

# IUD Toolkit

The intrauterine device (IUD), a small, flexible plastic frame that a specifically trained provider inserts into a woman's uterus, provides very effective, safe, and long-term yet quickly reversible protection from pregnancy. IUDs can be one of the most cost-effective contraceptive methods because modern IUDs can be used for many years—for at least 12 years for the copper-bearing TCu-380A IUD, and up to 5 years or possibly longer for the hormonal IUD (commercially marketed as Mirena®).

This Toolkit is for health policy makers, program managers, and service providers who are interested in adding new IUD services to their family planning programs or in improving existing IUD services. The Toolkit also contains information related to the importance of ensuring access and availability to long-acting and permanent methods—IUDs, implants, female sterilization, and vasectomy.

Browse for links to resources by using the navigation menu at the right side of every page. The Toolkit includes information on the following:

- essential knowledge about IUD provision
- related policies and guidelines
- training
- logistics
- program management
- service delivery
- communication
- country experiences with provision of IUDs and related services

**For information and tools for postpartum IUD provision, visit the Postpartum IUD section of the Postpartum Family Planning Toolkit.**

If you have an experience to share about the introduction or provision of IUDs, we invite you to tell us about it through the feedback form at the top of any page, where you can also suggest new resources.

**What are K4Health Toolkits?**

**What is the purpose of this Toolkit?**

**Who developed this Toolkit?**

**What types of resources are included?**

**Who are the intended audiences?**

**How do I get started using this Toolkit?**

**How can I suggest a resource to include in this Toolkit?**

**How can I make a comment or give feedback about this Toolkit?**

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**What are K4Health Toolkits?**

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

**What is the purpose of this Toolkit?**

There are many concerns surrounding the IUD, including misperceptions and unfounded myths among providers and potential users. This Toolkit was created to alleviate uncertainties while providing positive evidence-based practices about the IUD. It also provides guidance and tools to update, expand or develop IUD service provision programs. Expanding access to the IUD with high quality services helps fulfill women's right to contraceptive choice and contributes to sustainable family planning programs.

This Toolkit provides comprehensive, standardized, scientifically accurate, and evidence-based information on the IUD. It also provides guidance on best practices as well as tools to help improve access to and quality of IUD services.

The Toolkit sections originally focused on information about the copper-bearing TCu-380A IUD. Information about the levonorgestrel-releasing intrauterine system (LNG-IUS) was subsequently added to the Toolkit within each individual tab as relevant - and more will be added as it becomes available.

Because it is a long-term reversible method, the IUD could meet the contraceptive needs of many women. Expanding access to the IUD with high-quality services helps fulfill women's right to contraceptive choice and contributes to sustainable family planning programs.

### **Who developed this Toolkit?**

Members of the IUD Subcommittee of USAID's Maximizing Access and Quality Initiative compiled this Toolkit. These members are experts in international reproductive health and family planning, and work in the areas of program planning, training, advocacy, marketing, research, policy, and logistics. They each hold a commitment to promoting evidence-based practices in reproductive health and believe that the IUD is a valuable component of family planning programs and adds to women's contraceptive choice.

For more information on how this Toolkit was developed, see the presentation from the MAQ IUD Subcommittee on Developing an Online Toolkit (2007 | 17 slides)

The following international organizations working in reproductive health and family planning have selected the most up-to-date and relevant information related to IUD use and provision for inclusion in this Toolkit:

- EngenderHealth
- FHI 360
- Futures Group International
- IntraHealth International
- Jhpiego
- Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (JHU/CCP)
- John Snow, Inc.
- Management Sciences for Health [MSH]
- Pathfinder International
- Population Council
- Population Services International [PSI]

- Private Sector Partnerships-One [PSP-One]
- Save the Children
- U.S. Agency for International Development [USAID]
- U.S. Centers for Disease Control [CDC]
- World Health Organization [WHO]

To contact the MAQ IUD Subcommittee with questions or comments about the IUD Toolkit, please send e-mail message to [toolkits@k4health.org](mailto:toolkits@k4health.org).

