc.) for health facility,
- awards for best communities, and
- Provide leadership in integrated infrastructure development – health, road, school - location and upgrading of facilities.

## **District Hospital**

The district hospital shall provide leadership in clinical care services and provide support to the sub-district in various activities such as referrals, quality assurance, emergencies, supportive supervision and training.

## **Sub-district Level**

The Sub-district Health Team (SDHT) supervises CHOs and links them to District-level officers. SDHT leaders plan and budget programme activities in their zones. They manage the flow of essential medicines and family planning supplies between the DHMT and CHO/Community Health Management Committees (CHMC). The CHMC then distributes needed resources to the volunteers to complete actual delivery of the health Services.

Specific responsibilities of the Sub District Health Team shall be to:

Engage community for dialogue on RH Services with advocacy and diplomacy and dialogue on RH services within health workers, Assemblies, Chiefs and Elders, Queen-mothers, 'Magajias', Religious leaders, Town Development Committees Community members, CSOs/NGOS and any other key stakeholders in the community to:

- ensure residence for health worker in community,

- make Transport arrangements for emergencies,
- organize regular sanitation campaign,
- Support (financial, cleaning etc.) the health facility,

Sensitize and mobilize the community for RH services

Supervise all CHPS zones within the Sub-district catchment area.

Organize monthly zonal meetings for CHOs and other stakeholders to share best practices, experiences, and learn from each other

Manage logistics for service delivery

Budget for CHO service delivery as well as general activities within the individual CHPS zones.

Collate and analyse service delivery data from all CHOs, CHVs and CHMCs

Write reports to DHMT and provide feedback to CHPS zones

## **Community Level**

CHPS service delivery targets individuals, families and groups for primary healthcare services. To facilitate targeted services, communities have been demarcated into CHPS zones for the special attention of a dedicated CHO. A community profile shall be available

In CHPS, a trained and re-oriented health service provider (CHO) resides in a mobilized and sensitized community and provides relevant basic services (both clinical and promotive) to individuals and families. The CHO shall provide information and services on RH through

homes visits

Clinic based services

referrals

registration and follow up all pregnant women

Document pregnancy outcomes.

Meet social groupings

Organize community information durbars

Support and supervise community based volunteers

The CHO in collaboration with the Community Health Management Committee shall develop and implement the Community Health Action Plan (CHAP). The CHO shall periodically brief the Assemblyman/ Unit committee and Traditional Authority including queen mothers and other social groupings on the RH situation in the communities.

## **Community Health Volunteer System**

The Ghana Health Service shall support the establishment of a volunteer system, initiated and owned by the communities.

There shall be two sets of volunteers in communities. They are the Community Health Management Committees and Community Health Volunteers. The Community Health Management Committee (CHMC), made up of dedicated, respected and willing leaders (both men and women) supervise the health system at the community level and also administratively supervise the Community Health Volunteers. The Community Health Volunteers are mainly active leaders who have proven themselves to be reliable and dedicated to the development of the community.

They are selected, approved by the community, trained by the DHMT/SDHT and commissioned to work directly with the CHO. They mobilize community members and participate in health programs at the local level.

The DHMT shall ensure that all health programs/projects at the community level that require the services of volunteers shall contact the sub-district head for direction to the CHO. The CHO shall link all such community level health programs to the Volunteer System established at the community level.

## **PART II**

# **REPRODUCTIVE HEALTH SERVICE STANDARDS**

# REPRODUCTIVE HEALTH SERVICE STANDARDS

## 1.0 IEC FOR REPRODUCTIVE HEALTH SERVICES

### 1.1 IEC METHODS, CHANNELS AND MATERIALS BY LEVEL OF HEALTH SERVICES

IEC messages shall be channelled through various means at different levels of the health delivery system.

| Levels                              | Methods / Channels   | Materials   |
|-------------------------------------|--|---|
| Community                           | <ul style="list-style-type: none"> <li>- Health talks</li> <li>- Demonstrations</li> <li>- Video shows</li> <li>- Drama, songs</li> <li>- Durbars / Festivals</li> <li>- Community meetings</li> <li>- Home visits</li> <li>- Discussions with organized groups (Focus groups)</li> <li>- Film shows</li> <li>- Radio and TV</li> <li>- Quizzes</li> <li>- Debates</li> <li>- Panel discussions</li> </ul> | <ul style="list-style-type: none"> <li>- Flip charts</li> <li>- Posters</li> <li>- Leaflets</li> <li>- Pamphlets</li> <li>- Video and audio equipment</li> <li>- Films / slides</li> <li>- Projectors</li> <li>- Models: penile, breast, female and male reproductive systems</li> <li>- Actual objects e.g. sample of contraceptives, food items</li> <li>- Doll and pelvis</li> </ul> |
| Sub-district                        | Same as above  | Same as community   |
| District                            | Same as sub-district   | Same as sub-district, plus <ul style="list-style-type: none"> <li>- Newspapers</li> <li>- Billboards</li> <li>- Banners</li> <li>- Collaterals e.g. T-shirts, key holders</li> <li>- Madam Zoe</li> <li>- RAPID presentation</li> <li>- Audio Visual system</li> <li>- Digital video e.g. Video camera</li> </ul>   |
| Regional                            | Same as District   | Same as District  |
| Teaching/Specialized Medical Centre | Same as above  | Same as Regional  |

## **1.2 ESSENTIAL INFORMATION FOR CLIENTS SEEKING REPRODUCTIVE HEALTH SERVICES**

In pursuance of the objective that clients are to be encouraged to make informed decisions/choices in respect of reproductive health services, the service provider shall provide them with information and counselling on:

### **1.2.1 General topics:**

- Human anatomy and physiology of the reproductive system

- Human growth and development

  - Pre adolescence

  - Adolescence

  - Menarche/Spermarche

  - Adulthood

  - Fertilization

  - Pregnancy

  - Childbirth

  - Childcare

  - Parenthood

  - Menopause/Andropause

  - Old age

- RTI including STI/HIV/AIDS

- Personal/environmental sanitation

- Gender issues

- Male involvement and participation

- Social/cultural issues

- Rumours/misconceptions

- Nutrition

- Immunization

- Breastfeeding/Infant feeding

- T.C.

- PMTCT

### **1.2.2 Safe Motherhood:**

- Counselling & Testing

- Prevention of Mother-to-Child Transmission of HIV

- Pre-conception care

- Antenatal care

- Labour and delivery

- Postnatal care including Breastfeeding and Infant Health

- Baby care

Complication readiness

Birth preparedness

STI /HIV prevention/condom use/safer sex

### 1.2.3 Prevention of Abortion and Management of Abortion Complications

Post-Abortion Care (PAC)

### 1.2.4 Family planning:

- Types of family planning methods available, where to get them and cost
- How each method works
- How to use each method
- Advantages and disadvantages (characteristics) of each method
- Effectiveness of the method
- Side effects and their management
- Eligibility and non-eligibility criteria
- Return to fertility
- Clarification of misconceptions/rumours
- How to use the chosen method including demonstrations where applicable
- Indications for early return to the health facility
- Follow-up and re-supply
- Proper storage and maintenance
- Proper disposal of used and expired supplies
- Dual protection
- T.C.
- Emergency Contraception

### 1.2.5 RTIs

- Prevention of reproductive tract infections including STI/HIV/AIDS.
- T.C.
- PMTCT

### 1.2.6 Infertility

- Causes
- Prevention
- Available treatment options and support services

### 1.2.7 Prevention and detection of cancers of the reproductive system (especially cervix, breast, prostate and testes).



## **1.3 COUNSELLING STEPS FOR RH SERVICES**

The steps to be followed during counselling, can be summarized by the acronym "REDI" as shown below:

### **RAPPORT BUILDING**

- Provides warm reception
- Assures confidentiality and privacy
- Explains the need to discuss sensitive and personal issues
- Uses communication skills

### **EXPLORATION**

- Explores in-depth the client's reason for the visit
- Explores client's reproductive history and goals
- Explores client's social context, circumstances and relationships
- Explores issues related to sexuality
- Explores client's history of STI/HIV
- Explains STI/HIV risk and dual protection and helps client determine his/her risk for STI/HIV transmission
- Focuses discussion on the method (s) of interest to client
- Rules out pregnancy and explores factors related to monthly bleeding and any recent pregnancy
- Screens client for possible medical conditions

### **DECISION MAKING** (based on information exchange above)

- Identifies possible client needs
- Explores relevant information relating to each decision
- Helps client weigh the benefits, disadvantages and consequences of each option
- Encourages client to make his/her own decision

### **IMPLEMENTING THE DECISION**

- Assist client in making a concrete and specific plan for carrying out the decision(s)
- Help client develop skills to use his/her chosen method and condoms -where condom is used for dual protection or as a back-up method
- Identifies barriers that client may face in implementing his/her decision
- Develops with client strategies to overcome barriers
- Makes a plan for follow up and /or provide referral as needed
- Uses communication skills effectively

1.4 IEC ACTIVITIES BY TYPE OF PROVIDERS AT EACH LEVEL

a. Community, Sub District, District Levels

| LEVEL                    | COMMUNITY |     |     |            |     |    |     | SUB-DISTRICT |           |    |    |              |    | DISTRICT |     |     |    |   |        |
|--------------------------|-----------|-----|-----|------------|-----|----|-----|--------------|-----------|----|----|--------------|----|----------|-----|-----|----|---|--------|
| PROVIDER                 | CBS       | TBA | TEA | CHN<br>CHO | CHS | OL | PHN | TEA          | MA/<br>PA | MW | DT | *VOL<br>/ HA | MP | TEA      | PHN | PHA | MW | N | ** DIO |
| ACTIVITY                 |           |     |     |            |     |    |     |              |           |    |    |              |    |          |     |     |    |   |        |
| Material production      | 0         | 0   | +   | +          | 0   | 0  | +   | +            | 0         | +  | 0  | 0            | +  | +        | +   | +   | +  | + | +      |
| Audio-Visual Mat. Distr. | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | +  | +            | +  | +        | +   | +   | +  | + | +      |
| Counselling              | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | 0  | +            | +  | +        | +   | +   | +  | + | 0      |
| Group Talks              | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | +  | +            | +  | +        | +   | +   | +  | + | +      |
| Debates                  | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | +  | +            | +  | +        | +   | +   | +  | + | +      |
| Durbars                  | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | +  | +            | +  | +        | +   | +   | +  | + | +      |
| Training                 | 0         | 0   | +   | +          | 0   | 0  | +   | +            | +         | +  | 0  | 0            | +  | +        | +   | +   | +  | + | +      |
| Resource mobilization    | +         | +   | +   | +          | +   | +  | +   | +            | +         | +  | +  | +            | +  | +        | +   | +   | +  | + | +      |
| Home visit               | +         | +   | +   | +          | +   | 0  | +   | 0            | 0         | +  | 0  | +            | 0  | 0        | +   | 0   | +  | + | 0      |

\*\* Ministry of Information, IEC Specialists, Community Volunteers, Agriculture Extension officers, Nutritionists, ...

+: Activity done

0: Activity not done

CBS – Community Based – Service Providers

TEA – Teacher

CHS – Chemical seller

OL – Opinion Leader

N – Nurse

MA – Medical Assistant

CHO – Community Health Officer

CHN - Community Health Nurse

DIO – District Information Officer

PHA - Pharmacist

VOL - Volunteer

HA – Health Aide

DT – Dispensary Technician

AV – Audio-Visual

MP – Medical Practitioner

\* Volunteers (Vol.) shall be categorized according to their expertise

b. Regional and National Levels

| LEVEL    |                                    | REGIONAL |   |    |    |             |    |     | NATIONAL |              |          |     |
|----------|------------------------------------|----------|---|----|----|-------------|----|-----|----------|--------------|----------|-----|
| PROVIDER | ACTIVITY                           | MP       | N | MW | AO | IEC OFFICER | SW | EDO | GES/ FLE | *IEC OFFICER | GES/ FLE | NGO |
|          | Material production                | 0        | + | +  | +  | +           | +  | +   | +        | +            | +        | +   |
|          | Audio-Visual Material Distribution | +        | + | +  | +  | +           | +  | +   | +        | +            | +        | +   |
|          | Counselling                        | +        | + | +  | 0  | 0           | +  | +   | +        | 0            | 0        | 0   |
|          | Group Talks                        | +        | + | +  | +  | +           | +  | +   | +        | 0            | 0        | 0   |
|          | Debates                            | +        | + | +  | +  | +           | +  | +   | +        | 0            | 0        | 0   |
|          | Durbars                            | +        | + | +  | +  | +           | +  | +   | +        | 0            | 0        | 0   |
|          | Training                           | +        | + | +  | +  | +           | +  | +   | +        | +            | +        | +   |
|          | Resource mobilization              | +        | + | +  | +  | +           | +  | +   | +        | +            | +        | +   |
|          | Home visit                         | 0        | + | 0  | 0  | 0           | +  | 0   | 0        | 0            | 0        | 0   |

\* Volunteers (Vol.) shall be categorized according to their expertise

\*\* IEC Officers

- . Ministry of Health, Health Education Unit
- . Ministry of Information
- . Ministry of Agriculture (Extension)
- . Ministry of Manpower Development and Social Welfare
- . National Council on Women and Development
- . National Population Council

- SW - Social Welfare
- EDO - Education Officer
- NGO - Non-Governmental Organization
- AO - Agric. Officer
- MP - Medical Practitioner
- N - Nurse
- GES/FLE - Ghana Education Service Family Life Educator

+: Activity done

0: Activity not done

## **2.0 REPRODUCTIVE HEALTH SERVICES BY LEVEL OF SERVICE DELIVERY POINT**

### **2.1 SAFE MOTHERHOOD SERVICES**

For all safe motherhood services (antenatal, labour, postnatal), registration at district levels as well as at regional and national levels shall be done by the records officers.

