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Maternal and Child Health/Family Planning
Department of Primary Health Care
Ministry of Botswana
Botswana Family Planning General Policy Guidelines and Services Standards

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Standard for Basic Record and Keeping and Returns for Family Planning

The Ministry of Health is particularly indebted to INTRAH for its technical assistance provided in developing the first edition of these policy guidelines in November 1987.
This revision of the Botswana Family Planning General Policy Guideline and Service Standards was drawn up by the Central Training Section of MCH/FP Unit, Family Health Division as a result of a consensus obtained from senior administration and supervisory staff of the Ministry of Health, who attended leadership conferences in Francistown and Gaborone during September 1994.

The consensus resulted in the update of existing policies, standards, and practices related to family planning, and now identifies actions to be taken to remove barriers to services for the public.

The Ministry of Health gratefully acknowledges the assistance of USAID in support of the conference and JHPIEGO for the contribution of their consultant, Dr. H. Sanghvi.

REVISED SEPTEMBER 1994
This is the first comprehensive manual of Family Planning Policy Guidelines and Service Standards prepared by the Ministry of Health in Botswana. Its aim is to provide explicit guidelines and service standards for family planning which can be made easily accessible and available to all involved in Maternal and Child/Family Planning. They are consistent with Government Policy since 1976 which states:

*It is a basic right of every family to determine for itself how many children to have and when to have them. If couples are to exercise the choice of determining the number and spacing of their children, then health facilities must provide them with the service, supplies and information on how to plan their families.*

*Permanent Secretary of Health*

*Foreword, Basic Information about Family Planning, 1976.*

Formulation of Family Planning Policy Guidelines and Service Standard evolved from a recognition that family planning service delivery policy and standards are crucial factors in ensuring client safety, service accessibility and appropriate training of service providers.

In Botswana, modern family planning services evolved from efforts by a group of women dedicated to the health and welfare of mothers and children. With support from IPPF and the Government of Botswana, a pilot project was started in Serowe in 1969 which also encompassed the pilot project on Family Welfare Educators. The Maternal and Child Health/Family Planning programme of the Ministry of Health was formally established in 1973 with the setting up of the MCH/FP Unit as an integral part of the general health services. Since then, the Government, under the guidance of the Ministry of Health, has been very supportive to family planning as reflected in the National Development Plans. NDP VI outlines the general policies related to the provision of MCH/FP services to all, including special groups such as adolescents and men; training of service providers and supervisors; and information, education and communication of the public. With such expansion of MCH/FP services, the need to formulate and streamline policy and set standards of service emerged.

The two groups which worked on the Family Planning Policy Guidelines and Service Standards represented the Ministry of Health, ULGS, non-government organisations, and the private sector. Participants examined existing standards documented in a variety of official documents such as: health manuals, ministerial circulars and standing orders, annual health reports, local research findings and family health survey results.

We believe that constant reference and adherence to the policies and standards set out in the two major components of this manual will standardise practice and training and improve the quality and quantity of service delivery in family planning.

*Dr. E. T. Maganu*
BOTSWANA FAMILY PLANNING GENERAL POLICY GUIDELINES
Rev/September 1994

1. Family planning services in Botswana shall be provided to benefit the health and welfare of individuals of families and to promote the socio-economic development of the country.

2. The Maternal and Child Health/Family Planning Unit of the Ministry of Health shall plan, coordinate, monitor and evaluate family planning activities in Botswana.

3. All persons of reproductive age regardless of age or marital status shall have the fundamental right to determine for themselves how many children to have and when to have them.

4. Government, private practitioners and pharmacists, mines and mission hospitals, industries NGO's and others providing family planning services shall comply with the set family planning service policies and practice standards in Botswana.

5. Family planning policy guidelines, service standards and procedure manuals shall be made available by the MCHIFP unit for use at all levels of health facilities and training institutions, (government and non-government), and shall be reviewed periodically.

6. Since pregnancy before the age of twenty years (20) places the health and welfare of the teenager at risk, individuals and families shall be encouraged to delay the first pregnancy until after that age.

7. Individuals and couples shall be encouraged to plan the spacing and size of families according to the ability to care for them.

8. Other governmental ministries and non-governmental organisations shall be encouraged to participate actively in fertility and family planning related programmes.

9. Health facilities shall provide MCH/FP services as an integral part of basic health services.

10. Family planning services in Botswana shall consist of the following: IEC at individual and community level; health assessment including screening for selected conditions; provision of a broad range of contraceptive methods; post-natal care; selected services for infertility clients; counselling, follow up and referral.

11. Information, education and counselling to enable them to make informed decisions concerning their reproductive lives and the means by which to effect their decisions.

12. Post-partum women, irrespective of the place of delivery, shall be provided with post-natal care and Family Planning counselling as an essential service and as an integral part of MCH/FP services.

13. Family planning clients - current and potential - shall receive information, education and counselling on reproductive health, family planning, STD/HIV infections and on selected health conditions.

14. Women and men in the reproductive age shall be eligible to use family planning methods without the consent of relatives or partner with the exception of sterilisation.

15. All women regardless of age and for whom there are no contra-indications are eligible to use combined oral contraceptives.

16. All women regardless of parity and for whom there are no contra-indications are eligible to use
17. All women regardless of age or parity and for whom there are no contra-indications could use progesterone-only contraceptives e.g. Depo provera, Norplant and progesterone-only pill. Lactating mothers may also use these.

18. Sterilisation methods of contraception shall be provided to clients who feel they have achieved a desired family size.

19. The male population and teenagers are to be provided with appropriate family planning methods on request after adequate counselling.

20. Non-medical and selected medical methods of contraceptionshall be made available at all health facilities, work places and selected public places.

21. Monitoring and evaluation of family planning services and followup of clients shall be carried out periodically in accordance with set practice standards.

22. All personnel providing family planning services must be adequately prepared and trained for the duties to which they are assigned, appropriately supervised and receive regular in-service education to update knowledge and skills.