### **What types of resources are included?**

This Toolkit was created to provide guidance and tools to update, develop, or expand IUD services in reproductive health programs. It contains:

- Tools and resources to help implement a variety of IUD-related activities
- A compilation of the most up-to-date knowledge and best practices on IUDs
- Resources on the most up-to-date evidence from the World Health Organization and other international reproductive health organizations
- Case studies on IUD-related activities from several countries

### **Who are the intended audiences?**

The Toolkit is intended for use by:

- Policy makers and program managers who are interested in adding or improving existing IUD services
- Service providers, potential clients, teachers, and students who are interested in accurate information about IUDs

### **How do I get started using this Toolkit?**

Expanding access to and use of IUDs requires a holistic approach?-including accurate information; up-to-date policies and guidelines; quality training, supervision, and services; effective communication and marketing; and proper logistics. This toolkit provides information on all these elements and contains tools and resources to help you implement a variety of IUD-related activities.

To browse the contents of this Toolkit, use the navigation on the right to view resources related to programmatic topics relevant to family planning programs. Each section includes a list of a number of high-quality resources selected by the MAQ IUD Subcommittee, further organized by

sub-topic. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full resource. **For more details about how to navigate through this Toolkit, view the presentation on An Introduction to the IUD Toolkit (2011 | 13 slides).**

Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use (please remember to credit the source). If you do use these tools or adapt them, we would love to hear from you. Please e-mail us. (To make a comment about the toolkit or suggest a resource, use the feedback form.)

### **How can I suggest a resource to include in this Toolkit?**

We invite you to contribute to evolving and enhancing this Toolkit. If you have developed or use quality resources that you think should be included in the Toolkit, please use the feedback form to suggest them. The Toolkit collaborators will review and consider your suggestions.

### **How can I make a comment or give feedback about this Toolkit?**

If you have comments about the Toolkit, please use the feedback form. Your feedback will help to ensure the Toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the Toolkit in your work so that others can learn from and adapt your experiences.



**Related eLearning Courses:**

IUD

## **Essential Knowledge**



The Essential Knowledge section of the IUD Toolkit

provides policy makers, program managers, and service providers with the key background and reference materials on both the copper-bearing IUD and the levonorgestrel-releasing intrauterine system (LNG-IUS). In particular, ?Essential knowledge about the Copper T-380A IUD? and ? Essential knowledge about the LNG-IUS? are thorough summaries of current biomedical, social science, and programmatic knowledge. These documents will be updated periodically to reflect new research findings and programmatic knowledge.

Have a suggested resource or comment about this section? Please visit our feedback form.

#### Resources:

- **Levonorgestrel Intrauterine System: Product Brief**

This peer-reviewed brief gives an overview of the levonorgestrel intrauterine system (LNG-IUS), including effectiveness, safety, benefits, current program use, and information about the manufacturer, registration status, and costs. The goal is to improve information about underused contraceptive methods to improve women's and couple's access to a range of family planning methods.

- **Copper IUD Fact Sheet**

This fact sheet contains information about the copper IUD for non-medical professionals.

- **Progestin IUD Fact Sheet**

This fact sheet contains information about the progestin IUD for non-medical professionals.

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# Levonorgestrel Intrauterine System (LNG-IUS) Provider Information Sheet

This provider information leaflet was developed by the ICA Foundation. It provides a technical overview of the LNG-IUS for providers, and includes information about the following: product description, active ingredient, mechanism of action, method acceptors, insertion procedure, patient counseling, effectiveness, conditions requiring precautions, side effects, benefits and limitations to LNG-IUS use.

- ## Essential Knowledge about the LNG-IUS

This document presents an overview of key biomedical, social science, and programmatic knowledge about the levonorgestrel-releasing intrauterine system (LNG-IUS) as of January 2009. View individual sections of the document:

- Method Characteristics of the LNG-IUS
- Client Attitudes and Behaviors Regarding the LNG-IUS
- Service Delivery and the LNG-IUS
- How Organizations and Providers Can Obtain the LNG-IUS
- Bibliography

- ## Similarities and Differences: LNG-IUS and TCU-380A

This document provides a brief overview of key similarities and differences between the levonorgestrel-releasing intrauterine system (LNG-IUS) and the copper-bearing Copper-T 380 IUD (TCu-380A).

- ## IPPF Directory of Hormonal Contraceptives

This database provides information about hormonal contraceptive brands (including the hormonal IUD), composition, manufacturers, types, and the countries where they are available.

# Policy and Advocacy



Supportive policies lay the groundwork for family

planning service delivery. Advocates and decision makers need access to digestible, engaging syntheses of evidence in order to make the case for policies and national family planning guidelines that facilitate access to long-acting reversible contraceptive methods such as IUDs.

