



REPUBLIC OF RWANDA  
MINISTRY OF HEALTH



# NATIONAL FAMILY PLANNING GUIDELINES AND STANDARDS

March, 2022



NATIONAL FAMILY PLANNING  
**GUIDELINES** AND  
**STANDARDS**



## Foreword

Family Planning (FP) enables individuals and couples to determine the number of children they would like to have through the spacing and timing of their births. FP is a human right, as every individual and family has the basic right to be provided with and have access to the services, supplies, and information they need to plan their families.

Rwanda has declared FP a national priority for poverty reduction and socioeconomic development of the country. Thus, a national FP guideline is needed to provide clear guidance on the service provision side. This national FP guidelines and standards will help to minimize service provider bias in ensure clients' rights to choice and quality.

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

The National FP Guidelines and Standards should be used in conjunction with other key FP guidance documents including the National FP reference manual, The National FP and Adolescent Sexual Reproductive Health Strategic Plan 2018-2024 and others.

The success of this National FP Guidelines and Standards lies in ensuring that all stakeholders involved in service planning, implementation, and evaluation; know how to interpret and use them correctly.



**Prof. Claude Mambo Muvunyi**  
**Director General of Rwanda Biomedical Centre**

# Acknowledgement

The Maternal Child and Community Health (MCCH) Division would like to thank all persons and organizations who contributed to the development of the national FP guidelines and standards. The need to develop this document that would standardize the FP service provision in the country was initiated by the Rwanda Biomedical Center through its Maternal, child and community health division.

This document is a result of the collaboration between the Rwanda Biomedical Center and various stakeholders who are dedicated to creating positive change in FP service provision.

The MCCH division would like to specifically recognize the effort provided by all FP sub-TWG members including UNFPA, WHO, USAID, USAID/Ingobyi Activity, Troupe des personnes Handicapes Twuzuzanye (THT), Imbutu foundation, UR-SPH, SFH, Kasha, Urunana Development Communication Ltd, HDI, PSF, PIH, ARBEF, RSOG, RWAMREC, Representative from the Private pharmacies, for their technical assistance in the development of this National FP guidelines and standards.



**Dr. Felix SAYINZOGA**  
**Maternal Child and Community Health Division Manager**



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## Acronyms

ARBEF	Association Rwandaise pour le Bien être Familiale
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communication
CBP	Community Based Provision
CHWs	Community Health Workers
DHS	Demographic Health Survey
DMPA	Depo Medroxy Progesterone Acetate
FP	Family Planning
ICPD	International Conference for Family Planning
GBV	Gender Based Violence
GoR	Government of Rwanda
HDI	Health Development Initiative
HIV	Human immunodeficiency virus
MCCH	Maternal, Child and Community Health
mCPR	Modern Contraceptive Prevalence rate
MEC	Medical Eligibility Criteria
MoH	Ministry Of Health
OPD	Out Patient Department
PIH	Partners In Health
PSF	Projet San Francisco
PSM	Procurement and Supply Management
RBC	Rwanda Biomedical Center
RFDA	Rwanda Food and Drugs Authority
RMNCAH	Maternal, Newborn, Child and Adolescent Health
RSOG	Rwanda Society of Obstetricians and Gynecologists
SDGs	Sustainable Development Goals
SDP	Service Delivery Point
STIs	Sexually Transmitted Infections

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TB	Tuberculosis
TFR	Total Fertility Rate
THT	Troupe des personnes Handicapes Twuzuzanye
TWG	Technical Working group
UNFPA	United Nations Population Fund
UR-SPH	University of Rwanda- School of Public Health
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	Women in Reproductive Age



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# Table of contents

<b>Foreword.....</b>	<b>4</b>
<b>Acknowledgement.....</b>	<b>5</b>
<b>Acronyms.....</b>	<b>6</b>
<b>Introduction and rationale.....</b>	<b>9</b>
<b>Part I: Guidelines for FP services and programs.....</b>	<b>11</b>
<b>Part II: Standards for quality FP service delivery.....</b>	<b>37</b>
<b>References.....</b>	<b>65</b>
<b>Annex 1: Equipment and material needed in FP service.....</b>	<b>66</b>

# Introduction and rationale



## 1. Overview of Rwanda's Family Planning landscape and goals

With a population of more than 12 million, of which 40% is under the age of 15 years, Rwanda is one of the most densely populated countries in sub-Saharan Africa (415 inhabitants per square kilometer in 2012). The population density in Rwanda is projected to increase to over 600 inhabitants per square kilometer by 2032 if the current population growth trend persists (NISR, 2012).

According to the Demographic Health Survey, the modern contraceptive prevalence rate (mCPR) increased from 47.5% (2015) to 58% (2019-2020), unmet need for FP has remained very high at 13.6% for the past decade, and the total fertility rate (TFR) stands at of 4.1 (NISR, 2020). The Government of Rwanda (GoR) has committed to invest in human capital to harness the demographic dividend, in doing so they want to ensure access to quality health for all, especially to increase efforts to raise awareness on FP and services i.e. raise the mCPR of married women to 60% by 2024. Sexually active unmarried women count for 48% of contraceptive users, their main methods of choice are; Implant (22%), Injectables (15%) and male condoms (6%).

Rwanda committed to the FP 2020 objectives in 2012 and has renewed its commitments in 2017 (FP2020, 2018). The Government of Rwanda, through His Excellence Paul Kagame, committed to the following;

- Disseminate, implement, and monitor its first-ever integrated RMNCAH Policy and FP/ASRH Strategic Plan at all administrative levels.
- Program at scale post-partum FP in health facilities by 2020.
- Improve awareness and create demand for FP among its population, including young people, so that, by 2024, total demand for FP will have increased from 72% to 82%.
- Use the evidence base of high impact practices to inform its policies, strategies, and programs to accelerate the attainment of its FP goals (FP2020, 2018).

Moreover, Rwanda has committed among other commitments for International Conference on Population and Development on its 25th anniversary (ICPD25), to improve further FP services delivery, access and uptake by increasing the number of health facilities, skilled healthcare providers and by expanding the available contraceptive method mix, including emergency contraceptives, in order to decrease unmet need for FP.