#### **2.1.1 ANTENATAL CARE**

Antenatal care activities shall be performed at each level of the health care delivery system by the service providers as shown on the table following:

1.1.1 ANTENATAL CARE

| LEVEL                                     | COMMUNITY |         |         | SUB-DISTRICT |    |         | DISTRICT |    |    |     |    |    | REGIONAL |    |    | TEACHING HOSPITAL |  |  |
|---|-----------|---------|---------|--------------|----|---------|----------|----|----|-----|----|----|----------|----|----|-------------------|--|--|
| PROVIDER<br>ACTIVITY                      | TBA       | *CHOCHO | *MA /PA | MA/ PA       | MW | *MA/ PA | MA       | MW | MP | OBS | MW | MP | O BS     | MW | MP | OBS               |  |  |
|   | +         | +       | 0       | +            | +  | 0       | 0        | 0  | 0  | 0   | 0  | 0  | 0        | 0  | 0  | 0                 |  |  |
| Registration                              | 0         | +       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| History                                   | 0         | +       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Gen. Exam                                 | 0         | +       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Syst. Exam                                | 0         | 0       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Obst. Exam                                | 0         | 0       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Vaginal Exam                              | 0         | 0       | 0       | +            | 0  | 0       | 0        | 0  | +  | +   | 0  | +  | +        | 0  | +  | +                 |  |  |
| STI Screening                             | 0         | 0       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Lab. Investig.                            | 0         | +       | 0       | +            | +  | +       | +        | +  | +  | +   | 0  | +  | +        | +  | +  | +                 |  |  |
| Routine Drugs                             | 0         | +       | 0       | +            | +  | 0       | +        | +  | +  | +   | +  | +  | +        | 0  | +  | +                 |  |  |
| Immunization                              | 0         | +       | 0       | +            | +  | 0       | 0        | +  | 0  | 0   | +  | 0  | 0        | +  | 0  | 0                 |  |  |
| Client education                          | +         | +       | +       | +            | +  | +       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Testing & Counselling                     | 0         | +       | +       | +            | +  | +       | +        | +  | +  | +   | +  | +  | +        | +  | +  | +                 |  |  |
| Detection and Management of complications | 0         | 0       | +       | +            | +  | +       | +        | +  | +  | +   | 0  | +  | +        | 0  | +  | +                 |  |  |
| Referral                                  | +         | +       | +       | +            | 0  | 0       | 0        | 0  | +  | +   | 0  | +  | +        | 0  | 0  | 0                 |  |  |
| Amnioscopy                                | 0         | 0       | 0       | 0            | 0  | 0       | +        | +  | 0  | +   | 0  | +  | +        | 0  | +  | +                 |  |  |
| Ultrasound                                | 0         | 0       | 0       | +            | +  | 0       | 0        | 0  | +  | +   | 0  | +  | +        | 0  | +  | +                 |  |  |
| Amniocentesis                             | 0         | 0       | 0       | 0            | 0  | 0       | 0        | 0  | 0  | +   | 0  | 0  | +        | 0  | 0  | +                 |  |  |
| Chorionic villus sampling                 | 0         | 0       | 0       | 0            | 0  | 0       | 0        | 0  | 0  | 0   | 0  | 0  | +        | 0  | 0  | +                 |  |  |

+: Activity is done

0: Activity not done

MA/PA – Trained in midwifery

\*MA/PA – Not trained in midwifery

MP – Medical Practitioner

CHO – Community Health Officer (trained in midwifery)

\*CHO – Community Health Officer (Not trained in midwifery)

Note – Registration of patient by record officers

2.1.3 LABOUR AND DELIVERY

Labour and delivery activities shall be performed by service providers at each level of the health care delivery as below:

| LEVEL                                     | COMM |      |     |  | SUB-DISTRICT |     |    |  | DISTRICT |     |    |    | REGIONAL |    |    | TEACHING HOSPITAL |   |  |
|---|------|------|-----|--|--------------|-----|----|--|----------|-----|----|----|----------|----|----|-------------------|---|--|
| PROVIDER ACTIVITY                         | TBA  | *CHO | CHO |  | MW           | *MA | MA |  | MW       | *MA | MA | MP | OBS      | MW | MP | OBS               |   |  |
| Registration                              | +    | +    | +   |  | +            | 0   | +  |  | 0        | 0   | 0  | 0  | 0        | 0  | 0  | 0                 | 0 |  |
| History                                   | +    | +    | +   |  | +            | +   | +  |  | +        | +   | +  | +  | +        | +  | +  | +                 | + |  |
| Phy. Exam                                 | +    | +    | +   |  | +            | +   | +  |  | +        | +   | +  | +  | +        | +  | +  | +                 | + |  |
| Obst. Exam                                | +    | +    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Vaginal Exam                              | +    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Diagnosis of labour                       | +    | +    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Use of partograph                         | 0    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Client Education                          | +    | +    | +   |  | +            | +   | +  |  | +        | +   | +  | +  | +        | +  | +  | +                 | + |  |
| Normal Delivery                           | +    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Breech Delivery                           | 0    | 0    | 0   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Active Mgt 3 <sup>rd</sup> stage          | 0    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Episiotomy and repair                     | 0    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Vacuum extractor                          | 0    | 0    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | 0                 | + |  |
| Forceps                                   | 0    | 0    | 0   |  | 0            | 0   | 0  |  | 0        | 0   | 0  | +  | +        | 0  | +  | +                 | + |  |
| C – section                               | 0    | 0    | 0   |  | 0            | 0   | 0  |  | 0        | 0   | 0  | +  | +        | 0  | +  | +                 | + |  |
| Destructive Operation                     | 0    | 0    | 0   |  | 0            | 0   | 0  |  | 0        | 0   | 0  | +  | +        | 0  | +  | +                 | + |  |
| Detection and Management of complications | +    | +    | +   |  | +            | +   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| PMTCT chemo prophylaxis (mother)          | 0    | +    | +   |  | +            | 0   | +  |  | +        | 0   | +  | +  | +        | +  | +  | +                 | + |  |
| Referral                                  | +    | +    | +   |  | +            | +   | +  |  | 0        | 0   | 0  | +  | +        | 0  | 0  | 0                 | 0 |  |

+: Activity is done

0: Activity not done

MA – Medical Assistant with midwifery training

\*MA – Medical Assistant with no midwifery training

CHO - Community Health Officer (trained in midwifery

\*CHO - Community Health Officer (Not trained in midwifery

MP- Medical Practitioner

District & Regional Med. Practitioner –only craniotomy

OBS - Obstetrician

2.1.4 POSTNATAL CARE (within 7 days)

Postnatal care activities shall be performed by service providers at each level of the health care delivery system as below:

| LEVEL                                | COMM |      |     | SUB-DISTRICT |    |     | DISTRICT |     |    |    |     |    | REGIONAL |     |    | TEACHING HOSPITAL |     |  |
|--------------------------------------|------|------|-----|--------------|----|-----|----------|-----|----|----|-----|----|----------|-----|----|-------------------|-----|--|
| PROVIDER<br>ACTIVITY                 | TBA  | *CHO | CHO | MW           | MA | *MA | MW       | *MA | MA | MP | OBS | MW | MP       | OBS | MW | MP                | OBS |  |
| Registration                         | +    | +    | +   | +            | +  | +   | 0        | +   | +  | 0  | 0   | 0  | 0        | 0   | 0  | 0                 | 0   |  |
| History                              | +    | +    | +   | +            | +  | +   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Gen Exam                             | +    | +    | +   | +            | +  | 0   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Obst. Exam (pelvic exam)             | +    | 0    | +   | +            | +  | 0   | +        | 0   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Lab. Investigation                   | 0    | 0    | +   | +            | +  | 0   | +        | +   | +  | +  | +   | 0  | +        | +   | +  | +                 | +   |  |
| Infant Exam                          | +    | +    | +   | +            | +  | 0   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Drugs                                | +    | +    | +   | +            | +  | 0   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Promotion of Exclusive Breastfeeding | +    | +    | +   | +            | +  | +   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| PMTCT chemo prophylaxis (babies)     | 0    | 0    | +   | +            | +  | 0   | +        | 0   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Health Education                     | +    | +    | +   | +            | +  | +   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Immunization of the baby             | 0    | +    | +   | +            | +  | 0   | +        | 0   | +  | 0  | 0   | +  | 0        | 0   | +  | 0                 | 0   |  |
| STI screening at 6 weeks             | 0    | 0    | +   | +            | +  | +   | +        | +   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| Cervical Screening at 6 weeks        | 0    | 0    | +   | +            | +  | 0   | +        | 0   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |
| FP Counselling and services          | +    | +    | +   | +            | +  | 0   | +        | 0   | +  | +  | +   | +  | +        | +   | +  | +                 | +   |  |

NB: 1<sup>st</sup> visit: within 3 days  
2<sup>nd</sup> visit: 6-7 days after delivery  
3<sup>rd</sup> visit: 6 weeks after delivery  
TBA: Traditional Birth Attendant

MP - Medical Practitioner  
MA - Medical Assistant with midwifery training  
\*MA - Medical Assistant with no midwifery training  
CHO - Community Health Officer (trained in midwifery)

\*CHO - Community Health Officer (Not trained in midwifery)

2.1.1.5 MANAGEMENT OF OBSTETRIC AND NEWBORN COMPLICATIONS

| Level                                 | BASIC (HEALTH CENTER, CLINIC) |     |    |    | COMPREHENSIVE (HOSPITALS) |    |       |    |     |
|---------------------------------------|-------------------------------|-----|----|----|---------------------------|----|-------|----|-----|
|                                       | MW                            | PA* | PA | MW | PA*                       | PA | PA(A) | MD | O/G |
| PROVIDER ACTIVITY                     |                               |     |    |    |                           |    |       |    |     |
| Administer Parenteral Antibiotics     | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| Administer Parenteral Anticonvulsants | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| Administer Parenteral oxytocic        | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| Administer Misoprostol                | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| Vacuum Delivery                       | +                             | 0   | +  | +  | 0                         | +  | 0     | +  | +   |
| Forceps Delivery                      | 0                             | 0   | 0  | 0  | 0                         | 0  | 0     | 0  | +   |
| Manual Removal of Placenta            | +                             | 0   | +  | +  | 0                         | +  | 0     | +  | +   |
| Bimanual uterine compression          | +                             | 0   | +  | +  | 0                         | +  | 0     | +  | +   |
| Repair of Vaginal/Cervical Tear       | +                             | 0   | +  | +  | 0                         | +  | 0     | +  | +   |
| Manual Vacuum Aspiration              | +                             | 0   | +  | +  | 0                         | +  | 0     | +  | +   |
| Use Anti-shock garment                | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| Balloon Tamponade                     | +                             | -   | +  | +  | 0                         | +  | 0     | +  | +   |
| Blood Transfusion                     | 0                             | 0   | 0  | 0  | +                         | +  | +     | +  | +   |
| Newborn resuscitation                 | +                             | +   | +  | +  | +                         | +  | +     | +  | +   |
| General & Spinal Anaesthesia          | 0                             | 0   | 0  | 0  | 0                         | +  | 0     | +  | +   |
| Cesarean Section                      | 0                             | 0   | 0  | 0  | 0                         | 0  | 0     | +  | +   |
| B-Lynch Haemostatic Suture            | 0                             | 0   | 0  | 0  | 0                         | 0  | 0     | +  | +   |
| Cesarean Hysterectomy                 | 0                             | 0   | 0  | 0  | 0                         | 0  | 0     | +  | +   |

+: Activity is done

MA – Medical Assistant with midwifery training

MP- Medical Practitioner

0: Activity not done

\*MA – Medical Assistant with no midwifery training

District & Regional Med. Practitioner –only craniotomy

CHO - Community Health Officer (trained in midwifery

OBS - Obstetrician

\*CHO - Community Health Officer (Not trained in midwifery



## **2.2. FAMILY PLANNING METHODS AND SERVICES**

### **2.2.1 Family planning methods by level of service delivery point and type of service provider**

The Family Planning methods provided at each level of the health care delivery system and the requisite service providers shall be as follows:

| <b>LEVEL OF SERVICE</b>     | <b>TYPE OF FAMILY PLANNING METHODS</b>   | <b>SERVICE PROVIDER</b>   |
|-----------------------------|--|---|
| Community                   | <ul style="list-style-type: none"><li>- Condoms</li><li>- Spermicides</li><li>- LAM</li><li>- Natural family planning methods</li><li>- Oral Contraceptives</li><li>- injectables</li><li>- Emergency contraception</li><li>- IUD/IUS*</li><li>- Implants*</li></ul> | TBA, CBS, CHN, Chemical sellers, Pharmacists, Health Assistant Clinical, Midwives |
| Sub-district                | Same as for above  | Physician/Medical Assistants, Midwives, Nurses                                    |
| District                    | Same as Sub-district plus : <ul style="list-style-type: none"><li>- Tubal Ligation</li><li>- Vasectomy</li></ul>   | Same as Sub-district, plus Medical Doctors,, Specialists                          |
| Regional/ Teaching Hospital | Same as District   | Same as District, plus Specialists  |

\* Shall be provided at communities with CHPS compounds/clinics

Specific Family planning methods by level of service delivery point and type of service provider

| LEVEL   | SUB-DISTRICT              |     |    |     | DISTRICT |    |     |    |    |     | REGIONAL |    |     | TEACHING HOSPITAL |    |  |  |
|---------|---------------------------|-----|----|-----|----------|----|-----|----|----|-----|----------|----|-----|-------------------|----|--|--|
| IUD/IUS | PROVIDER                  | CHN | MW | *PA | PA       | MW | *PA | PA | MD | OBS | MW       | MD | OBS | MW                | MD |  |  |
|         | METHOD                    |     |    |     |          |    |     |    |    |     |          |    |     |                   |    |  |  |
|         | History                   | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Phy. Examination          | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Pelvic Examination        | 0   | +  | 0   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Laboratory                | 0   | 0  | 0   | +        | 0  | 0   | +  | 0  | 0   | +        | 0  | +   | +                 | +  |  |  |
|         | Counselling               | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | HIV Testing & Counselling | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Cxcca Screening           | 0   | +  | 0   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | STI Screening             | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Insert IUD/IUS            | 0   | +  | 0   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Remove IUD/IUS            | 0   | +  | 0   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Referral                  | +   | +  | +   | +        | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Follow-up                 | +   | +  | +   |          | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         |                           |     |    |     |          |    |     |    |    |     |          |    |     |                   |    |  |  |
|         | IMPLANTS                  |     |    |     |          |    |     |    |    |     |          |    |     |                   |    |  |  |
|         |                           |     |    |     |          |    |     |    |    |     |          |    |     |                   |    |  |  |
|         | History                   | +   | +  | +   |          | +  | +   | +  | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Phy. Examination          | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  |     | +                 | +  |  |  |
|         |                           |     |    |     |          |    |     |    |    |     |          |    | +   |                   |    |  |  |
|         | Pelvic Examination        | 0   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Laboratory                | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Counselling               | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | HIV Testing & Counselling | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Cxcca Screening           | 0   | +  | 0   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | STI Screening             | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Insert Implants           |     | +  | 0   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Remove Implants           | +   | +  | 0   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Referral                  | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Follow-up                 | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |
|         | Counselling & Testing     | +   | +  | +   |          | +  | +   |    | +  | +   | +        | +  | +   | +                 | +  |  |  |