This section of the Toolkit provides advocates, decision makers, donors, and others with key advocacy briefs and tools, international guidance on developing or updating family planning policies to support the provision of IUDs, and examples of strong family planning policies.

**Visit the Service Delivery section of the Toolkit for a comprehensive list of service delivery guidelines.**

**Visit the Family Planning Advocacy Toolkit for general family planning advocacy guidance and tools.**

Have a suggested resource or comment about this section? Please visit our feedback form.

#### **Resources:**

- **Model List of Essential Medicines (18th Edition)**

The Model List of Essential Medicines from the World Health Organization presents a list of minimum medicine needs for a basic health care system and essential medicines for priority diseases. The Model List covers contraceptive methods, including IUDs. The type of IUD mentioned in the Model List is the "copper-containing device." (See p. 24 of the full-text document.) The WHO Model Lists of Essential Medicines has been updated every two years since 1977.

For additional editions and languages, please click [here](#).

- **Strategies to increase use of long-acting and permanent**

## **contraception: Policy brief**

The most effective methods of contraception are frequently the least available. These long-acting and permanent methods (LAPM) include the intrauterine device (IUD) and the progestogen implant, as well as male and female sterilization. The IUD and progestogen implant are reversible, and may also be referred to as long-acting reversible contraception (LARC). These methods are useful for couples wishing to space pregnancies. Male and female sterilization are permanent methods for couples who have completed childbearing. LAPM is used broadly to refer to all methods.

- ### **Long-Term Contraceptive Protection, Discontinuation and Switching Behaviour: Intrauterine Device (IUD) Use Dynamics in 14 Developing Countries**

This report aims to provide detailed information on the dynamics of IUD use in developing countries, using data from the most recent Demographic and Health Surveys (DHSs). More specifically, it provides the socio-demographic profile of IUD users, continuation of use and reasons for the discontinuation of use at 12, 24 and 36 months. In addition, it provides information on method-switching following discontinuation for method-related reasons. The ultimate aim of this report is to provide information for policies and programmes to strengthen services for improving the continuation of IUD use and shortening the time for switching to a modern method for women who do not want another child.

- ### **National Guidelines Update Process: Key Steps**

These PowerPoint slides identify guideline components and lead the reader through the best practices for development, update, and dissemination of national guidelines.

- ### **Stakeholder Meeting: Sample Presentation on Revitalizing the IUD**

This PowerPoint presentation provides a template for guiding a local program to conduct its own stakeholder meeting around revitalizing the IUD.

# Training



Good IUD services require a competent and well-

prepared staff that can perform insertion and removal procedures and can help clients make an informed choice about IUDs. The documents presented in this section include a variety of job aids, curricula, and other training tools that can be used by those who are providing IUDs. They focus primarily on copper-bearing IUDs. The tools range from a provider checklist to identify women who can safely use an IUD, to detailed instructions for IUD insertion, to general training information.

In this section of the IUD Toolkit, program managers and service providers can access:

- Guidelines and tools for IUD training and education
- IUD training manuals and curricula
- Insertion instructions
- General training resources

Have a suggested resource or comment about this section? Please visit our feedback form.

## Resources:

- **Providing Long-Acting Reversible Contraception (LARC) Learning Resource Package (Modular/Facility-Based)**

The purpose of this learning resource package is to provide trainers, facilitators and program staff with a comprehensive resource for high-quality long-acting reversible contraception (LARC) services using a modular, facility-based approach for training, capacity building and mentorship. The integrated learning package consists of an implementation guide and ten modules, including counseling, infection prevention, quality of care and information on both hormonal and non-hormonal [the Copper T 380A) intrauterine devices and contraceptive implants (single and two-rod). The modules are designed for use in a variety of situations

including interval, post-partum and post-abortion periods and should be implemented at the facility level using a modular training approach.

- **Checkpoints for Choice: A New Orientation and Resource Package for Ensuring Voluntary Family Planning Programs**

This resource package offers practical guidance on how program planners and managers, policymakers, donors, service providers, and community leaders can strengthen clients' ability to make full, free, and informed contraceptive choices within a rights-based context.