## 2. The rationale of FP guidelines and standards

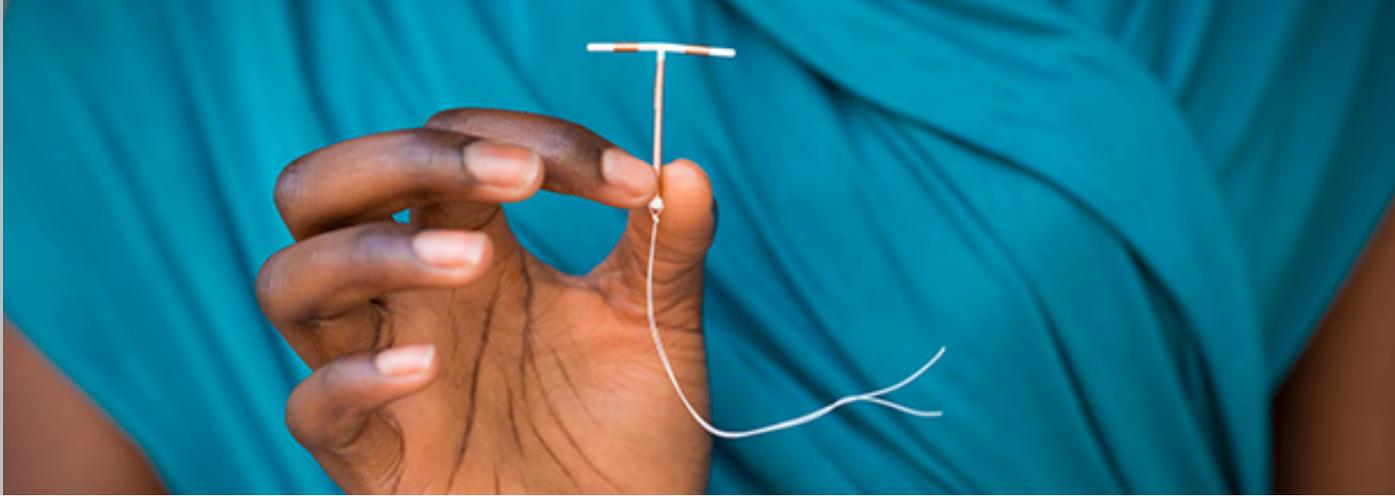


The purpose of the development of the national FP guidelines and standards is to provide clear guidance to FP programmers and implementers at government and non-government organizations, health care providers of public and private health facilities during the process of FP service provision to all.

These FP Guidelines and Standards highlight that all Rwandans, whether men or women, as well as adolescents, have right to quality FP services. Rwanda national FP guidelines and standards are developed to complement the existing FP training manual which contain details on all methods including the Medical Eligibility Criteria.

These guidelines and standards are also in line with the National Reproductive Maternal New born Child and Adolescent Health Policy and the National FP and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan 2018-2024 that have been recently disseminated.

National FP Guidelines and standards document is composed by two parts including guidelines for FP services and programs and standards for quality FP service delivery



**PART I:**

# **GUIDELINES FOR FP SERVICES AND PROGRAMS**

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# Overview

These guidelines highlight the operational rules, regulations, and administrative norms governing FP programs and services in Rwanda. In addition, they describe in details, the guiding principles for FP service eligibility, service organization and provision, approaches to the delivery of FP services, who can provide what services, contraceptive products approved for public use, and how training, logistics, supervision, research, and evaluation should be implemented.

**1**

## Eligibility to Access FP Services



All women and men including young people (10–24 years of age), regardless of their marital status and parity are eligible to access quality FP information, education and services.

**2**

## Client Rights

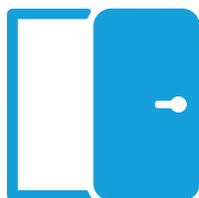


Quality FP services are a human right and an obligation of health care providers. To provide good quality of care, FP service providers should agree to fulfil the following 10 client rights, which ensure information, access to services, choice, safety, privacy and confidentiality, dignity, comfort, continuity of services, and opinion.



## Right to Information

All women and men including young people have a right to information about the benefits of FP for themselves, their families, and their country. They also have the right to know how and where to obtain FP information, both inside and outside a health facility setting, to be able to make informed choices about their reproductive health.



## Right to Access

All individuals have a right to access FP services, regardless of their age, marital status, any type of disability, socioeconomic situation, religion, political beliefs, geographic location, or other characteristics. They have the right to access FP services through various levels of health service delivery systems.



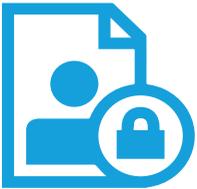
## Right of Choice

Individuals and couples have the right to decide freely whether or not to use contraceptive methods. When seeking FP services, clients should be given the freedom to choose which method to use. Clients should be able to obtain the method they have decided to use if there are no significant contraindications and they can freely decide to discontinue or switch it. All the clients including those with disability also have the right to choose where to go for FP services (hospital, health center, private FP clinic, pharmacy, community based FP, etc..) and the type of service provider with whom they feel most comfortable (Doctor, Midwife, Nurse, pharmacist, CHWs)



## Right to Safety

All individuals have the right to safety in the practice of FP. They have the right to effective contraceptive methods, protection against any health risks not related to a method of contraception such as the possibility of acquiring an infection through the use of contaminated instruments.



## Right to Privacy

All FP clients have the right to privacy while discussing their needs or concerns. They also have the right to refuse any examination or procedure if they do not feel comfortable with it or to request another provider conduct that examination.



## Right to Confidentiality

The confidentiality of information provided to or from a FP client and the details of the services received needs to be assured. This information should not be communicated to third parties without the client's consent.

A failure to confidentiality could cause shunning by the community or loss of a target group's confidence and trust in the staff of a service delivery program.

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## Right to Dignity

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



## Right to Comfort

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



## Right to Continuity

FP clients should receive services and resupplies of contraceptives for as long as they need them. They should have unconditional access to other services within and outside the health facility, and should have the right referral services as they want (request transfer of their clinical records to another clinical facility (e.g., a copy of records be sent to the new facility or given to the client)). Linkages, referrals, and follow-up are very important aspects of a client's right to continuity of services.



## Right of Opinion

Client's opinions on the quality of services should be reviewed positively by service providers (e.g., thanks or complaints, suggestions for changes in the service provision) and include them in the program's ongoing efforts to monitor, evaluate, and improve its services. Involving the client's opinions at the planning stage aims at appropriately and acceptably satisfying the needs and preferences of other potential clients. In case of deafness the service provider should be familiar with sign language.

## Guiding Principles for FP Service Provision to Meet Client Rights

### ***Informed Choice:***

Before the provision of a FP method, clients should be counseled on the range of available contraceptive options, benefits and risks including side effects, to enable them to make an informed decision. Decisions about contraceptive use should only be made by the individual client.