CHN: Community Health Nurse

\*PA: Physician Assistant without midwifery skills

MW: Midwife

PA: Physician Assistant with midwifery skills

MD: Medical Doctor

+ Activity done

OBS: Obstetrician Gynaecologist

0 Activity not done

## 2.2.2. Eligibility criteria for family planning methods

The table below shows the eligibility and non-eligibility criteria for the use of the different family planning methods. Relative non-eligibility implies that the method can be used where the risks of pregnancy outweigh the disadvantages of using the method. In this context, “women” refers to females of reproductive age.

| METHOD                              | ELIGIBILITY  | NON-ELIGIBILITY  |  |
|-------------------------------------|--|--|--|
|                                     |  | ABSOLUTE   | RELATIVE   |
| Condom                              | All Women<br>All Men<br>Individuals & couples needing a back-up method.<br>Persons at risk of RTIs including STI/HIV/AIDS  | <ul style="list-style-type: none"> <li>- Persons with definite allergy to latex condoms</li> <li>- Allergy to Polyurethane female condom</li> </ul>                    |  |
| Spermicides                         | <ul style="list-style-type: none"> <li>- All women</li> <li>- Women who need intermittent contraception</li> </ul>   | -  | <ul style="list-style-type: none"> <li>- Definite allergy to ingredients</li> <li>- High-risk of HIV</li> <li>- Cervical/vaginal irritation</li> </ul> |
| Fertility Awareness–Based Methods   | <ul style="list-style-type: none"> <li>- All individuals and couples</li> </ul>  | Less than 6 weeks postpartum   | <ul style="list-style-type: none"> <li>- Vaginal discharge</li> </ul>  |
| Lactational Amenorrhea method (LAM) | <ul style="list-style-type: none"> <li>- Women breastfeeding exclusively day and night</li> <li>- Baby less than 6 months</li> <li>- Menses not resumed(All 3 criteria must be present)</li> </ul> | <ul style="list-style-type: none"> <li>- After 6 months post-partum or</li> <li>- Women giving supplementary feeds or</li> <li>- Resumption of menstruation</li> </ul> |  |

|  |              |   |  |
|--|--------------|---|--|
| Intrauterine Devices (Copper T)          | - Women*     | <ul style="list-style-type: none"> <li>- Pregnancy</li> <li>- Unexplained vaginal bleeding (before evaluation)</li> <li>- Cancer of the Reproductive Tract</li> <li>- Current Reproductive Tract Infection</li> <li>- Puerperal sepsis</li> <li>- Allergy to copper</li> <li>- Immediate post septic abortion</li> <li>- PID within the last 3 months</li> <li>- Distortion of uterine cavity (uterine Fibroids)</li> </ul>   | <ul style="list-style-type: none"> <li>- Increased risk of STIs including multiple sexual partners</li> <li>- Recent expulsion/evacuation of Hydatidiform Mole</li> <li>- Anaemia</li> <li>- Uterine Fibroids without distortion of the uterine cavity</li> <li>- Valvular heart disease</li> <li>- HIV positive clients</li> <li>- Within 48 hours postpartum</li> <li>-</li> </ul> |
| Intrauterine system (IUS) Levonorgestrel | - All women* | <ul style="list-style-type: none"> <li>- Pregnancy</li> <li>- Unexplained vaginal bleeding (before evaluation)</li> <li>- Cancer of the Reproductive Tract</li> <li>- Current Reproductive Tract Infection</li> <li>- Puerperal sepsis</li> <li>- Immediate post septic abortion</li> <li>- PID within the last 3 months</li> <li>- Distortion of uterine cavity (uterine Fibroids)</li> <li>- current blood clot(s) in deep veins of the legs or lungs</li> <li>- Breast cancer more than 5 years ago</li> <li>- Severe liver disease, infection or tumor</li> </ul> | <ul style="list-style-type: none"> <li>- Increased risk of STIs including multiple sexual partners</li> <li>- Recent expulsion/evacuation of Hydatidiform Mole</li> <li>- Uterine Fibroids without distortion of the uterine cavity</li> <li>- Valvular heart disease</li> <li>- HIV positive clients</li> <li>- Within 48 hours postpartum</li> </ul>                               |

\* For nulliparous women, particularly adolescents, IUD is not the first choice.

| METHOD                                  | ELIGIBILITY                           | NON-ELIGIBILITY   |   |
|---|---------------------------------------|---|---|
|   |                                       | ABSOLUTE  | RELATIVE  |
| Combined Oral Contraceptives (COC pill) | All women                             | <ul style="list-style-type: none"> <li>- Pregnancy</li> <li>- Heavy smokers over age 35 (more than 15 sticks/day)</li> <li>- Stroke, Heart disease</li> <li>- Thrombo embolic disorders</li> <li>- Breastfeeding less than 6 weeks</li> <li>- Recurrent severe headaches with focal neurological symptoms</li> <li>- Breast cancer</li> <li>- Active liver disease or liver tumour</li> <li>- Valvular heart disease</li> <li>- Vascular disease due to hypertension and/or diabetes</li> <li>- BP with</li> <li>- Systolic <math>\geq 160</math></li> <li>- Diastolic <math>\geq 100</math></li> </ul> | <ul style="list-style-type: none"> <li>- Breastfeeding mothers 6 weeks–6 months</li> <li>- History of Hypertension</li> <li>- Blood Pressure of 140- 150/90-99 mmHg</li> <li>- Unexplained vaginal bleeding</li> <li>- Sickle cell disease</li> <li>- Clients on liver enzyme inducing drugs e.g. <ul style="list-style-type: none"> <li>. Rifampicin</li> <li>. Griseofulvin</li> <li>. Phenytoin</li> <li>. Barbiturates</li> </ul> </li> <li>- Acute gall bladder disease</li> </ul> |
| Progestogen Only Pill (POP)/Minipill)   | All women including lactating mothers | <ul style="list-style-type: none"> <li>- Pregnancy</li> <li>- Current Thrombo embolic disease</li> <li>- Jaundice (active liver disease) or liver tumour</li> </ul>   | <ul style="list-style-type: none"> <li>- Clients on liver enzyme inducing drugs: e.g. <ul style="list-style-type: none"> <li>Rifampicin</li> <li>. Griseofulvin</li> <li>. Phenytoin</li> <li>. Barbiturates</li> </ul> </li> <li>- Breast cancer</li> <li>- Unexplained vaginal bleeding</li> <li>- Migraine with focal neurological symptoms</li> </ul>   |

| METHOD                                   | ELIGIBILITY                         | NON –ELIGIBILITY   |  |
|--|-------------------------------------|--|--|
|  |                                     | ABSOLUTE   | RELATIVE   |
| Injectables<br>(Progestogen only)        | All women including lactating women | Pregnancy<br>Jaundice (active liver disease or liver tumours)<br>Unexplained vaginal bleeding<br><br>Current Thrombo embolic disease<br><br>- Current breast cancer  | Current history of stroke or ischaemic heart disease.<br>(Angina pectoris, myocardial Infarction)<br>BP with<br>systolic $\geq 180$<br>diastolic $\geq 100$<br>- Retinopathy<br>- Nephropathy<br>- Neuropathy due to diabetes or hypertension<br>- Migraine headache with neurological symptoms                                  |
| Combined Injectable Contraceptives (CIC) | All women                           | - Pregnancy<br>- Heavy smokers over age 35 (more than 15 sticks/day)<br>- Stroke, Heart disease<br>- Thrombo embolic disease<br>- Recurrent severe headaches with focal neurological symptoms<br>- Breast cancer<br>- Active liver disease or liver tumour<br>- Vascular disease due to hypertension and/or diabetes<br>- BP with<br>systolic $\geq 160$<br>diastolic $\geq 100$ | Breastfeeding mothers 6 weeks–6 months<br>- History of Hypertension<br>- Blood Pressure of 140-150/90-99 mmHg<br>- Unexplained vaginal bleeding<br>- Sickle cell disease<br>- Clients on liver enzyme inducing drugs e.g.<br>. Rifampicin<br>. Griseofulvin<br>. Phenytoin<br>. Barbiturates<br><br>- Acute gall bladder disease |

### **2.2.3. Essential Information from clients seeking family planning services**

The following information shall be obtained from the client seeking family planning services. The client's privacy and need for confidentiality shall be respected.

#### **Personal data.**

- Name
- Age
- Sex
- Education
- Address
- Occupation

#### **Obstetric history**

- Parity
- Previous pregnancies and their outcome

#### **Menstrual history**

- Menarche
- Date of last menstrual period
- Menstrual Cycle pattern

## **Medical/Surgical history**

History of any of the following:

- Hypertension
- Liver disease
- Heart disease
- Breast cancer
- Diabetes
- Sickle cell disease
- Migraine
- Past hospitalisation
- Past surgical operation or up-coming (planned) surgery

## **Drug history**

- Previous and current medication

## **History of allergy**

- Latex
- Polyethylene
- Copper
- Polyurethane

## **Family history**

- Hypertension
- Heart disease
- Diabetes
- Reproductive tract cancer
- Sickle cell disease



### **Social history**

- Marital status
- Social habits:
  - . Smoking (No. of sticks/day)
  - . Alcohol
  - . Hard drugs

### **Contraceptive history:**

- Type of method used in the past
- Current contraceptive use
- Reason for discontinuing/Changing (if applicable)

### **Sexual history:**

- No. of partners (past/present)
- If partner has other partners
- History of RTI, including STI/HIV/AIDS

2.2.4 CLIENT SCREENING

2.2.5 PROCEDURES AT INITIAL VISIT BY METHOD

| METHOD                      | BARRIER METHOD       | NATURAL FP METHODS | SPERMICIDES |  | INJECTABLES |     | IMPLANT |  | OCP |     | IUD |         | PERMANENT METHODS |     |
|-----------------------------|----------------------|--------------------|-------------|--|-------------|-----|---------|--|-----|-----|-----|---------|-------------------|-----|
|                             | CONDOM (Male/Female) |                    |             |  | POI         | CIC |         |  | COC | POP | CuT | LNG IUS | VASECT OMY        | BTL |
| PHYSICAL EXAMINATION        |                      |                    |             |  |             |     |         |  |     |     |     |         |                   |     |
| Weight                      | N/A                  |                    | C           |  | B           |     | B       |  | B   |     | C   | B       | B                 | A   |
| Anaemia                     | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | A   | B       | B                 | B   |
| Jaundice                    | N/A                  | N/A                |             |  | A           |     | A       |  | A   |     | C   | A       | C                 | B   |
| Teeth / Gums                | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | C   | C       | C                 | C   |
| BP Screening                | N/A                  | N/A                |             |  | C           |     | A       |  | A   |     | C   | A       | C                 | B   |
| Breast Examination          | N/A                  | N/A                |             |  | B           |     | B       |  | B   |     | C   | B       | N/A               | C   |
| Abdominal Examination       | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | A   | A       | B                 | A   |
| PELVIC EXAMINATION          |                      |                    |             |  |             |     |         |  |     |     |     |         |                   |     |
| Speculum Examination        | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | A   | A       | N/A               | A   |
| Bimanual Examination        | N/A                  | N/A                |             |  | C           |     | B       |  | C   |     | A   | A       | N/A               | A   |
| Cxca Screening              | B                    | B                  |             |  | B           |     | B       |  | B   |     | B   | B       | N/A               | B   |
| STI Screening               | B                    | B                  |             |  | C           |     | C       |  | C   |     | A   | A       | A                 | A   |
| LABORATORY TEST             |                      |                    |             |  |             |     |         |  |     |     |     |         |                   |     |
| Haemoglobin                 | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | B   | B       | B                 | B   |
| Urinalysis                  | N/A                  | N/A                |             |  | C           |     | C       |  | C   |     | C   | C       | B                 | B   |
| Testing/Counselling for HIV | C                    | C                  |             |  | C           |     | C       |  | C   |     | B   | B       | C                 | C   |

Cx – Cervical      Ca – Cancer

KEY:

- A = essential and mandatory in all circumstances, for safe use of the contraceptive method.
- B = medically/epidemiological rational in some circumstances to optimise the safe use of the contraceptive method, but may not be appropriate for all clients in all setting
- C = may be appropriate for good preventive health care, but not related to safe use of the contraceptive method
- N/A = not applicable
- \* = not applicable

Semen analysis is mandatory post vasectomy

- COC = Combined Oral Contraceptive
- POI = Progestin Only Injectable
- CIC = Combined Injectable Contraceptive
- OCP = Oral Contraceptive Pill
- POP = Progestin Only Pill
- IUS = Intra Uterine System
- LNG = Levonorgestrel
- BTL = Bilateral Tubal Ligation

2.2.4 FOLLOW UP VISIT

| METHOD                      | BARRIER METHOD       | NATURAL FP METHODS | SPERMICIDES | INJECTABLES |     | IMPLANT | OCP | IUD/IUS |     |         | PERMANENT METHODS |     |
|-----------------------------|----------------------|--------------------|-------------|-------------|-----|---------|-----|---------|-----|---------|-------------------|-----|
|                             | CONDOM (Male/Female) |                    |             | POI         | CIC |         | COC | POP     | CuT | LNG IUS | VASEC TOMY        | BTL |
| PHYSICAL EXAMINATION        |                      |                    |             |             |     |         |     |         |     |         |                   |     |
| Weight                      | N/A                  | N/A                | C           | B           | B   | B       | B   | B       | C   | B       | C                 | C   |
| BP Screening                | N/A                  | N/A                | C           | B           | A   | B       | A   | A       | C   | A       | C                 | C   |
| Breast Examination          | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | C   | C       | N/A               | C   |
| Abdominal Examination       | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | C   | C       | N/A               | A   |
| PELVIC EXAMINATION          |                      |                    |             |             |     |         |     |         |     |         |                   |     |
| Speculum Examination        | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | A   | A       | N/A               | A   |
| Bimanual Examination        | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | C   | C       | N/A               | A   |
| Cxca Screening              | B                    | B                  | B           | B           | B   | B       | B   | B       | B   | B       | N/A               | B   |
| STI Screening               | C                    | C                  | C           | C           | C   | C       | C   | C       | B   | B       | C                 | C   |
| LABORATORY TEST             |                      |                    |             |             |     |         |     |         |     |         |                   |     |
| Haemoglobin                 | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | C   | C       | C                 | C   |
| Urinalysis                  | N/A                  | N/A                | C           | C           | C   | C       | C   | C       | C   | C       | C                 | C   |
| Testing/Counselling for HIV | C                    | C                  | C           | C           | C   | C       | C   | C       | C   | C       | C                 | C   |
| SEMEN ANALYSIS              | N/A                  | N/A                | N/A         | N/A         | N/A | N/A     | N/A | N/A     | N/A | N/A     | A                 | N/A |

## 2.2.7 Client screening

### Special Considerations

For diabetic clients, it is advisable that the degree of control of the diabetes should be assessed by performing random or fasting blood sugar before providing hormonal, surgical methods or IUD/IUS.