- **The Training Resource Package for Family Planning: Intrauterine Devices (IUDs)**

The Training Resource Package for Family Planning (TRP) contains curriculum components and tools needed to **design, implement, and evaluate training**. It offers essential resources for family planning (FP) and reproductive health **trainers, supervisors, and program managers**. The entire package is designed to support **up-to-date training on family planning and reproductive health**.

This module for **IUDs** is designed for the providers in developing countries who most often are tasked with providing FP services?primarily nurses and nurse-midwives, as well as primary care physicians?and assume trainees will have at minimum a nurse?s level of clinical training.

It is a complete package of learning resources needed to address the learning objectives of the module, including:

- a session plan,
- PowerPoint presentations, and
- accompanying activities and resources.

The module is designed for generic groups of health workers. The IUD module materials should be tailored and adapted according to the education and training background and learning needs of the identified trainees.

The TRP was developed using **evidence-based technical information** from **World Health Organization** (WHO) publications.

- ## **Provider Training Presentation**

This presentation can be used to train providers who will be inserting the hormonal IUD (the levonorgestrel-releasing IUS, or LNG IUS) and familiarize them with the characteristics of the LNG IUS, its mechanism of action, as well as details of its indication and usage. Commonly asked questions from women and appropriate responses are also reviewed in the presentation. The compilation of this LNG IUS training PowerPoint presentation was a collaborative effort from ICA Foundation Board Members and skilled physicians and was made in response to partners' requests for additional training resources.

- ## **Intrauterine Devices (IUDs), Second Edition**

Pathfinder International's *Intrauterine Devices (IUDs), Second Edition*, is designed to train physicians, nurses, and midwives in contraceptive counseling, the advantages and disadvantages of the IUD, eligibility criteria for its use, and insertion and removal of the IUD. It actively involves participants in the learning process through simulation skills practice, discussions, and clinical practice, using objective knowledge, attitude, and skills checklists.

**Request a copy of this document:**

To request a print copy of a publication, send an e-mail message with your name and mailing address to: [tech-comm@pathfind.org](mailto:tech-comm@pathfind.org). For international requests, please include a street address (no P.O. boxes) and a telephone number.

- ## **A Guide to IUD In-Service Training and Pre-Service Education**

In-service training can be used either to transfer knowledge and skills about IUDs to providers who did not get this in their pre-service education or to update the knowledge and skills of providers currently providing IUD services (refresher training). This document provides guidelines that will increase the effectiveness of either type of training.

- ## **Marie Stopes Training Aids**

Marie Stopes International (MSI) offers several training aids which can be used during instruction on IUD insertion and removal. The "Gynaecological Simulator 'Zoe,'" the "Pelvic Training Model," and the small and inexpensive "Hand Held Uterus Model" are all useful tools. They can be ordered through the MSI Web site. For more information on any of the training aids, please contact the procurement and logistics team at MSI: [orders@mariestopes.org.uk](mailto:orders@mariestopes.org.uk)

- ## **LNG IUS Training Manual for Family Planning**

This manual was developed by ICA Foundation to provide family planning service providers, clinic managers and clinical trainers with a concise source of up-to-date information on the hormonal intrauterine contraceptive method, the Levonorgestrel Intrauterine System (LNG IUS). The purpose of this manual is to help clinicians (physicians, nurses and midwives) discover contraceptive clients who would derive the most benefit from the use of the LNG IUS. The manual is partly based on the Jhpiego reference manual "IUD Guidelines for Family Planning Service Programs", but as it concerns a local hormonal contraceptive, the text has been revised according to common guidelines on progestin-only pills and the official Summary of Product Characteristics of the product. The information in this manual should be combined with competency-based training to build a successful family planning program, with staff competent in client assessment, counseling, and recognizing and managing potential problems.

- ## **Global Health eLearning Center: IUD Course**

The IUD is one of the most popular and effective methods in the world, with many positive attributes. Yet in many countries, IUDs are not widely used. This course will help you understand what can be done to revitalize IUD use, recognizing the importance of an informed user's choice of contraceptive methods. To access the online course, go to the Global Health E-Learning Center and register for free. Once you have signed onto the site, select the "Getting Started" button located on the left-hand side of the page to get help on how to navigate through the online course. Once you are ready to start the course, select the "Courses" button and then select the IUD course from the list.