No parental or spousal consent is needed for an individual to be given FP information and services, regardless of age (except for under 18 adolescents), sex or marital status.

### ***Method Eligibility:***

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

### ***Privacy and Confidentiality:***

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

### ***Dignity, Comfort, Expression of Opinion:***

Clients should be treated with dignity and in a friendly manner. Precautions should be taken to maximize the client's comfort.

Clients should be encouraged to express their opinions freely, and their wishes and perspectives should be taken into consideration with respect.

### ***Continuity of Services :***

Clients' wishes to continue, switch, or stop use of a FP method should be respected and fulfilled. Clients should have unconditional access to other health services.

IUD



Surgical sterilization



Contraceptive patch



Coitus interruptus



### 3 Considerations for Clients with Special Needs



Are considered to have special needs for FP, all clients with biological, social cultural, or physical conditions that may hinder their access to FP services or if they are at high risk of an unintended pregnancy.

This could include young people, men, postpartum women, post-abortion women, pre-menopausal women, people with disabilities (PWD), and people living with HIV (PLWH). Despite their conditions, all of these clients have the same rights as the general population to information and services on FP and safe conception.

#### Young People

Young people, which include both youth and adolescents as defined by World Health Organization (WHO) as those aged 10–24 years. It is very important to provide contraceptive information and services to young people for several reasons such as limited knowledge of sexual physiology, limited access to reproductive health information and services which all contribute to the high rate of unwanted pregnancy.



When first pregnancies occur to adolescents younger than 18 years old, there is higher risk of developing pregnancy induced hypertension, anemia, and prolonged or obstructed labor. Their newborns are at risk of prematurity with all consequences (low birth weight, neonatal death).

Furthermore, unintended pregnancies may lead to loss of educational and employment opportunities for the young mothers. Unmarried and married youth may have different sexual, FP and other RH needs and FP services can create an opportunity to discuss STIs, HIV (dual protection), GBV and other RH issues. Because of ignorance and psychological and emotional immaturity, compliance to the use of FP method may not be optimal.

- Like persons of other age groups, young people have the rights to decide if and when they want to have children, be informed and obtain information about FP services, and access a full range of contraceptives methods.
- All FP service-delivery points whether in a facility, community, or outreach setting should incorporate youth-friendly services (which attract youth to the services, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain their young clients for follow-up and repeat visits)

## Men

The involvement of men and boys in FP helps to reduce gender inequalities and promote the health and well-being of women, men, and children. Involving men in FP does not mean only increasing the number of men using contraceptives, it also includes men encouraging and supporting their partners and their peers to use FP, and it sensitizes men to support the reproductive and maternal needs of their spouses. Fathers should also be involved in educating young girls on sexual and reproductive health.

- All FP service-delivery point (facility, community, or outreach) should incorporate the principles of male-friendly services.
- Couples counseling on FP should be encouraged, but it is not required for the provision of counseling and methods to individuals (either men or women).

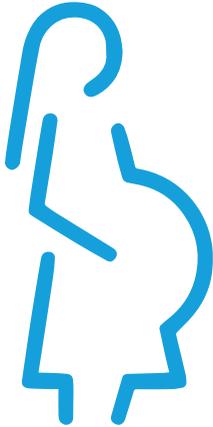


## Postpartum Women

Women in the postpartum period are at risk of unintended pregnancy and many of them are not aware of when they can become pregnant again after giving birth (return to fertility). To be aware of the risk, the information can start to be given in ANC first visit.

- Women in the postpartum period should be given support and be advised to wait for at least two years before trying to become pregnant again, in order to reduce the risk of psychosocial and adverse maternal, perinatal, and infant outcomes.
- Postpartum FP should be integrated in maternal, newborn, and child health (MNCH) services encompassing antenatal, birth, newborn, immunization, nutrition, and community health care.





## Post-abortion Clients

Women who have experienced a miscarriage or abortion are at high risk of an unintended pregnancy as they experience a rapid return to fertility. They should be supported and advised to wait at least six months before trying to become pregnant again, in order to reduce the risks of adverse maternal and perinatal outcomes. Post abortion care should integrate FP counselling and service provision.

## Peri -Menopausal Women

Women in the perimenopausal phase are at risk of an unintended pregnancy because their menstrual cycles are irregular but their fertility has not entirely ceased. Peri-menopause is the length of time before and after the final menstrual period, in which ovarian hormonal patterns change. The estimated age for menopausal women is 49 years. There is no specific contraceptive method indicated or contraindicated only because of advanced age.

Women in perimenopause should receive accurate individualized advice concerning the risks and benefits of each contraceptive method in accordance with national and the WHO Medical Eligibility Criteria and they can make their own choice.



## People with Disabilities



People with all types of disabilities, men and women require special attention to be able to appropriately access FP services. Health facilities should be accessible and allow easily PWDs to participate in FP activities with appropriate equipment, adequate training of health professionals on the human rights of persons with disabilities, including on free and informed consent.

The law N° 01/2007 of 20 January 2007 highlights five types of disabilities in Rwanda which are considered during the development of FP guideline.

### 1. People with physical disabilities & Blind people:



The accessibility of the physical environment and services should be accessible such as wheelchair user, ramps, white cane, adjustable examination table (bed), toilet and place of watching light (assistive devices).

### 2. Deaf people:



Adequate training of health professionals on the human rights of persons with disabilities, including on free and informed consent as well as the sign language interpreter.

### 3. People with mental disabilities:



There are two types of disabilities in this category same as intellectual disability: People in this type of disability have a full right to access FP services and right to her choices

**Intellectual disability:** Informed decision should involve parents, a family member or guardian depending on the degree of the mental disability. In the absence of these caretakers, the provider, in the best interest of the client with serious mental disability, decides on method choice.

Others are those with *little people and albinos*: their need are tailored in physical disability.

## Note:

Some drugs that are used for treatment of mental disorders such as anti-convulsing therapies affect the bioavailability and efficacy of hormonal contraceptives. Hence, alternative methods of contraception should be considered according to the WHO medical eligibility criteria

Service providers should be familiar with the special needs of people with disability and be prepared and /or trained (Ex: sign language) to address their needs with a positive attitude, avoiding discrimination and stigma. People with disability should be given priority during service provision.



### People Living with HIV

People living with HIV have the right to FP information and services. They also have the right to make their own FP choices, including HIV-positive women choosing to have safer pregnancies (by using risk-reduction measures such as antiretroviral treatment and exclusive breastfeeding), if desired.

