

Federal Democratic Republic of Ethiopia
Ministry of Health

Family Planning Extension Package

September, 2003

Addis Ababa

Table of contents

<u>Title</u>	<u>Page</u>
1. Introduction	1
2. Objective	2
General Objective.....	2
Specific Objectives	2
3. Strategies.....	3
4. Activities.....	3
Collection of Information.....	3
Provision of Education on Family Planning	4
Provision of Family Planning Services.....	6
Other Contraceptives that are not Administered by Health Extension Workers	26
5. Expected Outputs /Results.....	32
6. Information, Communication Methods for Family Planning Services	32
7. Information Management, Monitoring and Evaluation	35

1. Introduction:

Family planning is the voluntary use of natural or modern methods of contraceptives by individuals or couples. This approach helps the users to have the number of children they want and when they want them and also assures the well-being of the children and the parents.

Family planning service were introduced in Ethiopia in 1948. Although at the beginning the services were limited to only major cities, gradually the services expanded to the rural areas and are being used now by the rural communities. According to Ministry of Health report of 1994 E.C. in Ethiopia, the coverage of family planning services had reached 17.23%. However, there is a general consensus that the coverage could be higher than 17.23% if information on family planning services was collected from NGOs and community organizations that are being engaged in family planning services. The provision of inadequate family planning services in Ethiopia has contributed and is still contributing to the high morbidity and mortality of mothers and children; unwanted and unplanned pregnancies; high risk abortion; HIV/AIDS and other sexually transmitted diseases; inadequate information and education about family planning. The Ethiopian population is rapidly increasing and causing incompatibility with the country's available natural resources. This situation, surely, is creating the inadequacy of farm land; deforestation; drought accompanied with famine and displacement; soil degradation and erosion; crowding of households; incompatible social service (health, education etc.) infrastructures and adverse impact on house hold income.

The goal of family planning is to curb the rapid population growth so that it becomes compatible with the living standard of the people and contribute to the efforts geared to create sustained efficient use of the country's

resources. The population policy of the country has been promoting the above mentioned principles since 1986 E.C.

Family planning service contributes to:-

- The reduction of morbidity and mortality of mothers and children;
- Avert unplanned pregnancy and its adverse consequence that is high risk abortion;
- Prevention of HIV/AIDS and other sexually transmitted diseases;
- Improved standard of living;
- Increase of house hold income; and
- Promotes the conservation and efficient use of natural resources.

In Addition, family planning service ameliorates crowding of households and encourages women to actively participate in production works. In some regions community-based family planning services have shown significant progress and results. This is an important impetus to expand household focused family planning services for the rural population. Therefore, family planning extension package is designed in order to enhance access to family planning services for households, communities and the rural population at large.

2. Objectives:

2.1 General objective:

The objective of family planning service is to reduce morbidity and mortality of mothers and children by spacing child-bearing; preventing unplanned and unwanted pregnancy.

2.2. Specific Objectives:

2.2.1. Increase the awareness, knowledge and skills of communities to utilize family planning services;

- 2.2.2. Increase utilization of family planning services by households in order to have the number of children they want;
- 2.2.3. Prevent mothers from having too many pregnancies and children;
- 2.2.4. Avert population growth rate;
- 2.2.5. Prevent unwanted pregnancies and high risk abortions; and
- 2.2.6. Promote active participation of males in family planning activities.

3. Strategies:

- 3.1 Conducting base line study/survey;
- 3.2 Educating and mobilizing communities for family planning services;
- 3.3 Providing sustained family planning counseling;
- 3.4 Mobilizing communities for active participation in family planning;
- 3.5 Strengthening and implementing coordinated family planning;
- 3.6 Using exemplary family planning service users to promote the services; and
- 3.7 Conducting training of trainers (TOT) in family planning.

4. Activities:

- 4.1 Collection of information: collect and compile information about the kebele on:
 - Number of population; and
 - Number of households by age, sex, religion, occupation, source of income, average monthly income, and annual birth and death rates.

Collect and compile information for use in family planning services on:

- Knowledge, attitude and practice of family planning;
- Number of contraceptive users;

- Who provides the services;
- Number of contraceptive nonusers and why they don't use;
- Number of contraceptive non users, but who want to use;
- Information on when the contraceptive users started using the services;
- Information on taboos;
- Number of mothers that breast feed;
- Number of mothers who got pregnant according to their plans;
- Number of mothers who got pregnant outside their plans; and
- Useful and harmful traditional practices.

Methods of collecting information:

- Review of documents (sources: kebele council, and other organizations);
- Group discussions, interview with individuals and residents; and
- Home visit to discuss with household members.

4.2. Provision of education on family planning:

What is family planning? Family planning is defined as the use of various methods of fertility control that will help individuals or couples to have the number of children they desire and at a planned time interval in order to ascertain the well-being of the children, parents and communities at large.