- ## **Modular LARC Learning Resource Package**

This learning resource package provides trainers, facilitators, and program staff with a comprehensive resource for high-quality LARC service training using a modular, facility-based approach for capacity-building and mentorship. The integrated learning resource

package consists of 10 modules and an implementation guide. The modules are designed for use in a variety of situations, including the interval, postpartum, and post-abortion periods.

The module titles include: Introduction to LARCs, Family Planning Counseling, Medical Eligibility and Client Assessment, Quality of Care, Infection Prevention for LARCs, Copper IUDs (Copper T380A), Hormonal IUDs (LNG-IUS), Postpartum IUDs, Post-abortion IUDs, and Contraceptive Implants.

## Program Management



Management of IUD programs, as with any other

health care program, involves organizing the program to ensure its smooth operation. The addition of long-acting contraceptive methods to any family planning program should be planned and implemented with sustainability and the potential for scale-up in mind.

This section of the IUD Toolkit includes information to help family planning program managers fulfill the essential management functions of an IUD program, including information on the following:

- Programming models and approaches to introducing, reintroducing, revitalizing, and scaling up IUD services and ensuring these services are sustainable
- Quality considerations, including supervision, monitoring, and evaluation

**For resources related to logistics system design and supply chain management, please visit our Family Planning Logistics Toolkit.**

Have a suggested resource or comment about this section? Please visit our feedback form.

## Programming Models and Approaches

Family planning programs can take a number of approaches to providing IUD services. For example, the IUD can be offered postpartum, postabortion, or during the interval between a birth and another pregnancy. IUDs can be made available in a variety of service delivery settings, including hospitals, clinics, and even mobile clinics. And, in many cases, task sharing can be employed so that different types of providers can offer services related to IUD insertion, including counseling.

The publications in this section of the Toolkit offer information on these various service delivery models, provide evidence supporting the practice of task shifting, or task sharing, to expand access to long-acting contraceptive methods, and set forth guidance for implementing the delivery of IUD services.

**Resources:**

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## **Addressing the Global Challenge of LARC Removals**

This presentation focuses on LARC removals and discusses the global context and provides information on necessary supplies, provider knowledge, service delivery, location of services, and counseling.

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## **Enabling the Healthy Spacing and Limiting of Pregnancies: Programmatic Approaches to Expand Postpartum IUD Access**

This brief introduces the need for expanded postpartum family planning options, reviews the advantages and disadvantages of the PPIUD, describes the components of successful initiatives to add PPIUD to the range of options for postpartum women, and illustrates three different models for PPIUD service delivery through case studies from the Democratic Republic of the Congo, Guinea, Zambia and Pakistan.

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## **Strategies to increase use of long-acting and permanent contraception: Policy brief**

The most effective methods of contraception are frequently the least available. These long-acting and permanent methods (LAPM) include the intrauterine device (IUD) and the progestogen implant, as well as male and female sterilization. The IUD and progestogen implant are reversible, and may also be referred to as long-acting reversible contraception

(LARC). These methods are useful for couples wishing to space pregnancies. Male and female sterilization are permanent methods for couples who have completed childbearing. LAPM is used broadly to refer to all methods.

- **Assessing the Commercial Viability of Long-Acting and Permanent Contraceptive Methods**

This report looks at two key questions relevant to increasing availability of long-acting and permanent methods (LA/PMs) worldwide: (1) How can LA/PMs, which require trained providers and clinical settings for administration, be made more widely accessible even in rural or other low-resource settings? and (2) How can sustainable LA/PM provision be achieved? Costs of providing IUDs compared with other methods are provided from a number of countries.

- **The Provider Perspective for IUDs**

This document discusses some of the key factors related to the providers and their provision of IUDs. It addresses some ideas behind what motivates and discourages providers about IUDs and how to address these issues.

- **The IUD: A Contraceptive Option for Postpartum and Postabortion Women**

This brief outlines the advantages of providing IUD services to postpartum women and to women who have just had an abortion. It also gives an overview of programmatic considerations for providing high-quality postpartum IUD services, including special counseling and insertion training for IUD providers.

- **Programs Can Keep Down Costs of IUD Services**

This document discusses a number of ways in which family planning programs can provide IUD services at modest cost per client, including training a core group of IUD providers; permitting trained allied health workers to provide IUD services; eliminating the need for routine laboratory tests before IUD insertion; using high-level disinfection to process used instruments; using new or clean examination gloves during IUD insertion and removal; eliminating unnecessary routine follow-up visits; and offering immediate postpartum services.