FP counseling and methods provision should routinely be integrated in HIV services.

Quality FP services should reinforce a client's ability to limit HIV transmission to HIV-negative partners and infants. Dual protection (using condoms and another contraceptive method) for protection from both STIs and unintended pregnancy, should be included in FP counseling for clients with HIV.

Generally, HIV-positive clients can use most contraceptive methods. Patients should receive adequate information regarding possible undesirable effects of family planning methods and their interactions with antiretroviral drugs. National and WHO medical eligibility criteria should be respected

4

## Counseling for FP services



FP counselling allows clients to explore and express their needs, issues, or problems. The National FP Reference Manual provides comprehensive guidance on how to provide effective counseling for clients.

5

## Consent for FP services



Each client should give a written consent to be provided any FP method. No verbal or written consent is required from a parent, guardian, or spouse before a client can be given FP services except in cases of people with severe mental disabilities and for adolescents under the age of under 18.

6

## Clients screening for contraceptive method use



Before initiating a FP method of choice, all clients should be screened to determine if the chosen contraceptive method is medically suitable for safe and effective use. The National FP reference manual provides a comprehensive description of screening procedures and guidance for screening clients for contraceptive use.

## Note:

When clients seek FP services, providers should use this opportunity to screen for other sexual and reproductive health issues, including conducting a breast examination, cervical cancer screening, a risk assessment for STIs including HIV, and provider-initiated counselling and testing (PIT).

Table 1 shows the services that the National FP reference manual in Rwanda recommends to integrate during FP service provision. FP service providers should refer positive cases for appropriate management.

**Table 1. Screening for other Sexual and Reproductive Health Issues During FP service provision, by Level of the Health System**

Type of Screening	Community Level	Health post	Health center	District Hospital	Provincial Hospital	Referral Hospital
Sexually transmitted infection and HIV risk assessment		✓	✓	✓	✓	✓
HIV counseling and testing		✓	✓	✓	✓	✓
Cervical cancer screening			✓	✓	✓	✓
Breast cancer screening		✓	✓	✓	✓	✓
Reproductive tract infection screening	✓	✓	✓	✓	✓	✓
Prostate cancer screening			✓	✓	✓	✓

## 7 Gender-based violence and FP service provision



Gender-based violence is “any harmful act that is perpetrated against a person’s will and is based on socially ascribed (gender) differences between men and women.”

Gender-based violence takes many forms, including physical, sexual, psychological, and economic violence. GBV is a public health problem and a violation of human rights. Once GBV is identified, health care providers should focus on additional aspects of care that may need to be incorporated into comprehensive services in accordance with local laws. Women’s consent, safety, and confidentiality should always be assured when these aspects are incorporated. Health care providers should refer clients to Isange One Stop Center for medical, psychosocial and legal support.

Unwanted pregnancy is one of the complications of sexual violence and emergency contraception should be provided to all victims of completed rape who are at risk of pregnancy. Details on emergency contraception are described in the National FP reference manual.

**8**

### Registered and approved FP methods for public use



Only contraceptive methods that are approved by the Rwanda Food and Drugs Authority (FDA) and the Ministry of Health should be made available in both the public sector and the private sector. Details on available FP methods are described in the National FP reference manual.

**9**

### Required equipment and supplies for quality FP service provision



To ensure quality provision of FP services, it is essential and mandatory that adequate equipment and supplies are available including office equipment, material required for FP procedures, infection-prevention equipment and supplies as well as emergency drugs. A comprehensive list of required equipment and supplies for quality FP service provision at all levels (community, facility, and outreach site) is included in Annex 1

**10**

### User fees for FP services



In all public health facilities, including at the community level, FP methods are free of charge. However, at health facility level, FP service users should pay a small fee for the consultative services and FP procedures. The amount to pay is mentioned in the Ministry of Health (MOH) tariff for drugs and medical procedures. In addition, FP services are covered by the community based health insurance. In the private sector, when the government has a special agreement with a facility for FP and when FP methods are supplied through the public system, contraceptive products should be provided free of charge through district pharmacy unless specified otherwise for private providers, with the exception of socially marketed products. If the government does not have a special agreement with a facility and products are supplied through private drug stores and social marketing, FP methods are charged as well as consultative services and medical procedures

## 11

## Organization of FP service delivery



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

### FP Service Delivery by Level of Health System

Education and counseling on FP should cover all methods, regardless of the level of the health system, to ensure informed choice. However some methods should be provided at all levels and others not in accordance with available provider skills at that level.

Table 3 shows the types of contraceptive methods that should be made available and provided at each level of the health system

*Table 2. Contraceptive Methods provided at different levels of the Rwanda Health System*

Contraceptive Method	Community	Pharmacy	Private Dispensary	Health post	Health center	Private clinics	Hospital
Barrier methods	✓	✓	✓	✓	✓	✓	✓
Emergency contraceptives		✓	✓	✓	✓	✓	✓
Oral contraceptives	✓	✓	✓	✓	✓	✓	✓
Injectable (DMPA)	✓	✓	✓	✓	✓	✓	✓
Implants		✓	✓	✓	✓	✓	✓
Intrauterine devices					✓	✓	✓
Voluntary surgical sterilization						✓	✓
Natural methods	✓		✓	✓	✓	✓	✓



## Integration of FP services within a service delivery point

At each service-delivery point, FP services should be integrated with other health services, including HIV/AIDS care and treatment, immunizations, nutrition, antenatal care, delivery, postnatal care, and post-abortion care. Furthermore, FP services are provided in outreach settings, especially in hard to reach areas.