For hypertensive clients, blood pressure measurement is mandatory prior to initiation and re-supply of hormonal methods and prior to provision of permanent methods.

For nulliparous women, particularly adolescents, IUD/IUS is not the first choice method

The combined oral pill may not be appropriate for clients with sickle cell disease.

## 2.2.8 Follow-up schedules and quantity of supplies

| CONTRACEPTIVE METHOD   | FIRST VISIT           | FOLLOW-UP             | SUBSEQUENT VISITS           |                       |
|------------------------|-----------------------|-----------------------|-----------------------------|-----------------------|
|                        | SCHEDULE              | SUPPLIES              | SCHEDULE                    | SUPPLIES              |
| Condom and Spermicides | When necessary        | As required by client | When necessary              | As required by client |
| INJECTABLES:           |                       |                       |                             |                       |
| DMPA                   | 3 months/<br>12 weeks | N/A                   | Every 3 months/<br>12 weeks | N/A                   |
| NET-EN                 |                       |                       |                             |                       |
| Norigynon              | 2 months /<br>8 weeks | N/A                   | Every 2 months /<br>8 weeks | N/A                   |
|                        | Monthly               | N/A                   | Every month/<br>4 weeks     | N/A                   |
| Implant                | One week              | N/A                   | Yearly                      | N/A                   |
| OCP (Pills)            | 1-3 months            | 1-3 cycles(1)         | 6-12 months                 | 7-13 cycles           |
| IUD                    | 4 weeks               | N/A                   | When necessary              | N/A                   |
| BTL                    |                       |                       |                             |                       |
|                        | 1 week                | N/A                   | Nil                         | N/A                   |
| Vasectomy              | 2 weeks               | N/A                   | 12 and 16 weeks             | N/A                   |

- TBAs / CBS and chemical sellers shall initiate with one cycle, while other service providers shall initiate with three cycles.
- Clients shall be reminded of the time they must come:

- for removal of the IUD or the implant.
- for semen analysis

|        |   |                                  |
|--------|---|----------------------------------|
| N/A    | - | Not applicable                   |
| NET-EN | - | Norethinedrone enantate          |
| DMPA   | - | Depomedroxy progesterone acetate |

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

Activities will be performed by the Service Providers, at each level of the system as follows:

| LEVEL                                    | COMMUNITY |      |     |  | SUB-DISTRICT |    |     | DISTRICT |    |     | REGIONAL |    |     | TEACHING HOSPITAL |    |     |
|--|-----------|------|-----|--|--------------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|
| PROVIDER                                 | TBA       | *CHO | CHO |  | MW           | MA | *MA | MW       | MP | OBS | MW       | MP | OBS | MW                | MP | OBS |
| ACTIVITY                                 |           |      |     |  |              |    |     |          |    |     |          |    |     |                   |    |     |
| Registration                             | +         | +    | +   |  | +            | +  | +   | 0        | 0  | 0   | 0        | 0  | 0   | 0                 | 0  | 0   |
| History                                  | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Phy. Exam                                | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Obst. Exam                               | +         | +    | +   |  | +            | +  | 0   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Vaginal Exam                             | 0         | 0    | +   |  | +            | +  | 0   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| *Laboratory                              | 0         | 0    | +   |  | +            | +  | +   | +        | 0  | 0   | 0        | 0  | 0   | 0                 | 0  | 0   |
| Resuscitation                            | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Referral                                 | +         | +    | +   |  | +            | +  | +   | 0        | +  | +   | 0        | +  | 0   | +                 | +  | 0   |
| Management of Complications              | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Use of MVA                               | 0         | 0    | 0   |  | +            | +  | 0   | +        | +  | +   | 0        | +  | +   | 0                 | +  | +   |
| IEC/BCC                                  | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |
| Family Planning and Counselling services | +         | +    | +   |  | +            | +  | +   | +        | +  | +   | +        | +  | +   | +                 | +  | +   |

OBS - Obstetrician

MA – Medical Assistant (trained in midwifery)

\*MA – Medical Assistant (not trained in midwifery)

MP – Medical Practitioner

CHO - Community Health Officer (trained in midwifery)

\*CHO - Community Health Officer (Not trained in midwifery)

MW - Midwife

\* - Laboratory services shall be performed by Laboratory Technicians at district level and above

ACTIVITIES SHALL BE PERFORMED BY THE SERVICE PROVIDERS AT EACH LEVEL OF THE SYSTEM AS FOLLOWS:

| LEVEL                                    | PROVIDER |    |     |       |      | SUB-DISTRICT |    |    |      |    | DISTRICT |    |    |    |      | REGIONAL |    |    |    |     | TEACHING HOSPITAL |    |     |
|--|----------|----|-----|-------|------|--------------|----|----|------|----|----------|----|----|----|------|----------|----|----|----|-----|-------------------|----|-----|
| PROVIDER/ACTIVITY                        | CS       | PH | TBA | CH O* | CH O | CS           | PH | MW | MA * | MA | CS       | PH | MW | MP | OB S | CS       | PH | MW | MP | OBS | MW                | MP | OBS |
| Registration                             | 0        | 0  | +   | +     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | 0  | 0    | 0        | 0  | +  | 0  | 0   | +                 | 0  | 0   |
| History                                  | +        | +  | +   | +     | +    | +            | +  | +  | +    | +  | +        | +  | +  | +  | +    | +        | +  | +  | +  | +   | +                 | +  | +   |
| Phy. Exam.                               | 0        | 0  | +   | +     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Obst. Exam                               | 0        | 0  | +   | +     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Vaginal Exam                             | 0        | 0  | 0   | 0     | +    | 0            | 0  | +  | 0    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Laboratory                               | 0        | 0  | 0   | 0     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | 0  | 0    | 0        | 0  | 0  | 0  | 0   | 0                 | 0  | 0   |
| Resuscitation                            | 0        | 0  | +   | +     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Referral                                 | +        | +  | +   | +     | +    | +            | +  | +  | +    | +  | +        | +  | 0  | +  | +    | +        | +  | 0  | +  | 0   | +                 | 0  | 0   |
| Counselling and Family Planning Services | +        | +  | +   | +     | +    | +            | +  | +  | +    | +  | +        | +  | +  | +  | +    | +        | +  | +  | +  | +   | +                 | +  | +   |
| MVA                                      | 0        | 0  | 0   | 0     | +    | 0            | 0  | +  | 0    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Medical Abortion (<9weeks)               | 0        | 0  | 0   | 0     | +    | 0            | 0  | +  | 0    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| Medical Abortion (>9weeks)               | 0        | 0  | 0   | 0     | 0    | 0            | 0  | 0  | 0    | 0  | 0        | 0  | 0  | +  | +    | 0        | 0  | 0  | +  | +   | +                 | +  | +   |
| D&C                                      | 0        | 0  | 0   | 0     | 0    | 0            | 0  | 0  | 0    | 0  | 0        | 0  | 0  | +  | +    | 0        | 0  | 0  | +  | +   | 0                 | +  | +   |
| D&E                                      | 0        | 0  | 0   | 0     | 0    | 0            | 0  | 0  | 0    | 0  | 0        | 0  | 0  | +  | +    | 0        | 0  | 0  | +  | +   | 0                 | +  | +   |
| Management of Complications              | 0        | 0  | +   | +     | +    | 0            | 0  | +  | +    | +  | 0        | 0  | +  | +  | +    | 0        | 0  | +  | +  | +   | +                 | +  | +   |
| IEC/BCC                                  | +        | +  | +   | +     | +    | +            | +  | +  | +    | +  | +        | +  | +  | +  | +    | +        | +  | +  | +  | +   | +                 | +  | +   |

+: Activity is done

0: Activity not done

CHO: Community Health Officer (midwifery trained)

Laboratory services shall be performed by Laboratory Technicians at district level and above

MA- Medical Assistant (Midwifery trained)

\*MA- Medical Assistant (not midwifery trained)

\*CHO- Community Health Officer (not midwifery trained)

MP- Medical Practitioner

District & Regional Med. Practitioner- Only Craniotomy

OBS-Obstetrician

2.4 PREVENTION AND MANAGEMENT OF RTIs INCLUDING STIs/HIV/AIDS

Activities for management of RTIs, including STI/HIV/AIDS will be performed by service providers at each level of the health system, as follows:

a. Community, Sub-District, District Levels

| LEVEL   |          | COMMUNITY |     |      |    | SUB-DISTRICT |    |     |   | DISTRICT |    |     |   |     |    |
|---|----------|-----------|-----|------|----|--------------|----|-----|---|----------|----|-----|---|-----|----|
| PROVIDER  | ACTIVITY | CBS       | TBA | CHO* | MW | DT           | MA | PHN | N | MA       | MW | PHN | N | PHA | MP |
| History<br>Physical Exam<br>Laboratory Tests<br>IIEC/BCC<br>Counseling<br>Immunization (Hepatitis B)<br>Syndromic Diagnosis and Treatment               |          | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | 0    | 0  | +            | +  | 0   | + | +        | 0  | 0   | 0 | 0   | +  |
|   |          | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | +   | +  |
|   |          | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
| Definitive treatment<br>Management of complications<br>Provision of condoms<br>Management of contact<br>CT<br>Provision of ARV<br>Referral<br>Follow-up |          | 0         | 0   | 0    | +  | 0            | 0  | 0   | 0 | +        | 0  | 0   | 0 | 0   | +  |
|   |          | 0         | 0   | 0    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | +   | +  |
|   |          | +         | +   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   |          | 0         | 0   | +    | +  | 0            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   | 0        | 0         | 0   | 0    | 0  | 0            | 0  | 0   | 0 | 0        | 0  | 0   | 0 | 0   | +  |
|   | +        | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | 0   | +  |
|   | +        | +         | +   | +    | +  | +            | +  | +   | + | +        | +  | +   | + | 0   | +  |

- Management of AIDS patients will be home-based care
- Management of contacts includes partner notification and treatment
- DT – Dispensing Technician
- PHN – Public Health Nurse
- MA – All Medical Assistants
- CHO\* - All CHOs



a. Regional and Teaching Hospital Levels

| LEVEL  |                            | REGIONAL |   |     |     |    |      |    | TEACHING HOSPITAL |     |     |    |      |  |  |
|--|----------------------------|----------|---|-----|-----|----|------|----|-------------------|-----|-----|----|------|--|--|
| PROVIDER   | ACTIVITY                   | MW       | N | PHN | PHA | MP | SPEC | MW | N                 | PHN | PHA | MP | SPEC |  |  |
| History<br>Physical Exam<br>Laboratory<br>Counselling<br>Immunization<br>Syndromic Treatment<br>Definitive Treatment<br>Management of complication<br>Provision of Condoms<br>Management of contact<br>IEC/BCC<br>VCT<br>Provision of ARV<br>Referral<br>Follow-up | History                    | +        | + | +   | 0   | +  | +    | +  | +                 | +   | 0   | +  | +    |  |  |
|  | Physical Exam              | +        | + | +   | 0   | +  | +    | +  | +                 | +   | 0   | +  | +    |  |  |
|  | Laboratory                 | 0        | 0 | 0   | 0   | +  | +    | 0  | 0                 | 0   | 0   | +  | +    |  |  |
|  | Counselling                | +        | + | +   | 0   | +  | +    | +  | +                 | +   | 0   | +  | +    |  |  |
|  | Immunization               | +        | + | +   | 0   | 0  | 0    | +  | +                 | +   | 0   | 0  | 0    |  |  |
|  | Syndromic Treatment        | 0        | 0 | 0   | 0   | +  | +    | 0  | 0                 | 0   | 0   | +  | +    |  |  |
|  | Definitive Treatment       | 0        | 0 | 0   | 0   | +  | +    | 0  | 0                 | 0   | 0   | +  | +    |  |  |
|  | Management of complication | 0        | 0 | 0   | 0   | +  | +    | 0  | 0                 | 0   | 0   | +  | +    |  |  |
|  | Provision of Condoms       | +        | + | +   | +   | +  | +    | +  | +                 | +   | +   | +  | +    |  |  |
|  | Management of contact      | 0        | 0 | +   | 0   | +  | +    | +  | 0                 | 0   | +   | 0  | +    |  |  |
|  | IEC/BCC                    | +        | + | +   | +   | +  | +    | +  | +                 | +   | +   | +  | +    |  |  |
|  | VCT                        | +        | + | +   | 0   | +  | +    | +  | +                 | +   | 0   | +  | +    |  |  |
|  | Provision of ARV           | 0        | 0 | 0   | 0   | +  | +    | +  | 0                 | 0   | 0   | +  | +    |  |  |
|  | Referral                   | 0        | 0 | 0   | 0   | +  | +    | +  | 0                 | 0   | 0   | 0  | 0    |  |  |
|  | Follow-up                  | +        | + | +   | 0   | +  | +    | +  | +                 | +   | 0   | +  | +    |  |  |