23. Family planning services shall be provided at all health facilities during regular service hours and specially designated times.

24. Adequate family planning supplies and equipment shall be made available at all health facilities through the Central Medical Stores.

25. Family planning services shall be provided in an atmosphere that assures privacy and confidentiality of clients.

26. Accurate information on family planning shall be collected and recorded on nationally designed forms by all family planning providers - public and private (government and non-government, mission, private and industrial), for the purpose of planning and monitoring at all levels.

27. Condoms should be recommended for prevention of STD/HIV in addition to other contraceptive methods used by the client.

**BOTSWANA FAMILY PLANNING SERVICE STANDARDS**

**A. INFORMATION, EDUCATION AND COMMUNICATION ON FAMILY PLANNING FOR THE GENERAL PUBLIC**

1. All health workers, other extension workers, and voluntary groups shall create awareness of the benefits of family planning at individual, family, community and national levels, including the following:

   a) benefits to the health of mother, child and family

   b) implications of large families for the family budget, individual attention for each child, and the nutrition of the family

   c) implications for basic services that government must provide at community level such as schools, clinics, food, employment and the quality of these services

   d) non-contraceptive benefits of family planning methods, especially the role of condom in the prevention of STD/HIV infection.

2. General information, education and communication in family planning must include the following messages:
a) that since pregnancy before the age of 20 places the health and welfare of the teenager at risk, individuals and families must make efforts to delay the first pregnancy until that age

b) that since the health and welfare of the mother and her baby are increasingly at risk after the 4th pregnancy, individuals and couples must make efforts to have small family sizes

c) that pregnancy after the age of 40, puts the women at high risk of maternal morbidity and mortality

d) that closely spaced pregnancies place the health and welfare of both mother and children at risk.

B. STANDARDS FOR MATERIAL DEVELOPMENT, PRODUCTION, DISTRIBUTION AND UTILISATION

1. Material developments shall enhance the relevance of FP materials produced by targeting them to specific groups.

2. Messages for material shall be determined in consultation with the target group through interviews and focus group discussions to determine the following:
   a) what people already know
   b) existing misconceptions
   c) knowledge gaps.

3. Before printing, materials shall be pre-tested with the target group to determine clarity and acceptability. Results of the pretest shall be reviewed and incorporated into the final material.

4. The Family Health Division shall supply all District Health Teams with new educational materials together with their evaluation forms for those materials. Upon completion, evaluation forms shall be returned to the Family Health Division by the District Medical Officer.

5. District Health Teams shall supply and re-supply all hospitals (including mission and mine) health centres, clinics, health posts, mobile stops, private practitioners non-governmental organisations in their region with educational materials.

6. District Health Teams shall ensure that materials are kept before they are passed to their terminal points so that they reach target groups still in good condition.

7. Health workers shall ensure that education materials are used properly to achieve the desired goal by using materials for:
   a) giving health talks to small groups
   b) conducting group discussion
   c) counselling individually
   d) giving materials to clients to read at home
   e) displaying posters where clients can read them
   f) displaying few posters at a time and changing them regularly.

C. COMPOSITION OF FAMILY PLANNING SERVICES

1. MCH/FP services in Botswana shall mainly be provided through the integrated approach in which all components of these services are offered on a daily basis to a mother and her family at a single visit. The MCH/FP services shall comprise but not be limited to the following:
   a) information, education and counselling at individual, family, group, community and national level
b) assessment of information and educational needs for family planning for individuals, families, groups, community and nation

c) Provision of information to meet identified gaps

d) screening for sexually transmitted diseases as per manual for healthworkers, i.e. STD Management in Botswana, 1992

e) screening for cancer of the cervix in accordance with the laid down current cancer screening protocol

f) health assessment and provision of contraceptive methods

g) post-natal care including provision of contraceptive methods

h) follow-up and referral for each of a, e, f, and g in accordance to established procedures (see protocols)

i) selected services for infertility - assessment, counselling, education and referral.

2. Family planning services shall be made available to eligible women, adolescents and men in accordance with the FP policy lines guidelines.

3. Priority groups for FP services shall be:

   a) women with a child less than two years to promote adequate spacing

   b) adolescents/teenagers of both sexes

   c) men

   d) parents with four or more children

   e) parents who want to limit their families

   f) women trying to defer their first pregnancy

   g) peri-menopausal women.

4. All health facilities - mobile stops, health posts, clinics, health centres, and hospitals - in addition to IEC will provide medical and non-medical methods of contraception in accordance with staffing patterns and physical facilities.

5. FP services shall be provided through private practitioners, clinics, and a variety of community based programmes in accordance with the competency of the service providers at these settings.

6. Family planning service providers shall provide basic information related to family planning to any individual requesting it whether or not it is accompanied by the provision of clinical services.

7. District Health Teams or the clinic staff which must include Registered Nurse/Midwife shall visit each mobile stop at least once a month and provide MCH/FP services to eligible clients. Because of the limited physical resources, the mobile stops shall be restricted to the supply of oral contraceptives Depo Provera and the non-medical methods i.e. condoms, spermicides. Information, education and counselling for other methods shall be provided. Referral for other methods and for an initial and annual comprehensive health assessment shall be made to the nearest health post or clinic.

8. The clinic staff in consultation with the Village Health Committee shall determine the mobile stop day and time and this must be communicated to the community in good time.

9. At the health post, the Enrolled Nurse and Family Welfare Educator shall both provide oral contraceptives, non-medical contraceptives and information, education and counselling on all other methods. The Enrolled Nurse may also provide Depo provera. Referral shall be made to the clinic. The District Health Team or the clinic nurse shall visit the Health Post at least once a month to provide additional MCH and FP services and consultation. A schedule of the visit to the health post must be made available to the Health post staff and community in order to make maximum
use of the consultation service.

10. **Family Welfare Educators (FWE)** shall use the established check list(s) to assess FP clients for oral contraceptive use. On the basis of the checklist, she/he shall provide an initial three-month supply and only re-supply the oral contraceptive after the client is examined and assessed by a nurse.