- **Organizing Work to Provide IUDs**

This document discusses some of the key issues to consider when developing a work flow for provision of IUDs.

- **Stakeholder Meeting: Sample Presentation on Revitalizing the IUD**

This PowerPoint presentation provides a template for guiding a local program to conduct its own stakeholder meeting around revitalizing the IUD.

## **Monitoring, Evaluation, and Quality Improvement**



There are many ways family planning programs can

work to not only maintain but also continually improve the quality of the IUD services they offer. Effective training, including periodic refresher training; supportive supervision; monitoring and evaluation; and good communication among administrative staff, providers, and clients are just a few means of quality improvement. The resources in this section of the Toolkit offer guidance and

tools for quality improvement, including handbooks, eLearning courses, indicators, interview guides, and more.

**Resources:**

- **Sample Provider and Supervisor Interview Guides (Programming for Training: A Resource Package)**

As part of a training needs assessment to identify gaps in performance of providers and/or systems, data on the actual performance of service providers and on the supervision of providers should be collected. The sample provider interview guide collects data on three areas of learning that demonstrate performance: knowledge, skills, and attitude. The sample supervisor interview guide collects information about frequency of supervision visits, activities performed during supervision, and resources needed to perform appropriate supervision. The interview guides can be adapted for on-the-job assessment tools. These guides are extracted from The ACQUIRE Project's *Programming for Training: A Resource Package for Trainers, Program Managers, and Supervisors of Reproductive Health and Family Planning Programs*.

- **Checklist: Program Plan for Providing High-Quality IUD Services**

Introducing or reintroducing a contraceptive requires attention to policy and service delivery, on one hand, and to the public and potential users' knowledge and perceptions, on the other. Family planning program managers can ask themselves, clinic administrators, and service providers the questions in this checklist to help assure that programs can provide high-quality IUD services. The checklist covers the main elements needed for high-quality IUD services, including service delivery guidelines that are up-to-date; clients who are well-informed about IUDs; clinics that have necessary infrastructure, equipment, and supplies; a core group of competent IUD providers and a referral system that brings women to them.

- **Basic Indicators for IUD Program Monitoring and Evaluation**

Monitoring the progress of IUD programs allow managers to determine where program performance is outstanding, adequate, or inadequate. In turn, this information can be used to target areas for improvement and to strategically allocate resources that will contribute to improved performance. This document discusses a few specific indicators of program progress and suggests definitions, data sources, reporting frequency, and suggested analysis

for each indicator.

- **Stakeholder Meeting: Sample Presentation on Revitalizing the IUD**

This PowerPoint presentation provides a template for guiding a local program to conduct its own stakeholder meeting around revitalizing the IUD.

- **Family Planning and Reproductive Health Indicators Database**

This site provides a comprehensive listing of the most widely used indicators for evaluating family planning and reproductive health programs in developing countries. The database contains definitions, data requirements, data sources, purposes, and issues for core indicators along with links to other websites and documents containing additional family planning and reproductive health indicators.

## Service Delivery



Ensuring good-quality IUD services is a vital

component and foundation of any IUD program. Services should be client-centered, meaning that services are tailored to clients' needs and meet medical standards. This section of the IUD Toolkit includes information and tools to help service providers offer client-centered care, including the following:

- service delivery guidelines
- screening and counseling tools for providing clear, medically accurate information about the method and instruction about how to manage side effects and other concerns

**Instructions for safe IUD insertion and infection prevention can be accessed in the Training section of the Toolkit.**

Have a suggested resource or comment about this section? Please visit our feedback form.

## **Service Delivery Guidelines**

Up-to-date and evidence-based family planning guidelines help programs and providers offer quality services that are free from unnecessary requirements and medical barriers. The World Health Organization has issued and periodically updates global technical guidelines that cover how to provide contraceptive methods and to whom. National family planning and reproductive health programs can use the WHO global recommendations about IUDs and other resources with international guidance as a basis for developing, reviewing, or updating their own national family planning guidelines on IUDs.

### **Resources:**

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### **Addressing the Global Challenge of LARC Removals**

This presentation focuses on LARC removals and discusses the global context and provides information on necessary supplies, provider knowledge, service delivery, location of services, and counseling.