*Table 3. FP Service Integration in other Health Service Areas Service Area*

Service Area	FP Services to be Integrated		
	IEC and Counseling	Method Provision	Referrals
<b>Community level</b>			
ICCM/ HBM	v		v
CB-MNH	v		v
CBP-FP	v	v	v
Health promotion	v		v
<b>Private dispensary</b>			
OPD	v	v	v
<b>Health post (normal and second generation)</b>			
OPD	v	v	v
ANC	v		
HIV counselling and testing	v	v	v
PNC	v	v	v
Immunization	v	v	v

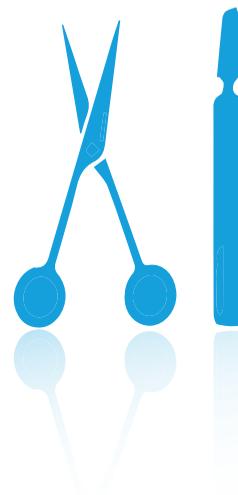
<b>Health center</b>			
OPD	v	v	v
ANC	v		v <sup>1</sup>
HIV services	v	v	v
Labor and delivery	v	v	v
PNC	v	v	v
Immunization	v	v	v
Nutrition	v	v	v
TB screening and treatment	v	v	v
ASRH	v	v	v
Post abortion	v	v	v
<b>Hospital</b>			
OPD	v	v	v
Gynaecology	v	v	v
HIV services	v	v	v
Labor and delivery	v	v	v
PNC	v	v	v
Post abortion	v	v	v
Neonatology	v	v	v
In patient care	v	v	v
TB clinic	v	v	v
Isange One stop center	v	v	v

<sup>1</sup> Referral for partener can be done if required or necessary

## FP outreach services

Outreach services have been proven as an important service delivery strategy for increasing access of health services including FP and for reaching clients in remote areas, especially with long-acting and permanent methods (LAPMs). In the health care system, outreach services consist of health care providers who travel from higher-level health facilities to lower-level health facilities to bring a full range of services close to clients who need them.

FP outreach services can be hosted at lower-level health facilities including public facilities, private facilities, and faith-based organizations (FBOs). They can also be hosted at locally available community facilities that are not used for clinical services, such as schools, health posts, or other community structures. The duration of FP outreach may vary from one day to one week or more



### To facilitate effective provision of outreach services:

- FP outreach services should be coordinated in close collaboration with local authorities, local service providers (Hospital, Health center, health post/secondary health post, CHWs), community members, and community-level partners.
- Outreach FP services should be integrated or offered during other MCH services such as immunizations, HIV testing, fistula, and reproductive cancer screenings.
- Community mobilization should be organized to ensure the success of outreach events.
- Outreach FP services should reduce the persistence of negative stereotypes, stigma and prejudices towards persons with disabilities in society to access FP Services.
- In case of persons with albinism take measures in particular concerning the prevention of skin cancer through raising awareness' among FP services providers.

## Social Marketing

Social marketing in FP is a strategy that promotes, distributes, and sells contraceptives at affordable price through existing commercial channels. Social marketing promotes FP services through multimedia IEC. The outlets must sell FP methods to clients without bias, and provide supportive information and education on proper and safe usage of the products that are sold.

Trained personnel in social marketing such as those in community services and other non-medical persons will be authorized to dispense FP supplies to the users.



In Rwanda, social marketing is already being used for condom, cycle bead, pills and injectable promotion and sales. Other FP commodities e.g., emergency contraceptives pills, can be distributed through social marketing which complements the services that are rendered in the public and private sector. Social marketing involves pharmacies, drug stores, private clinics and other commercial outlets like shops and boutiques, etc

## FP Referral Systems and Procedures

In health care delivery systems, referral is a set of activities undertaken by a health care provider or facility in response to its inability to provide the quality or type of intervention suitable to the need of the patient or client. On another level, referral can be a feedback system, such as when a client is referred from the community to the highest level of the health care system and then back to the community. Referral for FP clients should follow the framework for the implementation of referrals system described in the integrated national health sector referral Guidelines

### 12 Types service and Functions of FP services by Provider



The types of FP that can be provided varies according to the level /qualification of the service provider. Upon adequate training, service providers are expected to perform the functions shown in Table 4

**Table 4. Types and Functions of FP Services by Provider and training required for FP service providers**

Service Provider	Natural Methods	Barrier Methods	Oral contraceptives	Injectable	Implants	IUD	Tubal Ligation	Vasectomy
CHWs	V	V	V	V				
Nurse/Midwife	V	V	V	V	V	V		
Pharmacist		V	V	V	V			
Clinical Officer	V	V	V	V	V	V		
Medical Doctor/GP	V	V	V	V	V	V	V	V
Medical Doctor/Specialist (Obstetrician gynecologist)	V	V	V	V	V	V	V	V

**13**

In addition to pre-service training, all personnel involved



in the provision of FP services must be adequately trained and equipped to provide quality services. The training must be in accordance with the national training curriculum and standards for the provision of quality services.

## 14 Supportive Supervision / mentorship



Supportive supervision/mentorship is a “process that promotes quality outcomes by strengthening communication, identifying and solving problem, facilitating teamwork, and providing leadership and support to empower health providers to monitor and improve their own performance.”

In FP the major role of supportive supervision/mentorship is to reinforce and support service providers in their tasks.



- Supportive supervision/mentorship of FP services at the facility and community levels should be integrated into the existing supervision system for RMNCH services and other related primary health care services in an inclusive way.
- Supportive supervision/mentorship should be performed at all levels of service delivery, including for services managed by NGOs and those provided in FBOs, the private sector, pharmacies and the community.
- Supportive supervision should be based on designed tools according to the facility.
- To maintain a high level of supportive supervision/mentorship, opportunities for training staff to improve their knowledge and skills in supervision should be identified.

## Attributes, core competencies of a Supervisor/Mentor of FP Service Delivery

A FP supervisor should have the following attributes:

- Skilled in FP services to be provided at each level of the health system.
- Ability to address both administrative and programmatic issues and needs in FP health services.
- Commitment, responsibility, and possession of strong interpersonal skills.
- Ability to train, coach, motivate, and support supervisees/mentee.
- Flexibility, respect, and drive to work hard.
- Sufficient knowledge of the concept of quality improvement, including supportive supervision and mentoring, and the use of national guidelines and standard operating procedures.
- Deep understanding of the roles and responsibilities of both supervisors and mentors and the ability to align oneself with mentors.
- Ability to provide and receive constructive feedback after each visit and to write reports.

## Roles of FP supervisor at different Levels

*Central level (MOH and RBC):* The central level should support district level by:

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

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***District level:*** The supervisors at the district level should conduct supportive supervision to Health centers

- Provide primarily supervisory technical support in the service-delivery sites in their district hospital catchment area
- Communicate regularly with health center managers to provide prompt and constructive feedback.
- Assist with problem solving and planning so that clinic objectives can be achieved.
- Monitor the implementation of recommendations of the supervision visits.

***Health center level:*** The health center manager should make sure that FP clients receive quality services in both health center and health posts.

***Community level:*** Supervision should be conducted by the health center in-charges (FP nurse and Community health environmental officers).