11. The **Enrolled Nurse (EN)** in her assessment shall include history taking and physical examination, excluding pelvic examination and shall provide oral contraceptives, and non-medical contraceptives i.e. condoms and spermicides, and Depo Provera. Information and education on other methods must be provided. Through history taking and inspection of genitalia, the EN shall screen for STDs, manage or refer as per STD protocol 1992.

12. When visiting the health post, or when stationed at a clinic, health center or hospital the **Registered Nurse (RN)** shall perform a more detailed physical examination, and provide in-depth counselling for FP methods, STD, infertility and cancer of the breast and cervix. The RN shall provide oral contraceptives, Depo Provera and non-medical methods.

13. When visiting a health post or providing MCH/FP services at clinic, health centres or hospitals, the **Registered Nurse/Midwife (RN/MW) or Community Health Nurse (CHN)** shall in her assessment include a pelvic examination and provide both medical and non-medical methods including IUD and Depo-Provera. Screening for STD, HIV/AIDS, cancer of the cervix through pap smears, and for infertility shall be done. Information, education and counselling for methods, STD, HIV/AIDS, cancer and infertility must be provided. Referrals shall be made to the Family Nurse Practitioner, Medical Officer or Gynaecologist depending on workstation.

14. Working in similar settings, **Family Nurse Practitioners (FNP)** shall perform an extensive physical and pelvic examination in addition to providing services mentioned in the preceding section (13). The FNP shall manage the simple contraceptive related complications and refer either to Medical Officers or the Gynaecologist.

15. Working in similar settings, and in addition to all the above family services, **Medical Officers (MO)** shall perform a comprehensive physical and gynaecological examination, and make arrangements for sterilization and advanced cancer and infertility screening. Sterilisation shall be performed at the center or hospital. Medical Officers shall refer complicated cases to the gynaecologist at the district or referral hospital.

16. **Volunteers, Health Aides, and Family Welfare Educators** who have received the necessary orientation and training shall provide both information, education and counselling. These workers may also supply non-medical contraceptives such as condoms and spermicides. If a client chooses oral contraceptives as a method, the worker may issue two packages until the client is assessed by a midwife. Thereafter the worker can re-supply the client as recommended by the midwife.

**D. CONTRACEPTIVE METHODS IN BOTSWANA**

1. The following medical and non-medical contraceptive methods shall be available in Botswana:
   a) Medical methods:
      i) Hormonal contraceptives comprising of oral contraceptives, Norplant and injectables such as Depo-Provera
      ii) Intra-uterine contraceptive devices (IUCD)
      iii) Female and male sterilization.
   b) Non-medical methods
      i) Condom
      ii) Spermicides
iii) Diaphragm
iv) Natural family planning methods.

2. These shall be provided through a network of settings comprising of community-based outlets, mobile stops, health posts, clinics, health centres, hospitals and private practitioner clinics. Vending machines for condoms when available shall be fitted in selected places including cinemas, bars and night clubs, kiosks and hotels, work places, training institutions and private pharmacies.

E. ESSENTIAL STEPS BEFORE PRESCRIBING MEDICAL METHODS

The following are required routine services at every initial and annual visit for clients seeking or on medical methods of contraception.

1. At the first contact each client shall be provided with a brief explanation of FP clinic routine and procedures.

2. Assessment of each client's FP needs shall be conducted and information to meet identified needs be provided.

3. A comprehensive health history must be elicited at the initial visit and be up-dated annually. It must include but not be limited to the following:
   a) social history
   b) complete obstetric history
   c) gynaecological history
   d) contraceptive history
   e) medical history (including SDTs)
   f) other health factors e.g. smoking
   g) family health history
   h) history to exclude pregnancy.

4. A physical examination shall be performed and shall include the following:
   a) observation of the client's general appearance
   b) inspection of the mucous membranes of the eyes and gums for anaemia and jaundice
   c) inspection and palpation of the thyroid for enlargement
   d) inspection and palpation of the abdomen for scars, masses and liver enlargement or tenderness
   e) a pelvic examination which shall include inspection of the externagenitalia, a speculum and bimanual examination for STDs and masses.

5. Selected screening shall be done. Each client shall be given a brief explanation of why these procedures are done. They must include:
   a) weight
   b) blood pressure
   c) urinalysis
   d) a Pap smear if the service is available
   e) pregnancy test if indicated.

6. FP providers shall discuss the findings of the health assessment with the client prior to her selection of the contraceptive. In addition, clients shall be informed about risk factors which affect their
reproductive health in particular any risk of STD/HIV.

7. Clients requiring medical or gynaecological services (e.g. further screening or treatment) shall be provided with these. If the required services are not available at this clinic, the client shall be referred to other appropriate providers or facilities according to established referral procedures.

8. Prior to selection of contraceptive method, each client shall be given sufficient information and education concerning each available method tenable her to make an informed choice about the particular method and understand its use. Information and education shall include:
   a) description of available methods
   b) absolute and relative contra-indications for each method
   c) how it works
   d) its effectiveness
   e) side effects
   f) serious complications
   g) non-contraceptive benefits
   h) where supplies can be obtained
   i) resources for referral.

9. Clients shall be provided with a contraceptive method of their choice that takes into account preference, social and medical findings.

10. Clients on medical methods of contraception shall be provided with follow up care according to the set plan for each method. Each health facility providing family planning shall make provision for the follow-up of any client who needs additional assistance or who has positive physical or laboratory findings.

F. MEDICAL METHODS

1. Oral Contraceptives
   a) Combined and progestin only oral contraceptives shall be made available at all health facilities in Botswana.
   b) Clients for combined oral contraceptives shall receive a thorough initial and annual health assessment to exclude the presence or history of the following absolute and relative contraindications:

   **Absolute contra-indications**
   i) thrombo-embolic disorders
   ii) cerebrovascular accident
   iii) coronary artery disease
   iv) hepatitis and any other liver condition
   v) 6 weeks post partum for lactating mothers
   vi) pregnancy
   vii) malignancy of breast
   viii) malignancy of reproductive system

   **Relative contra-indications**
   i) migraine
ii) hypertension
iii) diabetes mellitus
iv) gall bladder disease
v) sickle cell disease
vi) undiagnosed abnormal vaginal bleeding
vii) heavy smoking and over 35 years of age
viii) cardiac /renal diseases
ix) weight gain of 4.5kg or more while on OC's
x) acne
xi) chloasma.