4.2.1. Benefits of family planning services:

Benefits for mothers:

- Prevents unwanted pregnancy;
- Enables to have the desired number of children in a planned time interval;
- Reduces serious illnesses and deaths that occur during delivery;

- Reduces illegal abortion and unhealthy conditions precipitating from illegal abortion;
- Opens for mothers opportunities to participate in development activities; and
- Prevents the transmission of HIV/AIDS and other sexually transmitted diseases (when only condom is used);

Benefits for children:

- Children will get adequate care and affection;
- Children become healthy because they receive proper care and up bringing; and
- Helps children to receive adequate health and education services;

Benefits for a family:

- Happy and healthy family created;
- Helps them to live a standard life commensurate with income;
- Promotes participatory family work and responsibilities; and
- By reducing an undesired family size, the need of health and education services of a family is achieved.

Benefits for national development growth:

- Prevents excessive population growth;
- Promotes and speeds up national development, and
- Helps women to participate in development.

4.2.2. Adverse consequences of unplanned family size:

- Health problems occur during delivery resulting in adverse consequences such as illnesses and deaths;
- Health problems of young females married at early age;

- Increase of maternal mortality due to unwanted pregnancy and illegal abortion;
- Hinders mothers from participating in developmental activities;
- Children don't grow properly due to lack of appropriate care and affection by parents;
- Children are exposed to illnesses and deaths due to the lack of appropriate care from parents;
- Children and the rest of the family members don't receive adequate health and other social services; and
- Unfavorable impact on the economic status of a family to provide appropriate care to children's growth and development.

The health extension workers will prepare and present for approval detailed activity plans of family planning services. These plans have to be discussed and well-understood by user communities and concerned organizations in order to inculcate sense of ownership of the plans, keen interest and full participation of the implementation of the plans. This approach will develop and promote collaboration for joint planning, implementation, monitoring and evaluation of the planned family planning activities. It is well assumed that such an approach would help to bring significant level of achievement in the operation of family planning services.

4.3. Provision of family planning services:

Natural /traditional methods which prevent pregnancy:

Natural/traditional method which prevent pregnancy does not implicate medicines or preventing mechanical devices. Breast feeding, calendar method, abstinence method, and withdrawal are some of the natural /traditional methods.

4.3.1.1. Breast feeding method:

One of the natural methods to prevent pregnancy is breast-feeding. Most women who do not breast-feed their babies start to ovulate within one or two months after delivery. But mothers don't ovulate when breast-feeding their babies from both breasts and at intervals not more than six hours. During this time the babies must not get additional food or liquids. So, mothers who regularly breast-feed their babies will not conceive until six months after delivery.

How does breast-feeding prevent pregnancy:

When a mother breast-feeds her baby, the message concerning the feeding goes from the nipple to the vagus nerve and proceeds to the front-part of the pituitary gland in the brain. Then the pituitary gland initiates the production of prolactin hormone to activate the milk producing glands in the breasts. The prolactin hormone again reduces the secretion of luteinizing hormone which initiates the normal menstrual cycle. Thus the process interrupts ovulation and prevents pregnancy.

Benefits of breast-feeding:

- Prevents pregnancy (if regular breast-feeding is practiced at an interval of six hours for at least six months.);
- Strengthens love between the mother and child;
- Breast milk is a natural preparation which does not expose child to food-borne infections, and also prevents child from illnesses;
- No expenses for supplementary feeding are incurred until the age of four months;
- This method of preventing pregnancy doesn't have side effects and/or contraindications and doesn't incur any expenses; and

- Some religious organizations prefer natural methods of preventing pregnancy (e.g. breast feeding) than modern contraceptive methods.

Weaknesses of breast-feeding in the prevention of pregnancy:

- Its effectiveness is low compared to all other natural methods of contraceptives;
- It does not prevent HIV/AIDS and other sexually transmitted diseases; and
- The effectiveness of this method decreases over time starting from sixth months after delivery.

The health extension workers have the responsibility to educate breast-feeding mothers preferably in the language they speak and understand the aforementioned detailed information on breast-feeding as a natural method to prevent pregnancy.

4.3.1.2. The calendar method:

When a female reaches the age of puberty, the phenomena of menstrual cycle begins and continues to recur once a month. If a women wants to use the calendar method to prevent pregnancy, she must exactly know the day when her menstruation cycle starts every month. Before she starts applying this method, she must get education and counseling by the health extension worker. Then she must keep record of the menstruation starting day of every month at least for one year. If the women is illiterate, she must reserve one pebble representing one day. This will help the women to know about the interval of the days as short or long because some women have changing menstrual cycle. The calendar of menstrual cycle starts from the first day of bleeding and finishes one day before the next cycle.

The egg of a woman has a life span of only 24 hours, unless it meets with a man's sperm. Therefore, there must be sexual intercourse within the period of 24 hours. It has been, so far, difficult to determine the exact day of ovulation, however, several studies indicate that it happens some time mid-way before the starting of the next menstrual cycle.

This means for example if a woman has a regular cycle of 27 days, it is possible to know by subtracting from 27-18 and 27-11 the first and last days of ovulation respectively. Based on this computation, the woman should avoid sexual intercourse between day 9 and day 19 of the menstrual cycle in order to prevent pregnancy. By the same token, women who have regular menstrual cycles of 28 days, 30 days should avoid sexual intercourse between 10-17 days and 12-19 days respectively; but they are safe to do sexual intercourse during the remaining respective days.