In collaboration with District health teams, Health center managers and in charges should supervise outreach FP services

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## 15 Quality improvement



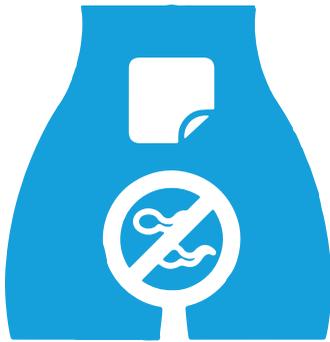
Quality improvement uses quantitative and qualitative methods to improve the effectiveness, efficiency, and safety of service-delivery processes and systems, as well as the performance of health providers in delivering FP services. This should be implemented in line with the accreditation standards.

## 15 Social and behavior change materials



- Social Behavior Change (SBC) for FP should use existing communication channels that reach specific target audiences or the general public.
- Specific target audiences may be adolescents, young people and adult men and women including those with disability. The channels used to reach these groups may include social networks, the mass media through newspaper articles, radio and television and mobile technology.
- Information, education, and communication (IEC) materials can be used to inform, educate, and communicate issues to individuals and groups including men, women, adolescents, community members, and the population at large to promote the use of services or change behaviors and attitudes.
- IEC materials may include Flip boxes, Posters, brochures, videos, billboards, banners, and text messages through mobile phones.
- FP SBC materials should be pre-tested and approved by the Rwanda Health Communication Center (RHCC) prior to be used. FP SBC materials should be provided to all adolescents, men, and women regardless of their parity or marital status. Health workers at all levels and FP implementing partners should educate the public on the importance of FP should engage all sectors of the population in community mobilization efforts to understand the benefits of and barriers to FP, in order to increase FP demand and uptake and improve maternal and child health.

## Contraceptive Security



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

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

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

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

## 17

**Registration of FP Products**

Only contraceptive products registered by the FDA and approved by the MOH will be made available for use in both public and private sectors. The current list of registered and approved FP products is shown in Table 2. The guidelines for registration of products are provided by FDA.

## 18

**Procurement, Storage, and Distribution of FP Commodities****1. Public Sector**

The Rwanda Medical Supply (RMS) is responsible for procuring, storing, and distributing contraceptive commodities through district pharmacies. Health Facility store managers are responsible of contraceptive commodities orders, storing and distribution to FP services. In charge of FP service is responsible of distributing FP commodities to clients and CHWs. Daily consumption as well as products distributed to CHWs should be documented.

**2. Private Sector**

The private sector through pharmacies, and private health facilities quantifies and procures its needs depending on the services it provides. The private sector should only procure and distribute FP commodities that are registered by the Rwanda FDA. FP clients can access FP commodities through private health facilities and pharmacies.

**3. Social Marketing**

Organizations involved in social marketing are responsible of quantification of FP commodities depending on the services they provide in their catchment areas. The FP products are sold at reduced prices through health facilities, pharmacies, shops and boutiques for condoms among others, and mobile and outreach services.

## 19 Monitoring and Evaluation/Research



### 1. Monitoring and Evaluation of FP program

FP program is monitored within the national Health Management Information System (HMIS). All FP data are collected at health facilities and at the community level using HMIS tools. All data should be compiled, reviewed, and analyzed at lower levels before being reported to the higher level. Private health facilities also should record their data in HMIS. The clients reported in HMIS should be comparable to commodities distributed to clients in e-LMIS.

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

A FP program is usually evaluated as part of the Demographic and Health Survey (DHS) every five years. Data collected should be analyzed, interpreted, and used for decision-making at all levels.

### 2. Research in Family Planning

Research in FP should be guided by the MOH National health research agenda for the FP research activity to be useful:

- The research topic must be relevant and must address a priority FP issue.
- Stakeholders must be engaged from the onset to review the research question, justification, and study design.
- All research must be approved by the national research ethics committee
- Participants in the research should be informed on the benefits and risks from the research and or procedures
- Results of the research must be disseminated widely at local, national, and international levels.
- Deliberate efforts must be made to promote the utilization of the study findings to influence improvements in programs, practices, and policies.



## PART II:

# STANDARDS FOR QUALITY FP SERVICE DELIVERY

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This part will describe the minimum level of performance expected from FP service providers to ensure quality services. These standards are generics and adapted from WHO guidelines, they will be customized to be in line with the MoH accreditation standards.

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

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

- **Fulfilling client rights**
- **Social and behavior change communication**
- **Screening for FP method use**
- **Provision of FP methods**
- **Youth-friendly services**
- **Male engagement**
- **Preventing and responding to gender-based violence**
- **Health Facility organization**
- **Community based Provision of FP**
- **Referral system**
- **Record keeping and logistics management**
- **Supportive supervision and quality assurance**

# 1. Fulfilling client rights

Fulfilling client rights during the provision of FP services is fundamental for assuring good quality services. Comprehensive guidance on the 10 rights of clients described in the part 1.



## Standard 1.1:

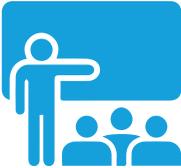
The service provider upholds and fulfils client rights, which are the rights to information, access to services, choice, safety, privacy, confidentiality, dignity, comfort, continuity of services, and opinion.

The service provider:

- Gives accurate, non-biased FP information and education to clients and the community (right to information).
- Provides services to all individuals regardless of sex, creed, color, marital status, or location (right to access).
- Provides adequate information to help clients in making an informed choice of method and respects their choice (right to choice).
- Ensures that clients practice FP in a safe and effective manner (right to safety).
- Ensures a private environment during counseling or service provision (right to privacy).
- Assures clients that any personal information will remain confidential (right to confidentiality).
- Treats clients with courtesy, consideration, and attentiveness (right to dignity).
- Ensures that clients feel comfortable when receiving services (right to comfort).
- Provides clients with contraceptive services and supplies as needed (right to continuity).
- Allows clients to express their views on the services offered (right to opinion).
- Social and Behavior Change Communication

## 2. Social and behavior change (SBC)

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



### Client Education

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

The National FP reference manual provides comprehensive guidance on how to provide client education and the content to be included. The following standards and criteria should be met for providing FP education.



### Standard 2.1:

The service provider provides accurate, comprehensive, non-biased FP and other related reproductive health information and education to clients and the community.

The service provider:

- Uses and distributes Information Education and Communication (IEC) materials during client and community education sessions.
- Provides to clients accurate, up-to-date, and relevant information about available treatments, procedures, and FP methods, using a language that they can readily understand.
- Assesses client knowledge about FP and reproductive health, fills any knowledge gaps, and corrects any misinformation.