(for further details see Family Planning Procedure Manual)

c) For Progestin only contraceptive

A thorough health assessment shall be performed to exclude the following absolute and relative contra-indications.

**Absolute contra-indications**

i) undiagnosed vaginal bleeding
ii) pregnancy
iii) ovarian cyst
iv) malignancy of reproductive system
v) malignancy of breast

**Relative contra-indications**

i) history of presence irregular menses
ii) diabetes
iii) breast lumps
iv) epilepsy on seizure disorder
v) conditions likely to prevent compliance

d) Every Client for COC's shall be provided with adequate information and counselling to enable her to make an informed choice and enhance continuation of method use. It shall include the following:

i) the drug, mode of action and benefits
ii) duration of effectiveness
iii) pregnancy rate compared to other contraceptive methods
iv) side effects warning signals and complications to watch out for
v) non-contraceptive benefits.

e) Family Welfare Educators shall use a standard checklist to select suitable oral contraceptive clients. FWEs shall prescribe and provide 3 months supply of oral contraceptives to those found suitable. Such clients shall be re-supplied only after being seen by a nurse for further counselling and more detailed health assessment.
f) Oral contraceptive clients shall be scheduled for a return family planning visit to the health facility within six months after starting oral contraceptives and reviewed every six months. These visits shall include: blood pressure, weight; review and recording of side effects, contra-indications and reactions to the method; and review of the client’s understanding and use of this method.

**Note:**

1) Clients with relative contra-indications who still wish to use OC's should be referred for medical assessment.

2) Service providers are to prescribe low dose combined Oral Contraceptives with adequate counselling. High dose combined Oral Contraceptives should be reserved only for clients with medical conditions such as TB, Epilepsy and prolonged break-through bleeding beyond three (3) months.

**General instructions to all OC users**

1. All oral contraceptive users (both combined and Projestin only pill), shall be informed to report the following warning signals to the clinic or health facility at once:

   **COMBINED ORAL CONTRACEPTIVE**

   **Early Warning Signals**
   - Abdominal Pain
   - Chest Pain (severe) or shortness of Breathe
   - Headache (severe)
   - Eye problems such as blurred vision or loss of vision
   - Severe Leg Pain

   **PROGESTIN-ONLY PILLS**

   **Warning Signals**
   Abdominal pain – May be due to an ovarian cist or ectopic pregnancy.
   (Don’t stop pills but contact s right away.)
   Pill taken late – Even if only 3 hours later use a backup contraceptive for the next 2 days. Be careful to take minipill ON TIME

2. At the initial visit and each visit thereafter, each pill client shall be informed to contact a health worker right away in the following circumstances:
   i) if she forgets instructions about taking the pill
   ii) if she experiences any of the early warning signals (see boxes)
   iii) if she has any concerns about taking the pill whatsoever.

2. **Depo-Provera**

   a) Depo-Provera is the current progestin injectable contraceptive to be used for family planning in clients in Botswana. The dose shall be 150 mg every 12 weeks given as deep
intramuscular injection. The procedure shall be in accordance with the procedure manual.

b) Every potential client for Depo-Provera shall have an initial thorough health assessment including health history, physical and pelvic examination to rule out the following absolute contra-indications:

**Absolute Contra-indications**

i) cancer of breast  
ii) cancer of reproductive organs  
iii) pregnancy  
iv) undiagnosed uterine bleeding.

**Relative contra-indications**

i) hypertension  
ii) diabetes  
iii) migraine  
iv) epilepsy or seizure disorder  
v) history or presence of irregular bleeding

c) Every client for Depo-Provera shall be provided with adequate information and counselling to enable her to make an informed choice and enhance continuation of method use. It shall include the following:

i) the drug, mode of action and benefits  
ii) duration of effectiveness  
iii) pregnancy rate compared to other contraceptive methods  
v) three important symptoms to look for and their possible duration:
   - amenorrhoea  
   - delayed return of fertility  
   - menstrual irregularities  
vi) side effects danger signals and complications to watch out for  

vi) non-contraceptive benefits.

d) All Depo-Provera users shall be informed to report the following signals to the clinic or health facility at once.

**Depo-Provera (The Shot)**

**Warning Signals**

- Weight Gain  
- Headaches  
- Heavy Bleeding  
- Depression
Frequent Urination

*Contact us if you develop any of the above problems*

e) Depo Provera shall be provided to eligible clients at all health facilities having resources for initial and periodic health evaluation, aseptic technique for IM injections and adequately trained MCH/FP service providers. (For further guidelines refer to section C-13, 14, and 15)

f) Clients on Depo-Provera shall be scheduled for review and provision every 12 weeks. The review visit shall include:
   i) blood pressure
   ii) weight
   iii) documentation of side effects or concerns
   iv) documentation of any complications.

g) Lactating women on Depo Provera need not switch to an alternative contraceptive method on cessation of breastfeeding

3. **NORPLANT**

a) The Norplant method consists of six flexible capsules, each containing 36mg of the levonorgestrel within polydimethylsiloxane tubes. This is not a new method since the active ingredient - levonorgestrel is used in the oral contraceptives.

b) Clients for Norplant shall have an initial thorough health assessment including health history, physical and pelvic examination to rule out the following absolute and relative contra-indications.