PHN – Public Health Nurse

PHA – Pharmacist

SPEC - Specialist

2.5 PREVENTION AND MANAGEMENT OF INFERTILITY

Activities for prevention and management of infertility will be performed by service providers at each level of the health system as follows:

a. Community, Sub-district, District Levels

| LEVEL                     |  | COMMUNITY |     |     |     |    | SUB DISTRICT |             |    |   | DISTRICT |    |    |   |    |    |
|---------------------------|--|-----------|-----|-----|-----|----|--------------|-------------|----|---|----------|----|----|---|----|----|
| PROVIDER                  | ACTIVITY                                       | CBS       | TBA | HAC | CHN | MW | PA           | DISP. TECH. | MW | N | PHA      | PA | MW | N | LT | MD |
|                           | BSCC   | +         | +   | +   | +   | +  | +            | +           | +  | + | +        |    | +  | + | +  |    |
|                           | Counselling                                    | +         | +   | +   | +   |    | +            | 0           | +  | + | +        |    | +  | + | 0  | +  |
|                           | Provision of Condoms                           | +         | +   | +   | +   | +  | +            | +           | +  | + | +        |    | +  | + | 0  | +  |
|                           | History  | +         | +   | +   | +   | +  | +            | 0           | +  | + | 0        |    | +  | + | 0  | +  |
|                           | Physical Exam                                  | 0         | 0   | 0   | 0   | +  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | +  |
|                           | Laboratory Test                                | 0         | 0   | 0   | 0   | +  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | +  | +  |
|                           | Specialised investigation                      | 0         | 0   | 0   | 0   | 0  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | +  |
|                           | Definitive treatment                           |           |     |     |     |    |              |             |    |   |          |    |    |   |    |    |
|                           | - Treatment of RTIs                            | 0         | 0   | 0   | 0   | +  | +            | 0           | +  | + | 0        |    | +  | + | 0  | +  |
|                           | - Ovulation induction and Monitoring           | 0         | 0   | 0   | 0   | 0  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | +  |
|                           | - Tubal surgery . Laparoscopic . Micro surgery | 0         | 0   | 0   | 0   | 0  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | 0  |
|                           | - Assisted conception                          | 0         | 0   | 0   | 0   | 0  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | 0  |
|                           | - Artificial insemination                      | 0         | 0   | 0   | 0   | 0  | 0            | 0           | 0  | 0 | 0        |    | 0  | 0 | 0  | 0  |
|                           | Referral                                       | +         | +   | +   | +   | +  | +            | 0           | +  | + | +        | +  | +  | + | 0  | +  |
| Cervical Cancer Screening |  | 0         | 0   | 0   | +   | +  |              | 0           | +  |   | 0        | +  | +  | + | 0  | +  |

LT - Laboratory Technician/Technologist N - NurseCBS - Community-Based Service agent

b. Regional and Teaching Hospital Levels

| LEVEL   | Regional |    |   |     |    |      |             | Teaching Hospitals |   |     |    |      |             |
|---|----------|----|---|-----|----|------|-------------|--------------------|---|-----|----|------|-------------|
| PROVIDER<br>ACTIVITY  | LT       | MW | N | PHA | MD | SPEC | EMB/<br>BIO | MW                 | N | PHA | MD | SPEC | EMB/BI<br>O |
| BSCC  | 0        | +  | + | +   | +  | +    | +           | +                  | + | +   | +  | +    | +           |
| Provision of Condoms  | +        | +  | + | +   | +  | +    | 0           | +                  | + | +   | +  | +    | 0           |
| History   | 0        | +  | + | +   | +  | +    | +           | +                  | + | 0   | +  | +    | +           |
| Physical Exam   | 0        | 0  | 0 | 0   | +  | +    | 0           | 0                  | 0 | 0   | +  | +    | 0           |
| Counselling   | 0        | +  | + | +   | +  | +    | +           | +                  | + | 0   | +  | +    | +           |
| Laboratory Test   | +        | 0  | 0 | 0   | +  | +    | +           | 0                  | 0 | 0   | +  | +    | +           |
| Treatment of RTIs   | 0        | 0  | 0 | 0   | +  | +    | 0           | 0                  | 0 | 0   | +  | +    | 0           |
| Definitive treatment:<br>- Ovulation induction<br>and monitoring<br>- Tubal Surgery<br>. Tubal micro-surgery<br>. Laparoscopic tubal<br>surgery | 0        | 0  | 0 | 0   | +  | +    | 0           | 0                  | 0 | 0   | +  | +    | +           |
|   | 0        | 0  | 0 | 0   | +  | +    | 0           | 0                  | 0 | 0   | 0  | +    | 0           |
| Assisted conception<br>. Artificial Insemination  | 0        | 0  | 0 | 0   | +  | +    | +           | 0                  | 0 | 0   | 0  | +    | +           |
| Referral  | 0        | +  | + | 0   | 0  | +    | 0           | 0                  | 0 | 0   | +  | +    | 0           |
| Cervical Cancer<br>screening  | 0        | +  | 0 | 0   | +  | +    | 0           | +                  | + | 0   | +  | +    | 0           |

SPEC - Specialist  
EMB/BIO - Embryologist/Biologist  
PHA - Pharmacist  
MD - Medical Doctor  
DT – Dispensary Technician

2.6 PREVENTION AND MANAGEMENT OF CANCERS OF THE REPRODUCTIVE SYSTEM

Activities for prevention and management of Reproductive Tract cancer (especially Cervix, Breast, Prostate and Testes) will be performed by service providers at each level of the health system as follows:

2.6.1 CERVICAL CANCER

a. Community, Sub-District, District Levels

| LEVEL                                 | COMMUNITY |     |     |     |    |    | SUB-DISTRICT |    |   |    | DISTRICT |   |     |    |      |  |
|---------------------------------------|-----------|-----|-----|-----|----|----|--------------|----|---|----|----------|---|-----|----|------|--|
| PROVIDER<br>ACTIVITY                  | CBS       | TBA | CHN | HAC | MW | PA | DT           | MW | N | MA | MW       | N | PHA | MD | SPEC |  |
| BSCC                                  | +         | +   | +   | +   | +  | +  | +            | +  | + | +  | +        | + | +   | +  | +    |  |
| Provision Of Condoms                  | +         | +   | +   | +   | +  | +  | +            | +  | + | +  | +        | + | +   | +  | +    |  |
| History                               | 0         | 0   | +   | +   | +  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Counselling                           | 0         | 0   | +   | +   | +  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Physical Pelvic Exam                  | 0         | 0   | 0   | 0   | 0  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| VIA<br>(For Women Up To 45<br>Years)* | 0         | 0   | 0   | 0   | 0  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Pap Smear                             | 0         | 0   | 0   | 0   | 0  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Colposcopy                            | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |  |
| Punch Biopsy                          | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |  |
| Cone Biopsy                           | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |  |
| Referral                              | +         | +   | +   | +   | +  | +  | 0            | +  | + | 0  | 0        | 0 | 0   | +  | +    |  |
| Cryotherapy                           | 0         | 0   | 0   | 0   | 0  | +  | 0            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Radiotherapy/Chemotherapy**           | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | 0  | 0    |  |
| Surgery<br>(Radical/Wertheim)         | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | 0  | +    |  |
| Follow-up                             | +         | +   | +   | +   | +  | +  | +            | +  | + | +  | +        | + | 0   | +  | +    |  |
| Terminal Care                         | +         | +   | +   | +   | +  | +  | +            | +  | + | +  | +        | + | 0   | +  | +    |  |

\* visualising the squamo-columnar junction (SCJ) is difficult in women above 45 years

\*\* Concurrent Chemotherapy and Radiotherapy is the recommended treatment for advanced/recurrent cervical cancer

a. Regional and Teaching Hospital Levels

| LEVEL    |                             | Regional |   |     |    |      | Teaching Hospital |   |     |    |      |
|----------|-----------------------------|----------|---|-----|----|------|-------------------|---|-----|----|------|
| PROVIDER | ACTIVITY                    | MW       | N | PHA | MD | SPEC | MW                | N | PHA | MD | SPEC |
|          | BSCC                        | +        | + | +   | +  | +    | +                 | + | +   | +  | +    |
|          | PROVISION OF CONDOMS        | +        | + | +   | +  | +    | +                 | + | +   | +  | +    |
|          | HISTORY                     | +        | + | 0   | +  | +    | +                 | + | 0   | +  | +    |
|          | COUNSELLING                 | +        | + | 0   | +  | +    | +                 | + | 0   | +  | +    |
|          | PHYSICAL PELVIC EXAM        | +        | + | 0   | +  | +    | +                 | + | 0   | +  | +    |
|          | VIA (WOMEN UP TO 45 YEARS)  | +        | + | 0   | +  | +    | +                 | + | 0   | +  | +    |
|          | PAP SMEAR                   | +        | + | 0   | +  | +    |                   |   | 0   | +  | +    |
|          | COLPOSCOPY                  | 0        | 0 | 0   | +  | +    | 0                 | 0 | 0   | +  | +    |
|          | PUNCH BIOPSY                | 0        | 0 | 0   | +  | +    | 0                 | 0 | 0   | +  | +    |
|          | CONE BIOPSY                 | 0        | 0 | 0   | +  | +    | 0                 | 0 | 0   | +  | +    |
|          | REFERRAL                    | +        | + | 0   | +  | +    | +                 | + | 0   | +  | 0    |
|          | CRYOTHERAPY                 | +        | + | 0   | +  | +    | 0                 | 0 | 0   | +  | +    |
|          | RADIOTHERAPY / CHEMOTHERAPY | 0        | 0 | 0   | 0  | 0    | 0                 | 0 | 0   | 0  | +    |
|          | SURGERY                     | 0        | 0 | 0   | 0  | +    | 0                 | 0 | 0   | 0  | +    |
|          | FOLLOW UP                   | +        | + | 0   | +  | +    | +                 | + | +   | +  | +    |
|          | TERMINAL CARE               | +        | + | 0   | +  | +    | +                 | + | +   | +  | +    |

Note: Specialist at the Regional/Teaching hospitals shall be a team comprising Gynaecologist, Radiation and Medical Oncologist, Histopathologist and Clinical Pharmacist

2.6.2 BREAST CANCER

Activities for prevention and management of Breast cancer will be performed by service providers at each level of the health system as follows:

d. Community, Sub-District, District Levels

| LEVEL                            | COMMUNITY |     |     |         |    |    | SUB-DISTRICT |   |    |    | DISTRICT |     |    |      |  |
|----------------------------------|-----------|-----|-----|---------|----|----|--------------|---|----|----|----------|-----|----|------|--|
| PROVIDER<br>ACTIVITY             | CBS       | TBA | CHN | HA<br>C | MW | PA | MW           | N | DT | MW | N        | PHA | MD | SPEC |  |
| BSCC                             | +         | +   | +   | +       | +  | +  | +            | + | +  | +  | +        | +   | +  | +    |  |
| Counselling                      | 0         | 0   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| History                          | 0         | 0   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| Physical Examination             | 0         | 0   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| Teach Self Breast<br>Examination | +         | +   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| Routine Breast Examination       | 0         | 0   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| Referral                         | +         | +   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |
| Specialised Investigation        | 0         | 0   | 0   | 0       | 0  | 0  | 0            | 0 | 0  | 0  | 0        | 0   | +  | +    |  |
| Definitive Treatment*            | 0         | 0   | 0   | 0       | 0  | 0  | 0            | 0 | 0  | 0  | 0        | 0   | +  | +    |  |
| Follow-up                        | +         | +   | +   | +       | +  | +  | +            | + | 0  | +  | +        | 0   | +  | +    |  |

\* Appropriate skills required

e. Regional and Teaching Hospital Levels

| LEVEL | REGIONAL                  |    |   |     |    |      |    |   | TEACHING HOSPITAL |    |      |  |  |
|-------|---------------------------|----|---|-----|----|------|----|---|-------------------|----|------|--|--|
|       | PROVIDER<br>ACTIVITY      | MW | N | PHA | MD | SPEC | MW | N | PHA               | MD | SPEC |  |  |
|       | BSCC                      | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | Counselling               | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | History                   | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | Physical Examination      | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | Teach Self breast exam    | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | Routine Breast Exam       | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |
|       | Referral                  | +  | + | 0   | +  | +    | +  | + | 0                 | +  | 0    |  |  |
|       | Specialised Investigation | 0  | 0 | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
|       | Definitive Treatment*     | 0  | 0 | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
|       | Follow –up                | +  | + | 0   | +  | +    | +  | + | 0                 | +  | +    |  |  |

\*Appropriate skill required

2.6.3 PROSTATIC CANCER

Activities for detection and management of Prostatic cancer shall be performed by service providers at each level of the health system as follows:

a. Community, Sub-District, District Levels

| LEVEL  |          | COMMUNITY |     |     |     |    |    |              | SUB-DISTRICT |   |    |    |   | DISTRICT |    |      |  |  |
|--|----------|-----------|-----|-----|-----|----|----|--------------|--------------|---|----|----|---|----------|----|------|--|--|
| ACTIVITY   | PROVIDER | CBS       | TBA | CHN | HAC | MW | PA | DISP<br>TECH | MW           | N | PA | MW | N | PHA      | MD | SPEC |  |  |
| BSCC   |          | +         | +   | +   | +   | +  | +  | +            | +            | + | +  | +  | + | +        | +  | +    |  |  |
| History  |          | 0         | 0   | +   | +   | +  | +  | 0            | +            | + | +  | +  | + | 0        | +  | +    |  |  |
| Counselling  |          | 0         | 0   | +   | +   | +  | +  | 0            | +            | + | +  | +  | + | 0        | +  | +    |  |  |
| Digital Rectal Exam  |          | 0         | 0   | 0   | 0   | 0  | +  | 0            | 0            | 0 | +  | 0  | 0 | 0        | +  | +    |  |  |
| Laboratory Test (PSA)  |          | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | +  | +    |  |  |
| Referral   |          | +         | +   | +   | +   | +  | +  | 0            | +            | + | +  | +  | + | 0        | +  | +    |  |  |
| Specialised Invest:<br>Bone CT Scan<br>Biopsy<br>Ultra Sound<br>Ultra Sound Guided |          |           |     |     |     |    | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | 0  | +    |  |  |
|  | 0        | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | 0  | +    |  |  |
|  | 0        | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | 0  | +    |  |  |
|  | 0        | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | 0  | +    |  |  |
| Biopsy   |          |           |     |     |     |    |    |              |              |   |    |    |   |          |    |      |  |  |
| Definitive Treatment:<br>Surgery<br>Radiotherapy<br>Hormonal*                      |          | 0         | 0   | 0   | 0   | 0  | 0  | 0            | 0            | 0 | 0  | 0  | 0 | 0        | +  | +    |  |  |
| Follow-up  |          | +         | +   | +   | +   | +  | +  | 0            | +            | + | +  | +  | + |          |    |      |  |  |
| Terminal Care  |          | +         | +   | +   | +   | +  | +  | 0            | +            | + | +  | +  | + | 0        | +  | +    |  |  |