Benefits of the calendar method:

- This method of preventing pregnancy does not have side effects and involve no expenses;

4.3.1.3. Abstinence method:

Abstinence refers to stopping temporarily or permanently sexual intercourse. It is among one of the oldest and very effective methods of preventing pregnancy. Abstinence is being used even to day by many people world wide. Using this natural / traditional method requires a strong discipline, thrust and good understanding between husband and wife or sexual partners. People who often use this method are usually those who cannot

use other contraceptive methods for health or religious reasons, or those who do not know any other method.

Benefits of abstinence method:

- The effects of this method in the prevention of pregnancy is 100%;
- It incurs no expenses;
- There are no side effects on the body;
- Prevents early-age pregnancy; and
- Prevents sexually transmitted diseases including HIV/AIDS.

Contraindications: There are no contraindications observed in the use of abstinence method.

The health extension workers should inform those who want to use abstinence method about its benefits and at the same time they also should be told to think of using other methods to avoid unwanted pregnancy.

4.3.1.4. Withdrawal Method:

This method uses the withdrawal or the pulling out of the male genital (penis) from the vagina, interrupting sexual intercourse just before ejaculation so that sperm does not enter the vagina. The ejaculation must be effected far away from the genital areas to make sure that no sperm enter the vagina. The effect of this method is weak and unreliable because of the following reasons.

- Many males may not be able to control ejaculation time to pull out the penis on time; and
- Semen containing sperm may be leaking out into the vagina even before ejaculation.

4.3.2. Modern Contraceptive Methods:

Sequential provision procedures for services: Activities that should be undertaken in sequential order when family planning clients arrive for counseling services.

1. Introduction and greeting;
2. Assess the family planning knowledge of the mother;
 - Ask if she knows about family planning,
 - Inquire about the advantages, disadvantages and types of contraceptives methods etc.
3. Introduce and explain how to use the contraceptives;
4. Explain how to take the contraceptives and in what amount/dosage;
5. Determine the day and time of starting taking the drugs or devices;
6. Discuss on the possible occurrences of adverse consequences (e.g. irregular menstruation cycle, missing the daily intake or use of contraceptive methods, illnesses or unwanted pregnancy etc);
7. Explain about the follow up mechanisms (eg. Register and tell the client about the next appointment, where to get the contraceptive, other options etc.); and
8. Inform the client not to practise or do forbidden activities related to contraceptives.

4.3.2.1. Combined oral contraceptive pills:

Combined oral contraceptive is prepared from two hormones namely estrogen and progestin. This contraceptive is the first among the most commonly used methods in Ethiopia.

How does the combined oral contraceptive prevent pregnancy?

- Prevent ovulation;
- Thicken cervical mucus making it difficult for the sperm to pass through;
- Make the lining of the uterus too thin for the fertilized egg to implant itself making it difficult for further development.

Combined oral contraceptive pills come in a packet of 28 pills and organized in four rows of seven pills. In the first three rows are the combined oral contraceptive pills, while the seven pills in the last row are body supportive pills made of minerals. What is the difference between combined oral contraceptive and other contraceptives?

- The fact that it is a combined oral contraceptive;
- The cost of the combined oral contraceptive is cheap /affordable; and
- Can be taken without professional supervision after initiation.

Benefits of combined oral contraceptive:

- Its effectiveness is high;
- Avoids the fear of unwanted pregnancy during sexual intercourse;
- Can be taken by any female that has reached puberty-age;
- Pregnancy resumes immediately after interrupting taking the pills;
- Prevents extra-uterine pregnancy; and
- Prevents unwanted pregnancy resulting from casual or unexpected sexual intercourse.

Adverse effects of combined oral contraceptive pills:

- Nausea (the first three months);
- Irregular menstruation;
- Headache;
- Tenderness of the breast;

- Weight increase; and
- It is not the choice of breast-feeding mothers.

Disadvantages of combined oral contraceptive:

- Pills are taken every day, hence, inconsistent or incorrect use raises a risk; and
- Lack of protection from HIV/AIDS and other sexually transmitted diseases.

Sequential procedures in the provision of combined oral contraceptive pills:

- Introduce yourself and greet politely the family planning client (s);
 - Assess the client's knowledge about family planning and find out about her health and whether she is breast-feeding;
 - Ask if the client is on menstruation;
 - Register the client
 - Show and demonstrate the client the combined oral contraceptive pills in the package;
1. Carefully explain to the client to do one of the following steps:
 - To start taking the contraceptive pills on day 5 of menstruation; or
 2. Carefully explain to the client about her daily intake;
 3. Explain to the client to start taking the first pill following the direction of the arrow on the package and continue in the same direction until completed.
 4. Explain to the client that she should take one pill every evening before sleep or sexual intercourse. Also, inform her that after taking 21 white pills, there will be seven coffee-colour pills remaining in the package;
 5. The menstrual cycle will occur when the seven pills are being taken. The client should then start the new package of pills in the next evening following the (completion of 7 coffee coloured pills) the

completion of the coffee-coloured seven pills; Also, inform the client that the use of the last seven pills is to help replace the lost blood during the menstruation;

6. If the client forgets to take her pill, she must be told to take the missed pill and also continue on her normal schedule.
7. Even if the client forgets to take two successive pills she must be told to take the pills and continue her normal schedule. In addition, she must be advised to use condom.
8. A woman on combined oral contraceptive pills is expected to know about the following adverse indications:
 - Severe headache;
 - Severe sharp chest pain;
 - Severe abdominal pain; and
 - Blurring of the eye.