**Absolute contra-indications.**
   i) suspected or known pregnancy
   ii) cancer of breast
   iii) undiagnosed abnormal uterine bleeding.
   iv) previous ectopic pregnancy
   v) history or presence of irregular bleeding
   vi) cancer of reproductive organs

**Relative contra-indications**
   i) hypertension
   ii) diabetes
   iii) migraine
   iv) epilepsy or seizure disorder

c) Every client for Norplant shall be provided with adequate information and counselling to enable her to make an informed choice and enhance continuation of method use. It shall include the following:
   i) the drug mode of action and benefits
ii) duration of effectiveness
iii) pregnancy rate compared to other contraceptive methods
iv) important symptoms to look for and their possible duration
   • amenorrhoea
   • menstrual irregularities
   • local infection of the implant site
v) warning signals and complications.
vi) importance of follow up care.

d) All Norplant users shall be informed to report the following warning signals to the clinic or health facility.

**Norplant Warning Signs**
Severe lower abdominal pain (ectopic pregnancy is rare but can occur)
Heavy vaginal bleeding
Arm Pain
Pus or Bleeding at the insertion site (these may be signs of infection)
Expulsion of an implant
Delayed menstrual periods after a long interval of regular periods
Migraine headaches, repeated very painful headaches, or blurred vision

_Avoid Bumping the area where your Norplant implants were inserted and keep this area dry for several days after insertion_

e) Norplant shall be provided to clients at health facilities where providers have been trained in Norplant insertion.
f) Follow-up/review shall be scheduled at 1 week following insertion and then annually thereafter. The review visit will include:
   i) blood pressure
   ii) weight
   iii) checking of the implant site (after 1 week)
   iv) documentation of side effects or concerns

g) All clients should be encouraged to return any time they have problems

4. Intra-Uterine Contraceptive Devices
   a) Women who desire to use the IUD shall receive a comprehensive health assessment which includes medical, obstetrical and gynaecological history, physical and pelvic examination, risk assessment for sexually transmitted diseases/HIV and pregnancy
   b) IUD shall be provided to any woman after excluding the following

Absolute contra-indications
   i) known or suspected pregnancy
   ii) acute cervicitis or endometritis
   iii) abnormal vaginal bleeding
   iv) cancer of the reproductive tract
   v) current, recent or recurrent (within the past three months) pelvic inflammatory disease
   vi) impaired response to infection: diabetes, steroid treatment, HIV disease, leukemia
   vii) infected abortion within last three (3) months.
   viii) Anatomical abnormalities of uterus

Relative contra-indications
   i) history of ectopic pregnancy
   ii) high risk for sexually transmitted diseases, especially a woman who has more than one sexual partner or whose partner has more than one sexual partner
   iii) cervical stenosis
   iv) moderate or severe anaemia.
   v) acute vaginitis
   vi) valvular heart disease
   vii) painful and/or heavy menstrual periods

Note:
Clients with relative contraindications should be referred for medical assessment.

c) Potential clients for IUD shall be provided with adequate information, education and counselling regarding this method in order to make an informed choice. This must include the following:
   i) the mode of action and benefits
d) All IUD users shall be informed to report the following warning signals to the clinic or health facility at once:

**Early IUD**

**Warning Signs**
- Period Late (pregnancy), abdominal spotting or bleeding
- Abdominal pains, pain without intercourse
- Infection exposure (any STD), abnormal discharge
- Not feeling well, fever, chills
- String missing, shorter or longer

e) Clients electing to use IUDs shall be provided with details regarding IUDs. The details include instructions on:

f) IUD users shall be scheduled for follow-up after first months following insertion and annually thereafter. Clients shall be encouraged to return any time they have concerns about the method or side effects.

g) Clients electing to use IUD’s following caesarian sections must be thoroughly evaluated before IUD insertion. Midwives, gynaecologists and medical officers may insert the IUD after the evaluation 6 weeks after the caesarian section.

5. **Surgical Contraceptives**

a) Sterilisation, a permanent method of contraception shall be provided to clients who feel they have achieved a desired family size. Such client shall be provided with clear and complete counselling to enable them to make an informed choice.

b) Every client for sterilization shall be provided with adequate information and counselling to enable her/him to make an informed choice. It shall include the following:

i) mechanism of action

ii) benefits risks in duration effectiveness

iii) pregnancy rate compared to other contraceptive methods.

iv) an encouragement for client to enquire and an offer to answer questions regarding myths, misinformation and rumors

v) the client's freedom to withdraw consent at any time prior to procedure

vi) explanation of entire procedure and possible side effects, reversibility, effectiveness and whether or not it will affect libido

vii) when after the procedure is the method effective.
c) All sterilization users shall be informed to report to the following warning to the clinic or health facilities.

**Postoperative – Vasectomy**

**Warning Signs**

Fever

Bleeding or Pus from the site of the incision

Excessive pain or swelling

**Postoperative**

**Warning Signs**

Fever (greater than 100.4 F, 39C)

Dizziness with fainting

Abdominal pain that is persistent or increasing

Bleeding or fluid coming from the incision

If you should ever get pregnant, you must be seen immediately
N.B. Adequate time interval to be allowed after counseling before the actual procedure is carried out.

- Counseling to be given to both partners irrespective of which partner has the operation.

d) All clients accepting Voluntary Surgical Contraception (VSC), must exercise informed choice and sign a consent form. The consent form should consist of the following statement:

   i) that other methods are available
   ii) that they have been counseled on risks and benefits of the procedure
   iii) that there is a slight recognised failure of the method
   iv) that the client may withdraw consent for the procedure at anytime before the procedure and will not be denied other methods.

e) A married woman shall be required to have the written consent of the husband for tubal ligation and the husband shall be required to have the written consent of the wife for vasectomy. Where there is conflict/risk, the welfare of the individual client shall prevail. Single women and men shall give consent for themselves.

f) Sterilisation methods of contraception shall be provided at hospital and shall be performed by medical practitioners who are qualified in accordance with current national regulations. In addition, medical practitioner operating in any other approved health facilities where these procedures can be performed may provide the service.

g) Clients seeking this service from other than the above named health facilities shall be referred to the appropriate facility and medical practitioner.

h) A special programme shall be designed to promote VSC. The programme should include technical training especially VSC under local anaesthesia and IEC.