\*MP – Hormonal treatment only PSA – Prostate Specific Antigen



b. Regional and Teaching Hospital Levels

| LEVEL    |  | REGIONAL |    |      |   | TEACHING HOSPITAL |    |      |  |  |
|----------|--|----------|----|------|---|-------------------|----|------|--|--|
| ACTIVITY | PROVIDER   | N        | MD | SPEC | N | PHA               | MD | SPEC |  |  |
|          | BSCC   | +        | +  | +    | + | +                 | +  | +    |  |  |
|          | History  | +        | +  | +    | 0 | 0                 | +  | +    |  |  |
|          | Counselling  | +        | +  | +    | 0 | 0                 | +  | +    |  |  |
|          | Digital Rectal Exam  | 0        | +  | +    | 0 | 0                 | +  | +    |  |  |
|          | Laboratory Test (PSA)  | 0        | +  | +    | 0 | 0                 | +  | +    |  |  |
|          | Referral   | +        | +  | +    | 0 | 0                 | 0  | 0    |  |  |
|          | Specialised Investigation:-<br>Bone Scan<br>Biopsy<br>Ultra Sound<br>Ultra Sound Guided Biopsy | 0        | 0  | +    | 0 | 0                 | 0  | +    |  |  |
|          | Definitive Treatment<br>Surgery<br>Radiotherapy<br>Hormonal Therapy*                           | 0        | 0  | +    | 0 | 0                 | 0  | +    |  |  |
|          | Follow-up  | +        | +  | +    | + | 0                 | +  | +    |  |  |
|          | Terminal Care  | +        | +  | +    | + | 0                 | +  | +    |  |  |

\* MP – Hormonal treatment only

2.6.4      **TESTICULAR CANCER**

Activities for detection and management of testicular cancer will be performed by service providers at each level of the health system as follows:

a.      Community, Sub-District, District Levels

| LEVEL         |   | COMMUNITY |     |     |    | SUB-DISTRICT |    |   |    | DISTRICT |   |     |    |      |
|---------------|---|-----------|-----|-----|----|--------------|----|---|----|----------|---|-----|----|------|
| PROVIDER      | ACTIVITY  | CBS       | TBA | CHN | PA | DISP<br>TECH | MW | N | PA | MW       | N | PHA | MD | SPEC |
|               | BSCC  | +         | +   | +   | +  | +            | +  | + | +  | 0        | + | +   | +  | +    |
|               | History   | 0         | 0   | 0   | +  | 0            | +  | + | +  | 0        | + | 0   | +  | +    |
|               | Counselling   | 0         | 0   | 0   | +  | 0            | +  | + | +  | 0        | + | +   | +  | +    |
|               | Physical Scrotal Examination                                      | 0         | 0   | 0   | +  | 0            | 0  | 0 | +  | 0        | 0 | 0   | +  | +    |
|               | Teach Self Testicular Examination                                 | 0         | 0   | 0   | +  | 0            | 0  | 0 | +  | 0        | 0 | 0   | +  | +    |
|               | Scrotal ultrasonography   | 0         | 0   | 0   | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |
|               | Laboratory Test   | 0         | 0   | 0   | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |
|               | Specialised Investigations:<br>- Alpha foeto protein<br>*β – HCG* | 0         | 0   | 0   | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |
|               | Definitive Treatment:<br>- Surgery<br>- Chemo-radiotherapy        | 0         | 0   | 0   | 0  | 0            | 0  | 0 | 0  | 0        | 0 | 0   | +  | +    |
| Referral      | 0   | 0         | +   | +   | 0  | 0            | +  | + | +  | 0        | 0 | +   | +  | +    |
| Follow-up     | 0   | 0         | +   | +   | +  | +            | +  | + | +  | 0        | + | +   | +  | +    |
| Terminal Care | 0   | 0         | +   | +   | +  | 0            | +  | + | +  | 0        | + | 0   | +  | +    |

\*β – (Beta) Human Chorionic Gonadotrophin

b. Regional and Teaching Hospital Levels

| LEVEL                         |          | REGIONAL |    |     |    |      |    |   | TEACHING HOSPITAL |    |      |  |  |
|-------------------------------|----------|----------|----|-----|----|------|----|---|-------------------|----|------|--|--|
| ACTIVITY                      | PROVIDER | N        | MW | PHA | MP | SPEC | MW | N | PHA               | MP | SPEC |  |  |
| IEC/BCC                       |          | +        | +  | +   | +  | +    | 0  | + | +                 | +  | +    |  |  |
| History                       |          | +        | +  | 0   | +  | +    | 0  | + | 0                 | +  | +    |  |  |
| Counselling                   |          | +        | +  | 0   | +  | +    | 0  | + | 0                 | +  | +    |  |  |
| Physical scrotal exam         |          | 0        | 0  | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Teach self-testicular Exam    |          | 0        | 0  | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Scrotal ultrasonography (USG) |          | 0        | 0  | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Laboratory Test               |          | 0        | 0  | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Specialised Investigation     |          | 0        | 0  | 0   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Definite treatment            |          |          |    |     |    |      |    |   |                   |    |      |  |  |
| Surgery                       |          | 0        | 0  | 0   | 0  | +    | 0  | 0 | 0                 | 0  | +    |  |  |
| Chemo-radiotherapy            |          | 0        | 0  | 0   | 0  | +    | 0  | 0 | 0                 | 0  | +    |  |  |
| Referral                      |          | 0        | 0  | 0   | 0  | +    | 0  | 0 | 0                 | 0  | 0    |  |  |
| Follow-up                     |          | 0        | 0  | +   | +  | +    | 0  | 0 | 0                 | +  | +    |  |  |
| Terminal care                 |          | +        | 0  | 0   | +  | +    | 0  | + | 0                 | +  | +    |  |  |

2.7 RESPONDING TO CONCERNS ABOUT MENOPAUSE AND ANDROPAUSE

Activities for responding to concerns about menopause and andropause will be performed by service providers at each level of the health system as follows:

a. Community, Sub-District, District Levels

| LEVEL  |                          | COMMUNITY |     |     |              | SUB-DISTRICT |   |    |    | DISTRICT |   |     |    |    |      |
|--|--------------------------|-----------|-----|-----|--------------|--------------|---|----|----|----------|---|-----|----|----|------|
| PROVIDER   | ACTIVITY                 | CBS       | TBA | CHO | DISP<br>TECH | MA           | N | MW | MW | MW       | N | PHA | MA | MP | SPEC |
| MA – Medical Assistant<br>MP – Medical Practitioner<br>PHA - Pharmacist<br>SPEC – Specialist | IEC/BCC                  | +         | +   | +   | +            | +            | + | +  | +  | +        | + | +   | +  | +  | +    |
|  | Counselling              | 0         | 0   | +   | 0            | +            | + | +  | +  | +        | + | 0   | +  | +  | +    |
|  | History Taking           | 0         | 0   | +   | 0            | +            | + | +  | +  | +        | + | 0   | +  | +  | +    |
|  | Physical Examination     | 0         | 0   | 0   | 0            | +            | + | +  | +  | +        | 0 | 0   | +  | +  | +    |
|  | Laboratory Investigation | 0         | 0   | 0   | 0            | 0            | 0 | 0  | 0  | 0        | 0 | 0   | 0  | +  | +    |
|  | Definitive management    | 0         | 0   | 0   | 0            | 0            | 0 | 0  | 0  | 0        | 0 | 0   | 0  | +  | +    |
|  | Referral                 | +         | +   | +   | +            | +            | + | 0  | +  | 0        | 0 | 0   | 0  | +  | +    |
|  | Follow-up                | 0         | 0   | +   | 0            | +            | + | +  | +  | +        | + | 0   | +  | +  | +    |

MA – Medical Assistant  
MP – Medical Practitioner  
PHA - Pharmacist  
SPEC – Specialist

CHO - Community Health Officer (trained in midwifery)  
MW - Midwife  
CBS – Community-Based Service agent  
N - Nurse

b. Regional and Teaching Hospital Levels

| LEVEL    |                       | REGIONAL |   |     |    |      |    | TEACHING HOSPITAL |     |    |      |  |   |
|----------|-----------------------|----------|---|-----|----|------|----|-------------------|-----|----|------|--|---|
| PROVIDER | ACTIVITY              | MW       | N | PHA | MP | SPEC | MW | N                 | PHA | MP | SPEC |  |   |
|          | IEC/BCC               | +        | + | +   | +  | +    | +  | +                 | +   | +  | +    |  | + |
|          | Counselling           | 0        | + | +   | +  | +    | 0  | +                 | 0   | +  | +    |  | + |
|          | History Taking        | 0        | 0 | 0   | +  | +    | 0  | 0                 | 0   | +  | +    |  | + |
|          | Physical Exam         | 0        | 0 | 0   | +  | +    | 0  | 0                 | 0   | +  | +    |  | + |
|          | Lab. Investigation    | 0        | 0 | 0   | +  | +    | 0  | 0                 | 0   | +  | +    |  | + |
|          | Definitive management | 0        | 0 | 0   | +  | +    | 0  | 0                 | 0   | +  | +    |  | + |
|          | Referral              | 0        | 0 | 0   | 0  | +    | 0  | 0                 | 0   | 0  | 0    |  | 0 |
|          | Follow-up             | 0        | 0 | 0   | +  | +    | 0  | 0                 | 0   | +  | +    |  | + |

MA - Medical Assistant  
MP - Medical Practitioner  
PHA - Pharmacist  
SPEC - Specialist  
N - Nurse  
MW - Midwife

**GENDER-BASED VIOLENCE**

| LEVEL  | COMMUNITY LEVEL |     |    | HEALTH CENTER LEVEL |    |         | HOSPITAL LEVEL |    |    |       |    |
|--|-----------------|-----|----|---------------------|----|---------|----------------|----|----|-------|----|
| PROVIDER /<br>ACTIVITY   | CBV             | CHN | MW | MW                  | PA | PA (MW) | MW             | PA | MD | SP-MD | SW |
| Health Education/BCC   | +               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
| Victim Counselling<br>History<br>Examination<br>Laboratory<br>Test | +               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
|  | 0               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
|  | 0               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
|  | 0               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
| Forensic tests   | 0               | 0   | 0  | 0                   | 0  | 0       | 0              | 0  | +  | +     | 0  |
| Legal Documentation  | 0               | 0   | 0  | 0                   | 0  | 0       | 0              | 0  | +  | +     | +  |
| Assailant Assessments  | 0               | 0   | 0  | 0                   | 0  | 0       | 0              | 0  | +  | +     | +  |
| RH Related<br>care/Treatments                                      | 0               | +   | +  | +                   | 0  | +       | +              | +  | +  | +     | 0  |
| Other Medical/Surgical<br>treatments                               | 0               | +   | +  | +                   | +  | 0       | 0              | 0  | +  | +     | +  |
| Victim Safety Plan   | +               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |
| Referral for supportive<br>/Legal care                             | +               | +   | +  | +                   | +  | +       | +              | +  | +  | +     | +  |

CBV = community based volunteer, SW=Social worker, PA\*= Physician assistant with Midwifery training PA= Physician Assistant, SP-MD= Specialist Medical Doctor

### 3.0 FUNCTIONS OF REPRODUCTIVE HEALTH SERVICE PROVIDERS

| SERVICE PROVIDER         | FUNCTIONS  |
|--------------------------|--|
| CBS/TBA/Chemical Sellers | <p>Provide information on all family planning methods</p> <p>Provide information on STIs/HIV/AIDS and infertility prevention</p> <p>Initiating and supplying barrier methods</p> <p>Initiating pills</p> <p>Referring clients requesting other methods</p> <p>Refer clients with side-effects and complications</p> <p>Performing activities of safe motherhood care as indicated in the safe motherhood protocols</p> <p>Providing information and referring clients with other reproductive health problems e.g. complications of abortion, infertility, STI, unprotected sexual intercourse</p> <p>Performing other Reproductive Health functions approved by the Ministry of Health/GHS</p>  |
| CHN                      | <p>Provide information, education and counselling on all family planning methods</p> <p>Counselling clients on STIs/HIV/AIDS and infertility prevention</p> <p>Initiating and supplying barrier methods</p> <p>Initiating and re-supplying pills</p> <p>Referring clients requesting other methods</p> <p>Manage clients with minor side effects</p> <p>Refer clients with complications</p> <p>Performing activities of safe motherhood care as indicated in the safe motherhood protocols</p> <p>Providing information and referring clients with other reproductive health problems e.g. complications of abortion, infertility, STI, unprotected sexual intercourse</p> <p>Providing oral emergency contraception</p> <p>Providing Implant services</p> <p>Providing injectable contraceptives</p> <p>Practising record keeping and reporting</p> <p>Performing other Reproductive Health functions approved by the Ministry of Health/GHS</p> |

|   |  |
|---|--|
| Pharmacists   | <p>Provide information and education on all family planning methods</p> <p>Provide information on STIs/HIV/AIDS and infertility prevention</p> <p>Initiating and supplying barrier methods</p> <p>Initiating and re-supplying pills</p> <p>Referring clients requesting other methods</p> <p>Refer clients with side-effects and complications</p> <p>Providing information and referring clients with other reproductive health problems e.g. complications of abortion, infertility, STI, unprotected sexual intercourse</p> <p>Providing oral emergency contraception</p> <p>Practising record keeping and reporting</p> <p>Performing other Reproductive Health functions approved by the Ministry of Health/GHS</p> |
| Nurses, Health Assistant<br>Clinical<br>Physician/Medical<br>Assistants | <p>Same as the CHNs , plus:</p> <p>Screening and management of cancers of the reproductive tract</p> <p>Performing any other Reproductive Health functions approved by the Ministry of Health/GHS</p>  |
| Midwives  | <p>All of the above, plus:</p> <p>Insertion / Removal of IUD</p> <p>Management of side effects and complications of contraceptives</p> <p>Post-abortion care including Manual Vacuum Aspiration (MVA)</p> <p>Prevention and management of RTI including STIs/HIV/AIDS</p> <p>Operations research</p> <p>Any other Reproductive Health functions approved by the Ministry of Health/GHS</p>   |
| Medical Doctors/<br>Specialists   | <p>All of the above plus:</p> <p>Male and female sterilization</p> <p>Management of method failure</p> <p>Definitive management of Reproductive Health conditions</p>  |