The woman with the above signs and symptoms should be advised to go to a health worker for help.

9. Irregular menstrual cycle is often caused by inconsistency and interruption in taking contraceptive pills. On the other hand, it is possible that irregular menstrual cycle can be experienced during the regular use of contraceptive pills in the first three months. In such a situation, and if the irregularity continues, inform the woman to contact always the health extension worker and other health professionals; and
10. Carefully inform a woman who has received the one month supply of pills about the next date of appointment.

Emergency contraception:

Emergency contraception is a combined oral contraceptive pills method that women can use to prevent pregnancy expected from unprotected sexual intercourse. However, it should be underlined that the use of such

method is only limited to unprotected sexual intercourse, but is never for regular usage.

Mode of Prevention:

- Emergency contraceptive pills inhibit or delay to prevent fertilization.

When is emergency contraception used?

- When a woman is forced for sexual intercourse,
- Improper use or tearing of condom;
- When a loop inserted in a uterus has suddenly slipped out; and
- When a woman has practised unprotected sexual intercourse, and at the same time she doesn't want to be pregnant.

Usage of emergency contraception:

- Take combined oral contraceptive two pills of 50 mcg ethingestradiol and 250 mcg. of levonrgestral in one dose immediately after sexual intercourse or during the first 72 hours and repeat taking another two pills after 12 hours;
- If the above types of pills are not available, take low combined oral contraceptive four pills of 30 mcg estrogen and 150 mcg progestin as one dose and repeat the same after 12 hours; and
- Continue to take the contraceptive pills with or without sexual intercourse.

Contra indications for combined oral contraceptive pills are:

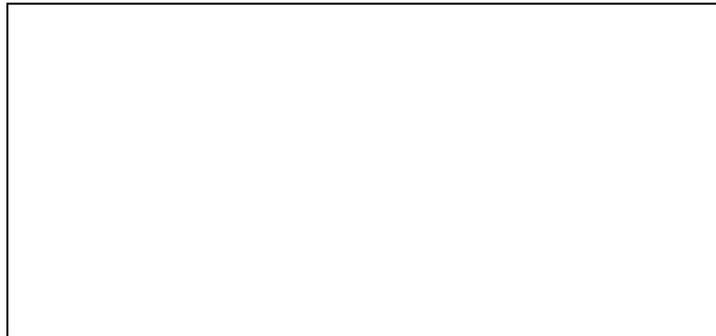
- Pregnancy;
- Heart diseases;
- High blood pressure;
- Breast-feeding mother; and
- Women who smoke and who are over 35 years old.

Inform a woman, already on combined oral contraceptive pills but suspicious of being pregnant to seek advice from a health extension worker. In addition the woman must be told that whenever she feels unhealthy while on the pills that she can always have access to other types of contraceptives.

11. The health extension worker should not put a woman on combined oral contraceptive pills prior to taking full information on the client.

4.3.2.2. single drug oral contraceptives:

These are oral contraceptive pills that are formulated only from progestin. The content of progestin in the contraceptive pills is less than what is contained in the combined oral contraceptive pills. This oral contraceptive has 35 pills in one package/box. The strength of progestin in each pill is the same.



What are the principles of contraception?

- Prevent ovulation;
- Making cervical mucus too thick and difficult for the sperm to pass through; and
- Making the lining of the uterus too thin for the fertilized egg to implant itself.

The single oral contraceptive pill dosage becomes highly effective in the body two hours after it has been taken. Then it brings changes in the content of the cervical mucus and stays effective for about four hours. The change in the cervical mucus is effective to prevent pregnancy for a period of 4-20 hours. The pills have to be taken regularly every 24 hours.

Benefits of single oral contraceptive:

- Prevents pregnancy;
- Has more advantage for breast-feeding mothers;
- Reduces pain related to menstrual cycle;
- Reduces bleeding and the total amount of blood lost during menstrual period;
- Does not affect breast – feeding in any way;
- Does not increase blood clotting;
- Prevents infection of the uterus,
- It is a better option for women who have problem with the combined oral contraceptive pills; and
- Does not aggravate blood pressure.

Disadvantages of single oral contraceptive pills:

- Requires taking one pill every day without interruption and always at exactly the same time of the day and so is hard to always remember;

- Less effective to prevent pregnancy compared to the combined oral contraceptive pills; and
- Has problems such as irregularity of menstrual cycles, more menstrual bleeding, and stops the running of the usual menstrual cycles.

Who uses single oral contraceptive pills?

- Users of oral contraceptives and breast-feeding mothers;
- Women with high blood pressure;
- Women who have problems with combined oral contraceptive pills;
- Heavy smoking women and those above 35 years old; and
- Women who can take the pills regularly at the some interval and exact time.