G. NON-MEDICAL METHODS

Non-medical methods of contraception, except the diaphragm, shall be made available, at work places, selected public places and health facilities. No health assessment shall be required before they are supplied, however, each user must be informed on how the method works, how to use the method correctly and on the advantages and disadvantages of the method.

1. Condoms

Every client for condoms shall be provided with adequate information and counselling to enable him/her to make an informed choice and enhancing continuation of method use. It shall include the following:

   a) in order action and benefits duration of effectiveness in pregnancy rate.
   b) Condoms may be particularly useful as a back up method when:

      i) the woman has a diaphragm and wants extra-protection at mid-cycle
      ii) the woman has forgotten to take several oral contraceptive pill and needs a back-up method for the rest of that cycle
      iii) woman is at risk of STD/HIV, in addition to any other methods of contraception.
      vi) may be used with NFP during fertile period.
2. **Spermicides**
   a) Spermicides should be used in conjunction with other contraceptive methods to increase the effectiveness of methods. They can be used in this way:
      i) while waiting to begin the first pack of contraceptive pills
      ii) used with a condom to increase its effectiveness may be used with Natural Family Planning during the fertile period.

3. **Diaphragms**
   a) The diaphragm shall be made available as a method of contraception to clients who prefer it
   b) Clients for the diaphragm must receive adequate health assessment to exclude the following relative contra-indication.

   **Relative contra-indications**
   i) fixed retroverted uterus
   ii) prolapsed uterus, cystocele, rectocele
   iii) shallow retro-pubic ridge
   iv) active pelvic inflammatory disease
   v) allergy to rubber.
   vi) less than six weeks postpartum

4. **Natural Family Planning**
   a) Since natural family planning does not use drugs or devices, it is especially useful for those clients who do not wish to use any of the preceding methods.
   b) Information, counselling and clear instructions in this method shall be provided only by those who have been trained in the cervical mucus (Billings) method, basal body temperature (BBT) method, calendar (rhythm) method, or sympo-thermal method (S-TM).

5. **Prolonged Lactation Method**
   
   The Lactation Amenorrhea Method (LAM) is a highly effective but a temporary method of contraception. Clients who are breast feeding shall be provided with information, counselling and clear instructions on use of this method, and then counseled on other methods to be used:
   1) when menstruation resumes
   2) frequency and duration of breastfeeds are reduced
   3) if non breastfeeding methods are introduced
   4) when the baby reaches 5 months of age.

H. **FAMILY PLANNING FOR SPECIAL GROUPS**

1. **Males**
   a) To promote male involvement, family planning service providers shall make a
deliberate effort to educate the male and provide appropriate non-medical methods more freely.

b) Condoms and spermicides as well as family planning counselling and education shall be made available to men.

c) Clients shall be encouraged to bring their partners for family planning session and discussions in order to enhance communication between them.

d) Family planning providers shall use a variety of educational methods to motivate the male such as providing IEC materials, displaying the various methods available, showing films or slides of the health and social-economic benefits of family planning, using kgotla meetings to provide information and identifying already motivated men to assist in motivating others.

e) The current service delivery shall be flexible to allow scheduling of family planning sessions and discussions during non-working hours.

3. Post Natal Mothers

(Refer to following section)

4. Women with Medical Disorders

Appropriate contraceptive methods shall be advised for cardiovascular disease, diabetes, epilepsy, migraine, liver disease, haematological and psychiatric disorders.

I. POST NATAL SERVICES

1. All health workers including extension workers shall provide the community with information and education on the importance and composition of immediate and later post-natal care during the puerperium in regard to the mother and her baby.

2. The Family Health Division shall facilitate the effort by providing relevant education and informational material carrying accurate messages. These shall be used by other health workers in health teaching and client education on postnatal care and family planning.

3. Family planning services for post-partum women shall include family planning information, education and counselling and provision of appropriate contraceptive methods.

4. MCH/FP service providers including FWEs shall ensure that antenatal women are given information, education and counselling regarding postnatal care and family planning. The education shall include:

   a) description of component of post-natal care and services including family planning
   b) importance of postnatal care to mother and baby
   c) where and how to obtain the services
5. All post-partum women who deliver in health facilities shall be provided with relevant information, education and counselling on family planning before discharge. This shall include but not be limited to the following.
   a) the importance of family planning
   b) contraceptive methods which can be used during breast-feeding and how they work including Lactational Amenorrhoea Method (LAM)
   c) when after delivery or abortion the various contraceptive methods can be introduced
   d) nutrition
   e) where and how to obtain the services and supplies.

6. Those in-charge of Maternity Units and MCH/FP clinics or departments (such as senior sisters) shall design a plan to ensure that each client has received the information before discharge.

7. Any post-natal woman who desires to use a contraceptive method before the 6-8 week post-natal examination shall be adequately counselled and assessed and provided with the method most appropriate to her.

8. Each post-natal client shall be given a return date for post-partum examination at 6-8 weeks period. This period will depend on whether a medical certificate is required or not. For mothers who do not need a medical certificate, the 8 week return date should as far as possible coincide with the date for the 1st DPT immunisation for the baby currently scheduled at 2 months of age in Botswana.

9. Family Welfare Educators (FWEs) and other MCH/FP service providers shall review and give appointments for post-natal follow up during home visits.

10. Post-natal services to be provided during the immediate post-partum period shall include (but not be limited to) the following:
   a) Information and counselling on:
      i) breastfeeding
      ii) nutrition of mother and baby
      iii) personal hygiene
      iv) family planning and breastfeeding, as a method of contraception (LAM)
      v) date of post-natal and child welfare clinic
      vi) Botswana Immunisation Program.
   b) Provision of family planning method or referral for the same as appropriate
   c) General assessment of baby’s health including review of immunisation
   d) Birth registration and referral for immunisation as required.