## Standard 2.2:

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

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The service provider or service-delivery point makes relevant FP and other reproductive maternal newborn and child health (RMNCH) IEC/BCC materials available in appropriate places at FP service-delivery points, including in waiting, registration, counseling, examination, and doctors' rooms.



## Standard 2.3:

Materials used for IEC/BCC are approved by the Rwanda Health communication center and follow behavior change principles in accordance with the SBC strategy.

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The service provider:

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

## Counseling for FP Methods



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

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



### Standard 2.4:

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

The service provider:

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



## Standard 2.5:

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

The service provider:

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

## Client Consent



Informed consent results from communication between a client and provider confirming that the client has made an informed and voluntary choice to use or receive a medical method or procedure.

Informed consent can only be obtained after the client has been given full information about the nature of the medical procedure, its associated risks and benefits, and other alternatives.

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

The following standards and criteria should be met during the informed consent process.



## Standard 2.6:

Individual clients receiving FP services communicate their decisions about FP methods

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- Through written consent, the service provider confirms a client's contraceptive method of choice.
- Obtains a written informed consent process for any FP method chosen by the client.

## 3. Screening for FP Method Use

FP reference Manual provides comprehensive guidance on screening procedures and the WHO MEC. The following standards should be met during screening for medical eligibility.



## Standard 3.1:

The provider conducts relevant social-medical, obstetric, and gynecological histories for all new clients seeking FP methods in health facilities (clinics) and at outreach activities.

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The service provider uses the client card to perform social-medical, obstetric, and gynecological histories before a client commences any method of choice.

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## Standard 3.2:

The service provider performs screening for medical eligibility for all clients, using recommended screening procedures for the specific method, prior to a client initiating contraceptive use.

A quick reference chart of the WHO MEC is included in the National FP reference Manual.

The service provider:

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



## Standard 3.3:

The service provider uses a screening checklist to be reasonably sure that a client is not pregnant before initiating a contraceptive method.

The pregnancy checklist is included in the National FP Reference Manual.

The service provider:

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



## Standard 3.4:

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

The service provider:

- Performs a risk assessment for STIs including HIV.
- Screens clients for cancer (including breast, cervical, and prostate cancer) when they are accessing FP services.



## Standard 3.5:

Managers and supervisors ensure that providers use recommended screening procedures for a specific method, prior to a client initiating contraceptive use.

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These procedures include taking a history and conducting medical or physical examinations or lab tests. The service provider is trained on screening procedures and tools.

## 4. Provision of FP Methods

Contraceptives should be provided to clients in accordance with nationally approved method specific checklist and job aids and by providers who have been trained to provide the methods. The National FP participant Manual provides comprehensive guidance on the key procedural steps providers should follow to help clients initiate methods, support continuing users, and manage problems related to method use.



## Standard 4.1:

The service provider follows key procedural steps to make it easy for clients to initiate FP method use.

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The service provider:

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



## Standard 4.2:

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

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The service provider:

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



## Standard 4.3:

The service provider follows up with clients using FP methods.

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The service provider:

- Follows steps for conducting follow-up as described in the national FP participant manual
  - Ensures clients are given a return date, as per guidelines in the National FP Reference Manual.
-



## Standard 4.4:

The service provider manages FP method-related side effects and complications.

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The service provider:

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



## Standard 4.5:

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

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- Instruments and other items used in clinical procedures are properly processed (i.e., are decontaminated, sterilized) before use.
  - Providers wash or sanitize hands before and after conducting procedures.
  - Providers use personal protective equipment (gloves, eye protection, facial masks and face shields) as needed.
  - Providers conduct clinical procedures using sterile instruments as appropriate.
  - Medical waste and disposable supplies are properly handled and disposed of.
-



## Standard 4.6:

Managers and supervisors ensure availability and accessibility of short-term, long acting, and permanent FP methods in accordance with the service levels and providers are trained and competent to provide quality FP services.

- Ensure the provider is trained and work with stock manager to request the products in e-LMIS
- Plan for the sensitization and provide FP permanent methods.



## Standard 4.7:

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

- Managers and supervisors ensure that providers have access to up-to-date written guidelines on infection prevention.
- Managers, supervisors, and providers ensure that service settings and clinical areas are clean.



## Standard 4.8:

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

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Supervisors:

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

## 5. Referral for FP clients



### Standard 5.1:

Managers and supervisors ensure that referral system for FP clients is functional.

---

Key issues to be considered when referring FP clients are that:

- Guidelines for referral are in place and operational.
- Referrals should be made to the nearest appropriate and affordable health facility.
- Providers, including community health workers, are trained to counsel and refer FP clients for those methods and services they do not provide.
- There is a functioning system of communication between the referring facility and the receiving facility. This ensures that client information is shared and services are delivered in a timely and confidential manner.
- Feedback is needed from the referral center about what services the client receives there.
- A monitoring mechanism for the referral system collects data on the numbers of referrals in, the number of referrals out, reasons for referral, sources of referral, and outcomes of referral.
- Clients who initiate FP short acting method at health center or Health post should be referred for follow up to CHWs with a referral form mentioning the name of referring facility and receiving CHW if they wish to receive services in the community
- Clients who initiate FP methods(all) at hospital should be referred for follow up to health center of their choice (with a referral form mentioning the referring and receiving facility). In case of short and long acting method, the client files should be sent to the receiving health facility while for permanent method, the client files will be kept in the hospital archives.

## 6. Youth-friendly Services

All FP service-delivery points (health facility, pharmacy, community, outreach setting) should incorporate youth-friendly services.

Services are youth-friendly if they have policies and attributes that attract youth to the services, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain youth for follow-up and repeat visits.



## Standard 6.1:

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

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- Relevant information and education materials available, displayed or accessible to young people.



## Standard 6.2:

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

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



## Standard 6.3:

All young people are informed of all available methods and comprehensive reproductive health services.

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

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## Standard 6.4:

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

The service providers exhibit the following characteristics:

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

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



## Standard 6.5:

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

The service-provision system:

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

The health facility exhibits the following characteristics:

- Convenient hours and, if possible, separate space and special times.
- Comfortable surroundings.
- Availability of a peer counseling service.



## Standard 6.6:

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

The community exhibits the following characteristics:

- Availability of safe space in the community for provision of adolescent sexual reproductive health information and services .
- Adolescents are partners in the program's design, monitoring, and evaluation at community level.
- The community is a partner in the provision of information and services to adolescents
- Parents are actively involved in all aspects of providing sexual reproductive health services to young people in the community.