Single oral contraceptive pills should not be given to women who:

- Are pregnant or suspected;
- Have breast cancer or suspected for the disease;
- Who cannot regularly take the pills at the specified time period; and
- Are breast-feeding a child less than six months old.

Sequential procedures in the provision of single oral contraceptive pills:

- Introduce yourself and greet politely the family planning service client;
- Assess the client's knowledge about family planning services and ask about her health conditions;
- Ask if the client is on menstruation;
- Register the client;
- Show and demonstrate to the client the single oral contraceptive pills in the package;
- Carefully explain to the client to take one of the following steps;
 - To start taking the single contraceptive pills 24 hours after her menstruation started; or

- Start on the 5th day of menstrual period;
- Carefully explain to the client to take every evening at the same time before sleep or sexual intercourse one pill from the package with water and without chewing;
- The client should take regularly contraceptive pill every evening at the same time with or without sexual intercourse;
- If the client forgets to take her pill, she must be told to take the missed pill and also continue on her normal schedule;
- Even if the client forgets to take two successive pills, she must be told to take pills and continue on her normal schedule. In addition she must be advised to use condom;
- A woman must be told to go to the health extension worker to seek advice when she faces health problems while on the single oral contraceptive pills; and
- Carefully inform a woman who has received one month supply of single oral contraceptive pills, to take the pills according to instructions and to come back on the exact date of next appointment.

4.3.2.3. Male Condom:

Condom is a plastic material that men wear over the erect penis just before sexual intercourse in order to hold the sperm and prevent it from spilling in the vagina. Condom is made from a thin plastic called latex. Condom prevents pregnancy as well as sexually transmitted diseases including HIV/AIDS. Condoms are preferred in different colours and size. Condoms are often lubricated inside and on the surface and contain spermicides that kill sperm cells in order to prevent possibility of pregnancy in case the condom breaks or semen escapes or leaks by accident. Similarly, bacteria and viruses don't escape through the condom, unless it is broken, but if it breaks the spermicide will kill them as well. Condom is effective to prevent pregnancy

and sexually transmitted diseases unless it is broken, misused and exposed to the sun or other type of heat. Condom is very effective when used combined with other contraceptives. Condom is different from other contraceptives, because it is the only contraceptive method that is worn on the genital (penis) of the male.

How does condom prevent pregnancy?

- Condom holds the sperm and prevents it from spilling in the vagina and the cervix.

Benefits of Condom:-

- ⊙ Prevents pregnancy; and
- ⊙ Prevents HIV/AIDS and other sexually transmitted diseases.

Minor problems that occur due to improper use of Condom:-

- ⊙ Reluctance of some individuals (Male or Female) to use condoms;
- ⊙ Condom can break due to inappropriate use during sexual intercourse;
- ⊙ Poor disposal of used condoms by some individuals; and
- ⊙ Creates itching feeling on the genitals of some male or female individuals.

Methods to demonstrate how to use condom:-

- ⊙ Make proper introduction and greeting to potential condom users;
- ⊙ Assess their knowledge of family planning;
- ⊙ Register the client;
- ⊙ Explain and demonstrate with a model how to use condom in a sequential manner;

- ⊙ Show or demonstrate condom in a sealed package;
- ⊙ Ensure that the expiry date of the condom is not over;
- ⊙ Explain to the client (s) that before wearing the condom the genital (penis) has to be properly erected;
- ⊙ Take out the condom from the package and make it ready for use;
- ⊙ Pinch the tip of the condom with two fingers of the left hand and with the right insert the condom on the erect penis of the model;
- ⊙ Explain to the client (s) that after sexual intercourse the used condom has to be removed from the penis, tied and disposed in a safe place;
- ⊙ Explain to the client(s) the need to use new condoms for each subsequent intercourse;
- ⊙ Provide to the client(s) the amount of condoms needed and declare to the client the next appointment date;
- ⊙ Tell to the client(s) who wish to change for other contraceptives that it is possible to change in consultation with the health extension worker; and
- ⊙ Appreciate the client(s) and finish with the session .



4.3.2.4. Female Condom:

- Female condom is one method to prevent pregnancy. The condom is inserted into the vagina and is only used for one time sexual intercourse;
- It is made from plastic material and has flexible rings at both ends; and

- The condom serves as a physical barrier to prevent sperms from meeting the woman's eggs.

Benefits of female condom:

- The condom is fully controlled and used by the woman;
- Prevents pregnancy as well as HIV/AIDS and other sexually transmitted diseases;
- Highly minimizes the concerns of woman;
- Has no harms and contraindications;
- Can be inserted into the vagina hours or immediately before intercourse and used; and
- Does not require erect penis to insert the condom into the vagina or remove it after intercourse.

Disadvantage:

- The cost of the condom is expensive.

4.3.2.5. Injectable contraceptives:

This contraceptive is injected deep into the muscle and its formulation is a single injectable contraceptive. The contraceptive contains progestin.

Usage of the contraceptive:

- The injection is given every three months; and
- Noristerat contraceptive is injected once in two months, however, in Ethiopia the commonly used contraceptive is the one injected every three months.