11. Post-natal routine services to be provided for each client at the 6-8 weeks post-natal visit must include the following:
   a) Review of obstetrical, gynaecological and medical history relevant to puerperium
b) Physical assessment to rule out varicosity, breast and perineal problems, anaemia and to ensure involution of the uterus

c) Screening for:
   i) urinalysis
   ii) haemoglobin
   iii) STD if indicated
   iv) blood pressure
   v) weight
   vi) pap smear test

d) Counselling, motivation and recruitment for family planning as appropriate

e) Provision of appropriate contraceptive method

f) Assessment of and counselling on baby’s growth and development

g) Immunisation for baby if indicated.

h) Recommendation of exclusive breastfeeding for 4-6 months; following by continued breastfeeding for two years or more.

i) Physical exercises for health maintenance.

J. SUBFERTILITY AND INFERTILITY

1. Individuals and couples seeking services for sub-fertility or infertility shall be assessed, counselled and referred as appropriate.

2. Assessment for the clients shall focus on social, health, gynaecological, obstetric history, and sexual life pertinent to sub-fertility and infertility.

3. Clients shall be referred to a Medical Officer or Gynaecologist for further investigations as necessary.

Note:
Infertility is defined as no pregnancy during two years sexual intercourse between the couple at least three times a week. Infertility is seen as a problem of the couple and not just a woman. Before referring clients health workers should decide whether couples fulfill the above definition.

K. SEXUALLY TRANSMITTED DISEASES

1. Persons designated to counsel family planning clients on STD shall have knowledge on the following:

   a) types of STDs
   b) signs and symptoms of STDs
   c) appropriate tests for STDs
   d) complications associated with the different types of STDs
   e) techniques for history taking
f) diagnostic flow chart for STD's using syndromic approach

g) national treatment schedule

h) when to encourage patients to return (such as when signs and symptoms persist or recurs after treatment)

i) follow up procedures.

2. STD screening, management, follow-up and referral will be in accordance with the STD management in Botswana, A manual for Health Workers, 1992.

L. PRIVACY AND CONFIDENTIALITY

1. In order to assure privacy, family planning providers shall observe the following measures:

   a) shall make every effort to ensure privacy (e.g. by rearranging furniture) if there are not separate rooms to use as examination rooms

   b) shall ask clients to undress only if necessary

   c) shall ensure that any person who has no duty in the examination room leave during the examination. If outsiders must be present such as nursing, midwifery or medical students, limit their number (preferable to one), explain the reason for their presence to the client, and ask the client's permission

   d) shall not ask the client to undress and then have him or her wait for a long time

   e) shall provide a screen if there is no dressing room

   f) shall avoid talking to colleagues about clients in their presence, but instead talk with them
2. In order to assure confidentiality, family planning service providers must observe the following measures:
   a) shall provide privacy during individual counselling and during physical examination
   b) shall not talk about clients in the presence of other clients
   c) shall not discuss clients when outside the service delivery room
   d) shall always file client records immediately after they are completed
   e) shall control unauthorized access to client records.
3. In order to provide anonymity, if required, family planning service providers
   a) shall retain client's FP case cards at the health facility even when others take theirs home
   b) shall arrange separate consultation times for adolescents and formen or couples
   c) shall take services to the work places.

M. FOLLOW UP AND REFERRALS FOR FAMILY PLANNING CLIENTS:
1. Follow up visits shall be scheduled by method but in each case shall focus on the following:
   a) management of real or perceived side effects
   b) management of problems with methods such as requiring a change of method
   c) problems of how to use the method correctly
   d) reassurance and support in regard to minor side effects and discomfort
   e) re-supply of appropriate methods. e.g. condoms, spermicides and pills.
2. Each referral health facility shall be required to establish a workable, regular system outlining family planning client referral procedures. These procedures shall be communicated to all referral sources.
3. Referral health facilities shall use standard referral forms which include the following:
   a) days/times assigned for referrals
   b) special arrangements for urgently required service
   c) the referral section and the appropriate health provider
   d) what screening and investigations need to be done beforehand and how the client should obtain these.
4. Clients requiring referral shall be referred to the next level and specialist in accordance with the criteria set out under each contraceptive method in this manual and the clinical procedure manual.

N. PREPARATION AND SUPERVISION OF FAMILY PLANNING PROVIDERS
1. The MCH/FP Unit shall work together with all other health training institutions to ensure that family planning is adequately covered in the training curricula.
2. All medical methods of contraception, regardless of the setting in which they are offered, shall be prescribed and monitored by providers who have been trained and prepared and found proficient in client counselling, method prescription and client follow up in regard to the particular methods.

3. Providers for non-medical methods shall have adequate preparation in counselling, giving information on effectiveness, handling misconceptions and rumors, and in providing accurate instructions to the clients on the particular method. Condoms shall be accompanied by clear, simple client instructions regarding their benefits, failure rate and how to use them. Packaging must show date of manufacture expiry date.

4. All aspects of family planning methods - knowledge, skills and attitudes - shall continue to be integrated into the pre-service curricula of all healthworkers in accordance with their post-training duties.

5. Institute of Health Sciences (IHS) pre-service graduates comprising of nurses midwives, community health nurses, family nurse practitioners and family welfare educators shall continue to provide facility based family planning services with back up from Medical Officers.

6. In order to update the knowledge and skills of the pre-service graduates, the Continuing Education Division of the MOH, as the co-ordinating body, shall establish a regular system of continuing education and in-service training for family planning service providers. In this process the Continuing Education Division shall involve other IHS pre-servicedepartments, the MCH/FP Unit and the District Health Teams and Hospitals.

7. Institute of Health Sciences (IHS) shall make efforts towards strengthening and promoting linkages between pre-service training continuing/in-service training, MCH/FP Unit and District Health Teams to ensure continued production of adequate number of competent FP service providers.

8. District Health Teams and hospitals shall design a comprehensive supervisory system for family planning service delivery and adhere to it. The design must reflect the objectives and the focus of the supervisory system.