## 6. Male Involvement



“Male involvement” should be understood in a much broader sense than male contraception and should refer to all organizational activities aimed at men as a discrete group who may increase the acceptability and prevalence of FP practices for either sex.



## Standard 7.1:

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

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



## Standard 7.2:

FP programs are sensitive in addressing social-cultural and religious barriers that affect male involvement in FP.

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- Social-cultural and religious barriers are identified and addressed during programming and implementation of FP activities.
- Identify the champion men to support other for male involvement in FP program



## Standard 7.3:

The service provider should support male engagement in FP.

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The service provider exhibits the following characteristics:

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

The health facility has the following characteristics:

- Wide range of health services and functioning referral system.
- Convenient hours and, if possible, separate space and special times.
- Ready for couples counselling

## 8. Service delivery point organization

Service delivery organization is the arrangement of a clinic to maximize access to and quality of services offered.



### Standard 8.1:

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

The service provider ensures:

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



## Standard 8.2:

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

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The service provider:

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



## Standard 8.3:

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

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The service provider ensures:

- Adequate space to provide short-acting, long-acting, and permanent methods when applicable.
  - Privacy during service provision.
  - Adequate ventilation.
  - Adequate lighting.
  - Clearly labelled service areas.
-



## Standards 8.4:

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

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- Availability of furniture, equipment, and supplies for delivering FP services. (A comprehensive list of required equipment and supplies can be found in Annex 1)
- Trained staff consistently forecast equipment, contraceptives, and supply requirements and submit requests for re-supply on a timely basis to prevent stock-outs.
- A system is in place for maintaining, repairing, and replacing equipment.

## 9. Record Keeping and Logistics Management

The national FP reference manual provides comprehensive guidance on the purpose, types of reports, and reporting system for record keeping (HMIS). It also describes the purpose of FP logistics management, levels of the logistics system, and the roles of service providers in logistics(e-LMIS). The following standards should be met for record keeping and logistics.



### Standard 9.1:

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

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The service provider:

- Records the number of FP commodities available, received, used, lost, and adjusted for each month.
- Calculates the average monthly consumption (minimum and maximum stock levels) and re-orders as needed in collaboration with the health facility store manager.
- Ensures that all equipment and supplies received, distributed, or used are recorded in the ledger.
- Ensures that stationery, supplies, and equipment are stored in a safe place



## Standard 9.2:

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

---

The service provider:

- Ensures availability of FP client cards, registers
- Records complete and accurate information about clients in both clients' cards and registers
- Ensures safe storage of client records to enhance confidentiality, easy retrieval, and tracking of defaulters (client cards are filed by village and by date of next appointment)
- Compiles and submits FP monthly reports to the health facility manager
- Reviews, analyze data to monitor, evaluate, and improve the quality of FP service
- Displays data analyzed in the FP service
- Maintains an inventory of equipment and supplies.



## Standards 9.3:

Service data are continuously collected and used for decision-making at the service-delivery level.

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

## 10. Community Based Provision of FP (CBP-FP)

Community-based FP brings FP information and methods to women and men in the communities where they live, rather than requiring them to visit health facilities to access services. CHWs are key actors for this program and their major role is to educate/counsel individuals and couple on FP and refer them to the nearest health facility to initiate FP methods of their choice.

Trained CHWs are allowed to follow up and provide a limited number of FP to clients after initiation at health facility.

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## Standard 10.1.

The CHWs counsel and refer individual and couples at the nearest health facility to initiate FP methods.  
CHWs

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- Use appropriate referral form
- Refer clients for check-up, need to change or stop FP methods
- The following can be exceed six months and refer to health facility for medical check-up and then continue the cycle.



## Standard 10.2.

CHWs follow key procedural steps to counsel- clients to continue their planning method of choice as described in the Community based provision of FP participant manual

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The CHW:

- Confirms the client is ready to continue the method
  - Refresh the client how to use the method.
  - Assess and explain the client about side effects.
  - Plans for the next visit as appropriate.
-



## Standard 10.3:

The CHW correctly implements all infection-prevention practices and procedures to protect clients and themselves.

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- Managers and supervisors ensure that CHWs have access to up-to-date written guidelines on infection prevention.
- Managers, supervisors, and CHWs ensure that service settings in the CHW's home are clean.
- CHWs wash or sanitize hands before and after conducting procedures.
- Medical waste and disposable supplies are properly handled as described in the community-based provision participant manual.

# 11. Supportive Supervision and Quality assurance



## Standard 11.1:

Supervisors regularly conduct supportive supervision at the facility level to assess the quality of service delivery and to make recommendations for improvement.

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The service provider uses quality assessment tools to assess service performance.  
The supervisor:

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



## Standard 11.2:

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

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



## Standard 11.3:

Providers have adequate knowledge and skills to perform their jobs.

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

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# References

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# Annex 1: Equipment and material needed in FP service:

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## Infrastructures:

- Room for IEC
- Consultation room guaranteeing confidentiality: (Door and windows, curtains /opaque windows)
- Water and Electricity

## Equipment:

- Gynecologic examination table
- Stool
- Filing box
- Office and chairs
- Shelf
- Ward screen
- Gynecologic light
- Cabinet
- Weight scale
- Benches in waiting room

## Material and consumables:

- Trolley for care
  - BP machine
  - Stethoscope
  - Thermometer
  - Tray for instruments
  - IUD insertion and removal Kit
  - Insertion and removal implant Kit
  - Kit for no scalpel vasectomy and tubal ligation under local anesthesia ( hospitals)
  - Stainless bowl
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- Buckets with pedal
  - Sterile syringes and needles
  - Serving tongs
  - Wash bottles
  - Plasters
  - Disinfectants
  - Gloves
  - Box cotton and drum pads
  - Collection tubes & needles vacutainer
  - Safety box
  - Liquid Soap
  - Towels (paper towels )
  - Decontamination material
  - FP consultation file , individual card, FP Register
  - Ordinogramme for side effect management
  - Calendar
  - IEC/BCC materials
  - Anatomic models

### **Essential drugs, lab test and contraceptives:**

- Local Anesthesia
  - Pregnancy Test
  - HIV Test
  - Combined pills
  - Progestative Only pills
  - Injectables(DPMA)
  - Implants:(Jadelle,Implanon)
  - IUD
  - Condoms(Female&Male)
  - Cyclebeads
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