## 4.1 TRAINING CONTENTS BY TYPE OF SERVICE PROVIDERS

| SERVICE PROVIDER                    | TRAINING REQUIREMENTS  |
|-------------------------------------|--|
| CBS, TBAs,<br>Chemical Sellers, CHO | <p>Basic Human Reproductive Anatomy and Physiology</p> <p>Antenatal care (VCT/PMTCT/HIV)</p> <p>Breast Examination</p> <p>Rationale for Family Planning</p> <p>Types of Family Planning methods</p> <p>IEC and Counselling skills</p> <ul style="list-style-type: none"> <li>General Counselling</li> <li>Method specific counselling</li> </ul> <p>Counselling on</p> <ul style="list-style-type: none"> <li>STIs /HIV/AIDS</li> <li>Adolescent Reproductive Health</li> <li>Menopause</li> <li>Cancers of the reproductive system and breast</li> <li>Infertility and RTIs</li> </ul> <p>Dispelling rumours and misconceptions in family planning and reproductive health</p> <p>Promotion of exclusive breastfeeding first 6 months</p> <p>Screening for appropriate contraceptive methods using a checklist and referral procedures</p> <p>Prevention and control of infection, including STIs/HIV/AIDS</p> <p>Management of menopause</p> <p>Prevention of infertility</p> <p>Identification and referral of clients with abortion-related complications</p> <p>Family Planning commodities and supplies/logistics management</p> <p>Record keeping and reporting</p> <p>Oral Rehydration Therapy</p> <p>Prevention and Treatment of malaria</p> <p>Immunization promotion</p> <p>Discouragement of harmful traditional practices that affect reproductive system e.g. Female Genital Mutilation/Cutting</p> <p>Counselling and management of victims of gender-based violence</p> <p>Any other subjects as per pre-service curricula</p> |
| Pharmacists                         | <ul style="list-style-type: none"> <li>- All of the above, plus:</li> <li>- IEC &amp; FP Promotion</li> <li>- Providing oral emergency contraception</li> <li>- Promotion of exclusive breastfeeding first 6 months</li> <li>- Prevention and control of infection, including STI/HIV/AIDS</li> <li>- Family Planning Commodities and supplies/logistics management</li> <li>- Practising record keeping and reporting</li> <li>- Providing Oral Rehydration Therapy</li> <li>- Prevention and Treatment of malaria</li> </ul>   |
| Nurses<br>Medical Assistants        | <p>All of the above, plus:</p> <p>Physical examination skills for reproductive health services (especially recognition of RTIs)</p> <p>Counselling on adolescents reproductive health</p> <p>Diagnosis and management of Reproductive Tract Infections, including STIs and HIV/AIDS</p> <p>Supervision, Monitoring and Evaluation of services</p> <ul style="list-style-type: none"> <li>- Any other subjects as per pre-service curriculum</li> </ul>   |

| <b>SERVICE PROVIDER</b>              | <b>CONTENTS</b>   |
|--------------------------------------|---|
| Midwives / Family Planning Nurses/MA | <p>All of the above, plus</p> <ul style="list-style-type: none"> <li>- Antenatal care</li> <li>- Tetanus toxoid immunization</li> <li>- Breast examination</li> <li>- Identification and referral of pregnancy complications</li> <li>- Labour and delivery</li> <li>- Use of partograph</li> <li>- Active management of 3<sup>rd</sup> stage of labour</li> <li>- Breech delivery</li> <li>- Vacuum extraction</li> <li>- Episiotomy repair</li> <li>- Manual removal of placenta</li> <li>- Resuscitation of mother and / or neonate</li> <li>- Postnatal care</li> <li>- Initiation and promotion of breastfeeding</li> <li>- Care of neonate</li> <li>- Prevention and management of unsafe abortion and post-abortion care: <ul style="list-style-type: none"> <li>. use of MVA</li> <li>. emergency treatment of abortion complications</li> <li>. counselling and provision of post-abortion contraception</li> </ul> </li> <li>- IUD insertion and removal</li> <li>- Implants insertion and removal</li> <li>- Referral for other Reproductive Health services</li> <li>- Screening for cancers of reproductive system(VIA/Pap Smear: for pre-cancerous cervical lesions)</li> <li>- Unaided visual inspection (for downstaging of cervical cancer)</li> <li>- Treatment of precancerous cervical lesions (cryotherapy)</li> <li>- Management information System (MIS)</li> <li>- Clinic organization and management</li> <li>- Quality assurance of reproductive health services</li> <li>- First line management of side effects and complications of contraceptive methods</li> <li>- Operations research: data collection, basic data analysis, interpretation and application of results</li> <li>- Any other subject as per pre-service curricula</li> </ul> |

| <b>SERVICE PROVIDER</b> | <b>CONTENT</b>   |
|-------------------------|--|
| Medical Practitioner    | <p>All of the above, plus:</p> <ul style="list-style-type: none"> <li>- Low cavity forceps delivery</li> <li>- Caesarean section</li> <li>- Evacuation of the uterus</li> <li>- Dilatation and curettage (D &amp;C)</li> <li>- Endotracheal intubation of the neonate</li> <li>- Cut-down procedures</li> <li>- Emergency laparotomy</li> <li>- Mini-laparotomy sterilization</li> <li>- Vasectomy</li> <li>- Screening and management of breast and reproductive tract cancers, (VIA, Pap Smear colposcopy, hysteroscopy)</li> <li>- Management of infertility: evaluation of infertility (including HSG, endometrial biopsy, semen analysis), induction of ovulation</li> <li>- Management of side effects and complications of contraceptive methods including method failure</li> <li>- Management of complicated pregnancy and deliveries <ul style="list-style-type: none"> <li>. Pregnancy-induced hypertension</li> <li>. Diabetes in pregnancy</li> <li>. Heart disease in pregnancy</li> <li>. Rhesus iso-immunization</li> <li>. Anaemia in pregnancy</li> <li>. Complicated deliveries</li> <li>. Craniotomy</li> </ul> </li> <li>- Ultrasound scan (abdominal/vaginal)</li> <li>- Serum tumour marker <ul style="list-style-type: none"> <li>. Prostate specific antigen</li> </ul> </li> <li>- Prostatic biopsy</li> <li>- Scrotal ultrasound scan</li> <li>- Any other topics as per undergraduate and / or postgraduate Curricula</li> </ul> |

| <b>SERVICE PROVIDER</b>    | <b>CONTENT</b>  |
|----------------------------|---|
| Specialist                 | <p>Specialized management of all of the above, plus:</p> <ul style="list-style-type: none"> <li>- Infertility</li> <li>- Tubal microsurgery / Endoscopic surgery</li> <li>- Myomectomy</li> <li>- Laparoscopy</li> <li>- Assisted conception techniques</li> <li>Artificial insemination</li> <li>- In-Vitro Fertilisation (IVF)</li> <li>- Specialized management of cancers of the reproductive tract</li> <li>- Cone biopsy including LEEP, LLETZ</li> <li>- Cryotherapy, Electrocautery</li> <li>- Abdominal / Vaginal hysterectomy</li> <li>- Repair of obstetric fistulae</li> <li>- Repair of utero-vaginal prolapse (UVP)</li> <li>- Amniocentesis</li> <li>- Chorionic villus sampling</li> <li>- Prostatectomy</li> </ul> |
| Supply Chain Practitioners | <p>Logistics Management of Reproductive health commodities</p> <ul style="list-style-type: none"> <li>- Logistics management</li> <li>- Standard operating Procedures</li> <li>- Principles</li> <li>- Job Aids</li> <li>- Bin Cards</li> <li>- Worksheet</li> <li>- Report Requisition and issue Voucher</li> <li>- Storage condition</li> <li>- Monitoring</li> <li>- Supervision</li> </ul>  |

LEEP-Loop Electrocautery Excision Procedure

LLETZ-Large Loop Excision of the Transformation Zone

## 4.2 LIST OF REQUIREMENTS FOR TRAINING

### 4.2.1 Training Centre Facilities

- Conference room with appropriate furniture
- Meeting rooms for group work: 4
- Washrooms
- Kitchenette
- Air conditioning
- Good lighting
- Screens: at least 3
- Overhead projector: at least 3
- TV and Video-Cassette Recorder (VCR)
- Flip charts (Easel boards): at least 5
- Camcorder
- Radio-cassette player
- Anatomical models (pelvis, penis, breast, male and female reproductive system, scrotum and testes)
- Posters
- Public address system
- Photocopying machine
- Desktop computer with printer/accessories
- Telephone / fax
- Reference library
- Transport facility
- First aid kit
- LCD Projector
- Digital Camera

### 4.2.2 Personnel

- Adequate number of trainers and relevant participants
- Logistics manager
- Secretarial staff
- Training centre manager

### 4.2.3 Training Materials package

- Standardized, integrated, comprehensive and competency-based Curricula for the appropriate types of training
- National RH Service policy and standards
- National RH Service protocol
- National procedure guidelines
- Training schedule
- Handouts
- Stationery

#### 4.2.4 Clinical Site

- Adequate space
- Adequate client load
- Adequate equipment / supplies
- Adequate number of clinical instructors
- Anatomic models
- IEC materials for client education

#### 4.2.5 Funds

- Adequate funds to meet all expenses

## 5.0 LOGISTICS STANDARDS

### **MINIMUM STANDARD EQUIPMENT AND SUPPLIES LIST BY SERVICE AREA**

#### ANTENATAL/POSTNATAL CLINIC

| ITEM                        | DISTRICT HOSPITAL | HEALTH CENTRE |
|-----------------------------|-------------------|---------------|
| Adult Weighing scale        | 2                 | 1             |
| Baby weighing scale         | 1                 | 1             |
| Height measure              | 1                 | 1             |
| Foetal stethoscope          | 1 per room        | 1 per room    |
| Sphygmomanometer            | 1 per room        | 1 per room    |
| Stethoscope                 | 1 per room        | 1 per room    |
| Exam couch                  | 1 per room        | 1 per room    |
| Clinical thermometer        | 1 per room        | 1 per room    |
| Measuring tape              | 1 per room        | 1 per room    |
| Patellar hammer             | 1 per room        | 1 per room    |
| Trolley                     | 1 per room        | 1 per room    |
| Gallipot with lid           | 1 per room        | 1 per room    |
| Gallipot without a lid      | 1 per room        | 1 per room    |
| Light source                | 1 (portable)      | 1 (portable)  |
| Kidney dish                 | 1 per room        | 1 per room    |
| Veronica buckets            | 6                 | 2             |
| Buckets for decontamination | 1 per room        | 1 per room    |
| Buckets for cleaning        | 1                 | 1             |
| Pedal bin                   | 1 per room        | 1 per room    |
| Cheatle's forceps           | 2                 | 1             |
| Cheatle's holder            | 2                 | 1             |
| Vaginal speculae            | 10                | 4             |
| Sterilizer                  | 1                 | 1             |
| Autoclave                   | 1                 | 1             |

**LABOUR AND DELIVERY**

| ITEM  | DISTRICT HOSPITAL | HEALTH CENTRE  |
|---|-------------------|----------------|
| Vaginal examination tray (gallipot and receiver)  | 3                 | 1              |
| Speculae  | 3                 | 2              |
| Delivery set (1 kocher's, 1 cord cutting scissor, 2 forceps, 2 towels, 1 gallipot, 1 receiver, 1 sponge holder) | 4                 | 2              |
| Hand speculum   | 1                 | 0              |
| Suture set (Needle holder, dissecting forceps, towels)  | 2                 | 1              |
| Episiotomy set (scissors)   | 2                 | 1              |
| Machintosh  | 2/ delivery bed   | 2/delivery bed |
| Goggles   | 4                 | 2              |
| Boots   | 4                 | 2              |
| Aprons  | 4                 | 2              |
| Surgical hats   | 4                 | 2              |
| Theatre dress   | 10                | 2              |
| DeLee Suction   | 2                 | 1              |
| Ambu bag  | 2                 | 1              |
| Adult mask  | 1                 | 1              |
| Infant mask (0/1)   | 2                 | 1              |
| Oxygen cylinder   | 2                 | 1              |
| Delivery towels   | 10                | 4              |
| Light source  | 1                 | 1              |
| Sphygmomanometer  | 4                 | 1              |
| Stethoscope   | 4                 | 1              |
| Foetal stethoscope  | 2                 | 1              |
| Vacuum extractor  | 2                 | 1              |
| Light source  | 1                 | 1              |
| Heat source   | 2                 | 1              |
| Wall clock  | 1/room            | 1/room         |
| Incubator   | 1                 | 0              |
| Wheel chair   | 2                 | 1              |
| Stretcher with wheels   | 2                 | 1              |
| Drip stand  | 2                 | 1              |
| Trolley   | 1/bed             | 1              |
| Buckets for decontamination   | 1/bed             | 1/bed          |
| Buckets for cleaning  | 1                 | 1              |
| Large bin for medical waste   | 1/bed             | 1/bed          |
| Sonicaide   | 1                 | 0              |
| Resuscitation table   | 1/bed             | 1              |
| Sterilizing drums   | 4                 | 2              |

# FAMILY PLANNING

| ITEM  | DISTRICT HOSPITAL | HEALTH CENTRE |
|---|-------------------|---------------|
| Apron   | 2                 | 1             |
| Sphygmomanometer  | 1/room            | 1/room        |
| Stethoscope   | 1/room            | 1/room        |
| Adult weighing scale  | 2                 | 1             |
| IUD kit (gallipots, sponge-holding forceps, tenaculum, speculum, uterine sound) | 3                 | 1             |
| Light source  | 1/room            | 1             |
| Speculae  | 6                 | 4             |

# THEATRE

| ITEM                              | DISTRICT HOSPITAL |
|-----------------------------------|-------------------|
| Caesarean section set             | 3                 |
| Hysterectomy set                  | 2                 |
| Laparotomy set                    | 2                 |
| D & C set with vaginal speculae   | 2                 |
| Steriliser                        | 1                 |
| Suction machine                   | 1                 |
| Sphygmomanometer                  | 1/room            |
| Stethoscope                       | 1/room            |
| Ambu bags                         | 1                 |
| Adult size masks (various)        | 1 of each size    |
| Infant size masks (0/1)           | 1                 |
| Dressing towels                   | 20                |
| Instrument trolleys               | 4                 |
| Light source                      | 1                 |
| Gallipots and kidney dishes       | 6                 |
| Receivers                         | 6                 |
| Cheatle forceps                   | 2                 |
| Oxygen cylinder                   | 4                 |
| Sterilizing drums (various sizes) | 10                |
| Pedal bin                         | 1                 |
| Stretcher with wheels             | 2                 |
| Resuscitation table               | 1                 |
| Drip stands                       | 2                 |
| Operating table                   | 1                 |



| ITEM                           | DISTRICT HOSPITAL | HEALTH CENTRE |
|--------------------------------|-------------------|---------------|
| Examination couch              | 1                 | 1             |
| MVA kits                       | 6                 | 2             |
| Sphygmomanometer               | 1/room            | 1/room        |
| Stethoscope                    | 1/room            | 1/room        |
| Ambu bags                      | 1                 | 1             |
| Adult size masks<br>(various)  | 1 of each size    | 1             |
| Dressing towels                | 20                | 1             |
| Instrument trolleys            | 1/bed             | 1             |
| Light source                   | 1                 | 1             |
| Gallipots and kidney<br>dishes | 6                 | 2             |
| Speculae                       | 6                 | 2             |
| Vorcelum/tenaculum             | 6                 | 2             |
| Pedal bin                      | 1/bed             | 1/bed         |
| Instrument tray                | 3                 | 1             |
| Boots                          | 4                 | 2             |
| Aprons                         | 2                 | 1             |
| Goggles                        | 4                 | 2             |
| Buckets for<br>decontamination | 1/bed             | 1/bed         |
| Buckets for cleaning           | 1/room            | 1/room        |
| Dressing towels                | 6                 | 2             |
| Sponge-holding forceps         | 6                 | 2             |
| Drip stand                     | 1/bed             | 1/bed         |