9. Family planning policy guidelines and practice standards and procedure manuals shall be used as a basis for monitoring and evaluation of family planning service delivery management. Therefore the comprehensive supervisory system must spell out the department, divisions, units or individuals who shall provide the supervision at specified intervals and the different health facility levels.

O. SUPPLIES AND EQUIPMENT FOR FAMILY PLANNING

1. The MCH/FP Unit in consultation with the Central Medical Stores shall ensure the following with respect to supplies and equipment for family planning in Botswana:
   a) ensure that a regular stock of appropriate family planning commodities and equipment is maintained
   b) ensure that a regular system of distribution of these to health facilities as requested is established and maintained
   c) provide all MCH/FP providers with up to date information on what commodities and equipment exist at least annually
   d) inform MCH/FP providers well in advance should a particular type, size, or dosage of family planning commodity be changed. This would ensure both providers and clients are well prepared for the change as need arises
   e) consult with the Family Planning Technical Advisory Committee on family planning commodities and introduction of new contraceptives
f) ensure that instructional leaflets are sent out with the commodities

2. Each facility providing family planning services must keep and use the appropriate supplies and equipment to provide services according to the set standards.

3. All family planning commodities must be stored in spacious, cool and dry rooms and adequately protected from sunlight in order to maintain potency and durability. Expired contraceptives to be removed from shelves.

4. MCH/FP services providers must ensure that supplies are off the floor, oldest ones are used before newest and that contraceptives in use are not out-dated.

5. Each health facility must ensure that contraceptives are available at the service site in sufficient variety, doses and types in order to individualise the choice of method for each client.

6. Each health facility shall store a 2-3 month reserve stock to avoid occurrence of shortages, and discourage overstocking of items.

7. Ordering of supplies shall be made to Central Medical Store in the standard forms according to the need indicated by the MCH/FP provider.

8. a) The following **basic equipment** must be provided at the family planning service delivery site:

   i) chalkboard (blackboard)
   ii) demonstration model
   iii) for the literate clients, standard pamphlets on **specific contraceptives and services provided which have been developed and tested (such as from the Health Education Unit), and other pamphlets for non literate clients.**
   iv) simple pictures
   v) samples of all contraceptive methods available.

   b) **For physical examination** to be available at all static and mobile facility providing family planning services:

   i) one reclining bed or table (in case of mobile stop with a structure, a mattress to be used)
   ii) adequately lighted room
   iii) blood pressure apparatus including stethoscope
   iv) weighing scale
   v) sheet for draping client
   vi) urinalysis apparatus
   vii) sink or other means of hand-washing.

   c) **For pelvic examination and IUD insertions** the following shall be made available in
addition to (a) and (b) above, at clinics, health centres, hospitals and other family planning service sites where medical methods are to be provided:

i) table for the following instruments and supplies: speculi, sponge holding forceps, tenaculi, uterine sounds, scissors, cotton and gauze swabs, gloves, lubricant (e.g. KY jelly), disinfectants antiseptics (e.g. hibitane savlon), IUDs, torch, receivers, bowls and basin

ii) sterilizer

iii) equipment for taking pap smear and high vaginal swab

iv) stool for client

v) writing desk

vi) record forms and registers

vii) sheet for draping the client

viii) plain towel.

d) For injectables and Norplant: A trolley with the following instruments and supplies should be available.

i) for Norplant: Halstead mosquito forceps, straight forceps, carved forceps scalpel and blade, instrument tray, implants, trochers, local anaesthetic, cotton and gauze swabs, plaster, bandage, methylated spirit and sterile drape.

ii) for injectables: syringe and needle, methylated spirit, sharps container, Depo-Provera vial, gali pot and cotton wool swabs.

P. MONITORING AND EVALUATION OF FAMILY PLANNING SERVICE DELIVERY

1. Each family planning service delivery site including clinics and health posts shall have available a copy of the following:

   Botswana Family Planning General Policy Guidelines and Service Standards

   Family Planning Procedures Manual for Service Providers

   Management of STDS in Botswana - A Manual for Health Workers

   Management information systems for Family Planning.

2. For any new information systems policy guidelines or standards formulated, all family planning service providers including pre-service trainees and new graduates, shall be provided with information on content to ensure that a high level of competency and uniformity is maintained.

3. The MCH/FP Unit shall establish a system of periodic review, monitoring and evaluating the family planning service delivery and training. IHS, CMS and District Health Teams shall be involved in these exercises.

Standards for basic record keeping and returns for family planning

4. All family planning service providers shall 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 family planning clients and evaluate the
attainment of set targets. All information relating to these records is strictly confidential.

5. Service providers shall use nationally approved forms of recording family planning data.

6. The **Family Planning Case Card (MOH 1042/Rev 82)** shall provide adequate space for recording the following but not limited to:
   
i) findings of the comprehensive health assessment required for initial and annual visit as per this manual
   
ii) method related information particularly method switching and reasons
   
iii) findings of follow up visits
   
iv) results of screening for medical conditions, cancer and STD.

7. The card shall be completed for each client on a medical method of contraception. The MH1042 card shall be a client retained card. Family planning clients shall be expected to produce it at any visit to any health facility for family planning services. Provision shall be made for filing of the records of those clients who do not wish to retain their cards due to personal reason.

8. The **Outpatient Register** shall be completed daily at health facilities. It shall record the number of family planning visits by first or repeat visits and method. This information shall be transferred to the Outpatient and Preventive Health Statistics Monthly Summary Form.

9. The **Outpatient and Preventive Health Statistics Monthly Summary Form (MH 1049)** shall be completed each month by all family planning service providers, including private practitioners, pharmacies, and workplaces, and sent to their District Health Team who will forward the form to the medical Statistics Unit.

10. The MCH/FP Unit shall develop an appropriate national mechanism to facilitate decision making and monitoring the type and quality of contraceptives being provided within the service delivery systems in Botswana; monitoring and evaluating the family planning service standards from time to time; initiating relevant country specific research with respect to contraceptive practice and effects on users; reviewing existing and determining new family planning policy guidelines and service standards; and to facilitate dissemination of information to all levels.