How does the single injectable contraceptive prevent pregnancy?

- Prevent ovulation;
- Makes cervical mucus too thick and difficult for the sperm to pass through to the uterus; and
- Makes the lining of the uterus too thin for the fertilized egg to implant itself.

Benefits of the single injectable contraceptive;

- Its effectiveness is very high;
- Serves for three months;
- Protects pregnancy for about a week even if client is late for her return visit ;
- As it is invisible maintains client's secret;
- Helps to improve anemia;
- Better option for those women who don't want to use oral contraceptives;
- Does not change the amount of or quality of breast milk;
- Unlike oral contraceptives, there is no risk of users forgetting the contraceptive;
- Better option for users that don't want permanent prevention from pregnancy as well as don't want to have more children;
- It is safe for users that are within the age of child bearing; and
- Can prevent uterus laceration or wounds.

Disadvantages:

- Cannot prevent HIV/AIDS and sexually transmitted diseases;
- Difficult to discontinue or remove from the body if complications arise or pregnancy is wanted. The contraceptive is injected for a period of three months and is impossible to remove it;
- Initiates prolonged heavy vaginal bleeding;
- Delays return to fertility for about 6 - 12 months after stopping;

- Increases weight; and
- If used for a long time, decreases the normal quantity of menstrual bleeding.

Who are the users of this method?

- Users who want to delay pregnancy for a specified period;
- Users who want contraceptive free from estrogen;
- Users who want spaced child bearing;
- Women who choose for comfortable and better quality contraceptive;
- Mothers on breast feeding;
- Women who resist or overcome irregular menstruation for 6 - 9 months; and
- Users who are able to come every three months for the injectable contraceptive.

Injectable should not be given to women who:

- Are pregnant or suspected for pregnancy;
- Have bleeding from their vagina, but have not been medically checked and confirmed for any type of cause;
- Have breast cancer or suspected for breast cancer;
- Have menstrual cycle stopped not because of pregnancy or breast feeding;
- Have liver diseases or gall bladder diseases;
- Have heart diseases;
- Have blood pressure; and
- Are post-natal and breast feeding mothers should not use the contraceptive at least for six months.

Sequential procedures in the provision of injectable contraceptives:

- Introduce yourself and greet politely the family planning service client;
- Assess the client's knowledge about family planning and find out about her health condition;
- As if the client is on menstruation;
- Register the client;
- Give the client proper advice on the injectable contraceptive;
- Carefully explain to the client about the injectable contraceptive, the needle with which the contraceptive is injected and the injection site on the body;
- Educate about the advantages and disadvantages of the injectable contraceptive;
- Carefully explain to the client that the contraceptive is injectable one and given only once in three months;
- Explain to the client that the injectable contraceptive should be given only when she is on menstruation. Otherwise, when she is not on menstruation, she should take condom for temporary use and must come back for the injection when she is on menstruation;
- Tell the client that if she wants to become pregnant, she can do so by stopping the injectable contraceptive;
- Explain to the client when she should start the contraceptive and return for the next one;
- Tell the client to strictly adhere to her appointment. If she misses the appointment date and engages in sexual intercourse after one week she must consult the extension health worker or go to a nearby health facility for help;
- Explain to the client that she should not be threaten by rumours such as weight increase, permanent infertility etc. related to the contraceptive;

- Demonstrate to the client the container (bottle) of the injectable contraceptive and also show her the expiring date;
- Invite the client for comment and questions and then prepare yourself to give the injection;
- Wash your hands;
- Prepare the needles and syringes for the injections;
- Hold the bottle by your two hands and start to roll back and forth to mix the drug but not to form foam;
- Then suck out the drug with the needle and syringe from the bottle. No drop should be left in the bottle;
- Advise the client to make her left arm ready for the injection;
- Clean the site for the injection;
- Then carefully inject the client 150 mg. of the contraceptive in her muscle. Note that the injection site should not be massaged after the injection;
- Dispose the needle and syringe in a safe-disposal box; and
- Explain to the user to contact and consult the health extension worker in case of occurrence of unusual health problems related to the contraceptive. Then, give appreciation to the user and give her the appointment card.



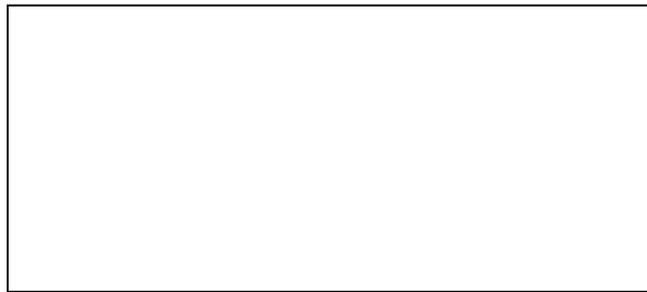
4.4. Other contraceptives that are not administered by health extension workers:

4.4.1. Intrauterine contraceptive devices(loop):

Intrauterine are usually plastic devices that are placed in the uterus to prevent pregnancy. These contraceptives are prepared from

plastic material that does not change its shape, or rust and contains progesterone hormone, and is covered with thin copper thread coil. The contraceptive is carefully prepared and serves for a long period. The loop that has thin copper thread coil or progesterone hormone is more effective than the one prepared from plastic. Loop or intrauterine contraceptive device is prepared in different shapes.