## **5.1 STANDARD EQUIPMENT AND SUPPLIES BY SERVICE DELIVERY POINT**

### **a. Community level**

- IEC materials
- Contraceptives supplies
- Container for storage of supplies
- Carrier bag
- Megaphone
- ID cards
- TBA kit contents
- Mackintosh apron
- Soap dish with soap
- Hand towels
- 2 medium plastic bowls
- Blade (pkt)
- Cord ligature
- Cotton wool in a bag
- Dettol (in bottle)
- Methylated spirit (in bottle)
- 0.5% sodium hypochlorite (chlorine solution 0.5%/Bleach)
- Referral cards
- TBA Record book
- ORS sachets
- Gloves
- Ergometrine tabs
- Penis model
- Female condom model
- Record forms
- Checklists
- Dustbins

E – Equipment

S – Supply

INFS - Infrastructure

b. Sub-District level

- Room well ventilated, well lit
- Furniture – beds and delivery beds, etc.
- IEC materials
- TV and Video cassette recorder (VCR)
- Video cassettes
- Radio cassette player with audio cassettes
- Stationery
- Registers
- Files
- Out-patient cards
- ID cards
- Filing cabinet /cupboard
- Wheelchair
- Trolley
- Height measure
- Cheatle forceps and instrument jar
- Oxygen cylinder
- Wall clock with second hand
- Vacuum erection pump
- Examination table with stirrups
- Pedal bin
- Angle-poised lamp/Torch light
- BP apparatus
- Stethoscope
- Fetoscope (sonicaid)
- Weighing scales
- Screens
- Wooden steps/stool
- Instrument tray
- Hand basin/sink
- Storage tank with tap/Veronica bucket
- Soap/detergents
- Bed linen
- Pillows
- Sterilizers
- Disinfectant
- Arm-length gloves
- Gloves
- Face-mask
- Dressings
- Bowl for chlorine solution
- Mucus extractor
- Delivery bed

- Ambu bag
- Resuscitation kit
- Instrument drum
- Urine testing kit
- IUD kit
- Implant Kit
- MVA Kit
- Contraceptive supplies
- I.V. Infusion set
- I.V. Drip stand
- Syringes & Needles
- Essential drugs
- Delivery kit
- Sanitary pads
- Cotton wool
- Microscope, slides and covers supply slips and reagents
- Vacuum extractor
- Bacteriology swabs
- Generator/Hurricane lamp
- Cervical Cancer Screening kit
- Refrigerator
- Stove
- Lamp stand
- 0.5% sodium hypochlorite (chlorine solution 0.5%/Bleach)
- Stop watch

c. District level

All of the above, plus:

- Mini-lap kit (at least 4 kits)
- Anaesthetic machine
- Laparotomy set
- Caesarean Section set
- Suction machine
- Infusion pump
- Autoclave
- Operation Theatre table
- Operation Theatre light
- Surgical gowns
- X-ray Machine
- Blood bank
- Specula
- Metal sponge holding forces
- Spray bottle
- Timer with seconds beep

- 2-3% Acetic Acid (White Vinegar)
- Medical Compressed CO2 or N2O
- Cryotherapy equipment
- Wooden spatula
- 1% formalin solution (for biopsy specimen)
- Monsel's Solution
- Punch biopsy forceps
- Biopsy specimen bottle
- Receptacles
- Scrubbing Brush
- Scrubbing solution
- Theatre linen
- Ultrasound Scanner
- Artery forceps
- Antibody test kits
- Lab test kits

d. Regional level

All of the above, plus:

- Medicated urethral system
- Intracavernosal injection
- Penile implant
- Computerized Axial Tomography Scan (CAT/CT)
- Endoscopic equipment including:
  - . laparoscope
  - . colposcope
  - . cystoscope
  - . amnioscope
  - . hysteroscopy
- Cardiotocograph (CTG)
- Bone scanner
- Radio therapy
- Radio immuno assay
- Laboratory equipment

e. Teaching and specialist hospital

All of the above, plus:

- Assisted conception equipment
- Sperm bank
- Amniocentesis and chorionic villus sampling equipment
- Magnetic Resonance Imaging (MRI) machine
- Tubal microsurgery equipment
- Radiotherapy
- Vacuum Erection Device (VED)

## **5.2 PROCUREMENT PROCEDURES FOR FAMILY PLANNING COMMODITIES AND REQUIRED MINIMUM LEVELS OF SUPPLY**

- a. Officers-in-charge of reproductive health agencies shall consider the following factors in the procurement and distribution of commodities and supplies:
- Projection/forecasting of quantity of supplies for a given period
  - Specification of commodities and supplies
  - Determination of sources of supply
  - Placement of order and shipment schedule
  - Formalities for clearing of commodities / supplies
  - Availability of proper storage facilities
  - Distribution
  - Formalities for disposal of expired commodities and supplies
- b. Contraceptive minimum stock levels shall be as follows:
- |                          |   |                 |
|--------------------------|---|-----------------|
| - Central Medical store  | : | 6 months        |
| - Regional Medical store | : | 4 months        |
| - Facility               | : | 2 months        |
|                          | = | <hr/> 12 months |

## **6.0 MANAGEMENT INFORMATION SYSTEM**

### **6.1 OFFICERS RESPONSIBLE FOR DATA COLLECTION AND TYPES OF FORMS REQUIRED AT EACH LEVEL OF REPRODUCTIVE HEALTH SERVICE DELIVERY**

#### **a. Community level**

The TBA/CBS/CHO shall collect reproductive health information in his/her record book as well as in the community register.

#### **b. Sub-District level**

The Officer-in-charge of a sub-district facility shall collect data using the following Standard forms:

- MQHA forms (Monthly, Quarterly, Half-yearly and annually)
- Clients forms/cards
- Family planning register
- Delivery register
- Maternity register
- Midwives monthly return forms
- Tally sheets
- Stores tally cards
- Daily log-book
- Family planning monthly return forms
- STI registers and forms

The storekeeper shall have responsibility for filling the community tally cards.

#### **c. District level**

The District Director of Health Services (DDHS) shall have responsibility for the collection of similar data at the district level in addition to the completion of the following:

Requisition book

Stores tally card

Issuing book

#### **d. Regional level**

At the regional level, the overall responsibility for data collection as described above shall be that of the Regional Director of Health Services (RDHS). In addition, he shall have the responsibility for data collection on cancer in the cancer register.

e. Non - Governmental Organisations/Private Sector Organisations

For Non-Governmental Organisations, commodity distribution shall be determined by the returns received from:

- Pharmacies
- Chemical shops
- Private clinics
- Private maternity homes
- CBS agents and
- Any other non-governmental service delivery points (SDPs)

Private clinics, maternity homes shall collect data using the standard forms indicated at sub-district level and submit to the DDHS.

## **6.2 ANALYSIS AND REPORTING**

Following the policy, all service providers shall collect data, analyse and report periodically as indicated below:

- |                |   |             |
|----------------|---|-------------|
| - Community    | : | monthly     |
| - Sub-District | : | monthly     |
| - District     | : | quarterly   |
| - Regional     | : | quarterly   |
| - National     | : | half yearly |

The Officer receiving the reports shall send feedback to service providers as indicated above.



### 6.3 **MINIMUM EQUIPMENT REQUIRED FOR QUALITY REPORTING AND ANALYSIS**

An effective Information system requires the availability of tools for data management and information presentation at all levels of the GHS. This portion focuses on information technology and its accessories.

| LEVELS       | REQUIREMENTS  | ACCESSORIES   |
|--------------|---|---|
| Sub-District | Pocket Calculators  | Filing cabinets<br>Typewriters<br>Wooden shelves<br>Graph sheets  |
| District     | Desktop calculators<br>Photocopiers<br>Computer diskettes (Floppies)<br>Pocket calculators with statistical mode<br>Desktop computer                      | Photocopier<br>Computers and printers<br>Filing cabinets<br>Wooden shelves  |
| Regional     | High frequency communication systems<br>High frequency radio<br>Communication system<br>Computers and accessories<br>Printers<br>Scanners<br>Photocopiers | Electronic stencil cutter<br>Electronic typewriter<br>Duplication machine<br>Photocopier (multiple)<br>Computer software:<br>Lotus, Dbase, WordPerfect,<br>Epi-info, Eqimap<br>Air conditioners |
| National     | Fax machine<br>Computers and accessories<br>Internet Communication<br>Telecommunication   |   |

## **7.0 SUPERVISION, MONITORING, EVALUATION AND RESEARCH**

### **7.1 COMPONENTS OF SUPERVISION**

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

### **7.2 Supervisory responsibilities and activities at different levels of service delivery.**

| <b>LEVEL</b>       | <b>WHO</b>   | <b>WHAT</b>   | <b>HOW</b>  | <b>WHEN</b> |
|--------------------|--|---|---|-------------|
| Community level    | Head of sub district health team (SDHT)<br>(From sub-district level) | <ul style="list-style-type: none"><li>- Performance objectives</li><li>- Physical facilities</li><li>- Knowledge and skills</li><li>- Logistic and supplies</li><li>- Capacity building</li><li>- Record keeping and reporting/feedback</li></ul> | <ul style="list-style-type: none"><li>- Guidance and training</li><li>- Assistance with resources</li><li>- Advocacy, support and encouragement</li></ul> | Monthly     |
| Sub-District level | District Director of Health Service (from district level)            | As above  | As above  | As above    |
| District level     | Regional Director of Health Services                                 | As above  | As above  | Quarterly   |

### **7.3 NATIONAL RH SERVICE TARGETS**

The setting of national RH service targets shall be the joint responsibility of the GHS in collaboration with the NPC and other participating agencies, and shall be based on data collected. Information about these targets shall be disseminated to managers and service providers at all levels.

### **7.4 FEEDBACK**

Information obtained from monitoring and evaluation shall be communicated to:

- Policy makers in Government and Non-Governmental Organisations
- Programme directors: to serve as a basis for programme re-planning and research
- Service providers: as reasonable evidence of their accomplishments and remaining challenges and
- In-service trainers: to inform them of apparent training needs.

### **ABORTION LAW**

#### **SECTION 58 OF THE CONSOLIDATION CRIMINAL CODE, 1960 (ACT 29). AMMENDED IN 1985 AS; CRIMINAL CODE (AMMENDMENT) LAW, PNDC LAW 102, 1985, REPUBLIC OF GHANA**

58. (1) Subject to the provision of subsection (2) of this section:

(a) Any woman who with intent to cause abortion or miscarriage administers to herself or consents to be administered to her any poison, drug or other noxious thing or uses any instrument or other means whatsoever; or

(b) any person who:

(i) administers to a woman any poison, drug or other noxious thing or uses any instrument or any other means whatsoever with the intent to cause abortion or miscarriage, whether or not that woman is pregnant or has given her consent;

(ii) induces a woman to cause abortion or miscarriage; or

(iii) aids and abets a woman to cause abortion or miscarriage;

(iv) attempts to cause abortion or miscarriage; or

(v) supplies or procures any poison, drug, instrument or other thing knowing that it is intended to be used or employed to cause abortion or miscarriage, shall be guilty of an offence and liable on conviction to imprisonment for a term not exceeding five years.

(2) it is not an offence under subsection (1) of this section if an abortion or a miscarriage is caused in any of the following circumstances by a registered medical practitioner specializing in gynaecology or any other registered medical practitioner in a government hospital or in a private hospital or clinic registered under the private hospitals and maternity homes Act, 1958 (No.9) or in a place approved for the purpose by legislative instrument made by the secretary:

- (a) Where the pregnancy is the result of rape, defilement of a female idiot or incest and the abortion or miscarriage is requested by the victim or her next of kin or the person in loco parentis, if she lacks the capacity to make such request;
- (b) where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health and such woman consents to it or if she lacks the capacity to give such consent it is given on her behalf by her next of kin or the person in loco parentis; or
- (c) Where there is substantial risk that if the child were born, it may suffer from, or later develop, a serious physical abnormality or disease.
- (3) For purposes of this section "abortion or miscarriage" means the premature expulsion or removal of conception from the uterus or womb before the period of gestation is completed.

**CRIMINAL CODE (AMMENDMENT) LAW, PNDC LAW 102, 1985. NOW INCORPORATED INTO THE COSOLIDATED CRIMINAL CODE, 1960, ACT 29, SECTION 58**

**"SECTION 67 OF THE CONSOLIDATED CRIMINAL CODE, 1960 (ACT 29)"**

67. (1) where any person does an act in good faith, for the purposes of medical or surgical treatment, intent to cause death shall not be presumed from the fact that the act was or appeared likely to cause death.
- (2) Any act which is done, in good faith and without negligence, for the purposes of medical or surgical treatment, of a pregnant woman is justifiable, although it causes or is intended to cause abortion or miscarriage, or premature delivery, or the death of the child.

### **Female Genital Mutilation**

The Criminal Code, 1960 (Act 29) as amended in 1994 is further amended by the insertion after section 69 of the following:

2.0 Whoever excises, infibulates or otherwise mutilates the whole or any part of the labia minora, labia majora and the clitoris of another person commits an offence and shall be guilty of a second degree felony and liable on conviction to imprisonment of not less than three years.

For the purposes of this section “excise” means to remove the prepuce, the clitoris and all or part of the labia minora; “infibulate” includes excision and the additional removal of the labia majora.