Illustrations of different types of loop:



Loop or intrauterine contraceptive device is inserted into the uterus with special instrument and trained and experienced health worker. Currently, the best loop or intrauterine contraceptive device is the copper T380 which is covered with thin copper coil. This device is prepared to serve for about ten years.

Who are the users of loops or intrauterine contraceptive devices?

- Any women who has no medical indications;
- Women free from uterus wound/ lacerations;
- Housewife or woman restricted to one sexual partner;
- Woman who doesn't use other contraceptives;
- Woman who has at least one child; and
- Woman who selects contraceptives that don't require frequent regular visit, less or no health problems and unforgettable;

Loops or intra uterine contraceptive devices should not be given to women who:

- Are pregnant or suspected for pregnancy;
- Have infected uterus;
- Have bleeding from uterus for unknown reasons;
- Have uterus cancer;
- Have had extra-uterine pregnancies;
- Have wounds/ lacerations after delivery; and
- Have infections of the uterus after abortion.

The role of the health extension workers in relation to intrauterine contraceptive devices/ loops will be limited to promoting the devices as options through information dissemination or education to active users or potential users based on the description presented above on loops or intra uterine contraceptive devices. Those interested users must be advised to go to a nearby health facility to receive the services. In addition, the health extension workers should register and keep good record of the women using loops/ intra uterine contraceptive devices. The workers should also undertake home visits to follow up the users.

4.4.2 Implantable contraceptives:

Implantable contraceptives are long acting contraceptives which only contain progesterone hormone. The progesterone hormone is covered with plastic pill. Its size is comparable to a match stick. In addition, it has 34 mg of levonorgestral. This contraceptive is injected into the skin of the upper arm of woman. Six of the implantable contraceptives are injected under the skin of the inside left upper arm by trained health worker. Once it is administered, it prevents pregnancy for five years. This is because the levonoregstral slowly releases to the woman's body. However, after five years its effectiveness is much reduced and should be replaced by a new one.

Illustrations of the administration of implantable contraceptives:



How does implantable contraceptive prevent pregnancy?

- Prevents the release of egg from the ovaries; and
- Make cervical mucus thick and difficult for the sperm to pass through to the uterus;

Benefits of implantable contraceptives;

- Highly effective in preventing pregnancy;
- Serves for a long period and avoids concern about frequent appointments and daily administration of contraceptives;
- Prevents excess menstrual bleeding;
- The user can remove the implanted contraceptives at any time when she decides to have a child.

Disadvantage of implanted contraceptives:

- Don't prevent HIV/AIDS and other sexually transmitted diseases;
- Its removal should be done by professional and require minor surgery;
- In few users there may be increased menstrual bleeding which decrease or stops in three months; and
- The occurrence of headaches, weight increase or decrease in some users.

Who are the users of implanted contraceptives?

- Women who decided to stay long without being pregnant;
- Breast feeding mothers;
- Those who don't use combined oral contraceptives;
- Women with high blood pressure;
- Users above the age of 35 years; and
- Users of less than 70 kgm. weight.

Implanted contraceptives should not be administered to women who:

- Are suspected for pregnancy;
- Have or suspected for cancer of the uterus, heart diseases, liver diseases;
- Have bleeding of the uterus of unknown causes; and
- Have epilepsy and take drug regularly.

The role of the health extension workers in relation to implanted contraceptives will be limited to promoting the method as an option, through information dissemination or education to active users or potential users based on the description presented above on implanted contraceptives. Those interested users must be advised to go to nearby health facility to receive the services. In addition, the health extension workers should register and keep good record of the women using implanted contraceptives. The workers should also undertake home visits to follow up the users.

4.4.3 Female voluntary surgical contraception:

This method is done by surgical intervention which results in ligating or closing the fallopian tubes to stop the egg traveling through the tubes to meet the sperm and cause pregnancy.

Benefits of voluntary surgical contraception:

- The method is highly effective than all the other contraceptives in preventing pregnancy;
- The method is administered in few minutes but its prevention of pregnancy is ever lasting or permanently installed; and
- The method needs no revisit for similar intervention.

Disadvantage:

- The service require adequate number of trained health workers;
- The method cannot be provided by health extension workers;
- Takes longer time to provide counseling; and
- There could exist small problems related to surgical interventions.

4.4.4 Male voluntary surgical contraception:

This method of introducing permanent contraception should be performed on the agreement of two loving partners. The intervention involves the cutting or blocking of the tubes (vas deferens) through which sperms travel from the testis to the male genital (penis), so that the sperm cells cannot be ejaculated with the semen during intercourse. This method is highly effective.

Benefits of male voluntary surgical contraception:

- The method is highly effective than all the other contraceptives in preventing pregnancy;
- The method is administered in few minutes but its prevention of pregnancy is ever lasting or permanent; and
- The method needs no revisit for similar administration.

Disadvantage:

- The service requires adequate number of trained health workers;
- The method cannot be provided by health extension workers;
- The method cannot be reversed, once it is administered;
- Takes longer time to provide counseling; and
- There could exist minor problems related to the surgical interventions.

5. Expected outputs/ Results:

- 5.1 Households would have received adequate information on family planning services;
- 5.2 Households would have become user of family planning services;
- 5.3 The health of mothers and children would have been maintained because of improved size of household and as a result improved household income;
- 5.4 The life style of households and income would have improved and household crowding decreased;
- 5.5 Improved active participation of women in social activities;
- 5.6 Reduced unplanned and unwanted pregnancies;
- 5.7 Reduced high risk abortions;
- 5.8 Increased condom users;
- 5.9 Reduced HIV/AIDS and other sexually transmitted diseases; and
- 5.10 Reduced medical expenses related to unwanted pregnancy and delivery.

6. Information, communication methods for family planning services:

Family planning through the administration of contraceptives is an old program. As a result, now days every household has easy access to family planning services to reduce or maintain its size, to introduce child-bearing spacing etc. nevertheless, there are a

number of household that don't know the where about and the use of the different contraceptives. Some households have incorrect information on family planning and resist to participate in the services.

The aim of the family planning program is to access all persons at the age of puberty and married couples to make them know about the correct information of family planning and raise their awareness on the types and utilization of different contraceptives so that they benefit from the available services depending on their choices.

When giving health education to households make the following points clear:

- Where to get when they need additional information on contraceptive methods and services;
- Types, names, nature and usage of contraceptives;
- The side effects and contraindications of contraceptives, and what action to take when there are problems;
- Information on family planning clinics and their working hours; and
- Rumors and harmful beliefs related to contraceptives and those that affect family planning services.

Mobilize households and promote their desire to use contraceptives and in addition focus on the following points:

- Discuss with families on the importance of child-bearing spacing (3-4 years). Child-bearing spacing reduces the number of children and the size of a household. Thus the family will have the opportunity to keep up the health of the children and the entire family;
- The health of a mother is maintained when she is free from frequent/repeated pregnancies and deliveries;

- The income of a household improves when the number of children in the household is few (or compatible to the income of the household);
- Parents can give adequate care and love to their children only when they are few in number; and
- Discuss with the households on the benefits of child - bearing spacing for the households and the country at large.

N.B

Refer to the health education manual regarding communication methods.

Create full confidence on family planning service by households:

- Households will accept contraceptive if they have established full confidence in the health extension worker and the family planning services. Thus, it is important to be :
 - Loyal to the households;
 - Provide correct acceptable education;
 - Disseminate correct and concrete information;
 - Accept mistakes;
 - Take timely correction; and
 - Politely address questions raised by the households.

7. Information management, monitoring and evaluation system:

- **Tasks of the health extension worker:**

- Keep record of the number of the kebele population categorized in sex, age and occupation;
- Keep record of the number of schools, government and non-governmental organizations, farmers, youth and women's associations found in the kebele;
- Register the number of health education materials distributed to social and other organizations in the kebele and keep record of the number of people that received health education as a group or in any gathering places;
- Keep record of new users/ clients of family planning services;
- Keep the record of the number of households referred for family health service to the nearby health facility by the health extension worker. The record should include information on whether the clients have benefited or not from the next level of health facility; and
- Compile daily performed activities. Prepare and submit monthly, quarterly and annual reports to the woreda health office. The reports should contain the achievements, outcomes, benefits and problems encountered during the implementation of the package.

- **Activities implemented by the woreda health office:**

The woreda health office in collaboration with the kebele council will conduct quarterly, or as deemed necessary sustained supportive supervisory visits to the health extension worker to ensure that the health extension package implementation has been progressing satisfactorily and to discuss and resolve problems and constraints encountered by the worker. In addition, the woreda health office

compiles monthly reports received from the health extension workers and submits them quarterly to the regional health bureau.

- **Activities implemented by the Regional Health Bureau (RHB) and the Federal Ministry of Health (FMOH):**

- Develops a standard health extension activity implementation reporting format;
- Quarterly reports of the woreda office will be compiled by the RHB and submitted to the FMOH;
- Assessment of the progress of the health extension package implementation will be conducted in collaboration with all stakeholders (kebele council, government organizations, NGO's and beneficiaries) of the health extension package bi annually by the RHB and annually by the FMOH;
- Based on the findings of the assessment, the achievements made, the problems and gaps encountered will be analyzed. On this basis, the FMOH and RHBs will formulate improved strategy document for better work in the future;
- The FMOH will prepare a report that contains observations made on the achievements, best practices, problems, gaps and measures taken to enhance the health extension package implementation.
- The FMOH will conduct annual review meetings of the health extension package in which all regions involved in the implementation of the package participate. Report on the proceedings and results of the health extension package annual review will be distributed to the RHB's and woreda health offices. The report contains the recommendations and plans of action for implementation; and
- When deemed necessary questionnaires for data collection on the progress of the implementation of the package will be designed

and distributed to all stakeholders by RHBs and/or FMOH, woreda health offices and health extension workers to fill and return. This will serve to improve or strengthen the implementation of the package.