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### **Selected Practice Recommendations for Contraceptive Use**

This document is part of the process for improving the quality of care in family planning. Specifically, it is one of two evidence-based cornerstones (guidance documents) of the World Health Organization's (WHO's) initiative to develop and implement family planning guidelines for national programmes. The first cornerstone, the Medical eligibility criteria for contraceptive use (MEC, now in its fifth edition), provides thorough information and guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. This document, Selected practice recommendations for contraceptive use, third edition (SPR third edition), is the second cornerstone; it provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate. For recommendations issued in the SPR, safety considerations include common barriers to safe, correct and consistent use of contraception and the benefits of preventing unintended or unwanted pregnancy.

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# Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

- ## Medical Eligibility Criteria for Contraceptive Use, Fifth Edition

This document is part of the process for improving the quality of care in family planning. *Medical eligibility criteria for contraceptive use* (MEC), the first edition of which was published in 1996, presents current WHO guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. This is the fifth edition of the MEC – the latest in the series of periodic updates

This edition is divided into two parts. Part I describes how the recommendations were developed and Part II contains the recommendations and describes how to use them. The recommendations contained within this document are based on the latest clinical and epidemiological data. Several tools and job aids are available from WHO and other sources to help providers use these recommendations in practice.

- ## Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide

This implementation guide sets out core minimum actions that can be taken at different levels of the health system, and provides examples of implementation of the recommendations in the WHO guidelines.

- **Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations**

These WHO guidelines provide recommendations for programs as to how they can ensure that human rights are respected, protected and fulfilled, while services are scaled up to reduce unmet need for contraception. Both health data and international human rights laws and treaties were incorporated into the guidance.

- **Model List of Essential Medicines (18th Edition)**

The Model List of Essential Medicines from the World Health Organization presents a list of minimum medicine needs for a basic health care system and essential medicines for priority diseases. The Model List covers contraceptive methods, including IUDs. The type of IUD mentioned in the Model List is the "copper-containing device." (See p. 24 of the full-text document.) The WHO Model Lists of Essential Medicines has been updated every two years since 1977.

For additional editions and languages, please click [here](#).

- **Family Planning: A Global Handbook for Providers**

Family Planning: A Global Handbook for Providers, offers clinic-based health care professionals in developing countries the latest guidance on providing contraceptive methods. Primary features of the handbook include:

- First of its kind? developed through a unique, organized process, in which experts from around the world have come to consensus on practical guidance that reflects the best available scientific evidence.
- Expands and improves on its predecessor, *The Essentials of Contraceptive Technology*, by covering more methods and more related topics and strengthening the evidence base for its guidance.
- Covers more content, but still focuses on the essentials that family planning providers need to provide family planning clients with good-quality care.

- Written in plain terms and organized for quick reference, the book serves as a resource for all levels of health care providers.
- One of the **World Health Organization's (WHO) 4 cornerstones of family planning guidance**. Together, the 4 cornerstones support the safe and effective provision and use of family planning methods and can be used to develop national guidelines. As the fourth cornerstone, *Family Planning: A Global Handbook for Providers* offers technical information to help health care providers deliver family planning methods appropriately and effectively.
- Prepared through a unique collaboration among Johns Hopkins Bloomberg School of Public Health, the World Health Organization, the United States Agency for International Development and technical experts from over 30 organizations around the world. These and many more organizations have signed on as supporters of the book.
- Translations are available in six languages (see links below) and planned for as many as 10 languages:
  - Arabic
  - Farsi
  - French
  - Hindi
  - Portuguese (Brazilian)
  - Romanian
  - Russian
  - Spanish
  - Swahili
  - Tajik

## Follow-Up for New IUD Users

Routine follow-up visit at 3-6 weeks post insertion

Normally, clients should return after the first post insertion menses (three to six weeks), but not later than three months, for their first check up. Thereafter, there is no need for a fixed follow-up schedule.

- The client should be strongly encouraged to come to the clinic anytime she has questions or problems, particularly if:
  - Her period is late (possible pregnancy).
  - She is experiencing prolonged or excessive abnormal spotting or bleeding.
  - She has abdominal pain or pain during intercourse.
  - She has been exposed to infection (such as gonorrhea), or has abnormal vaginal discharge or pelvic pain, especially with fever.
  - She cannot locate the IUD's string or if the string seems shorter or longer.
- Encourage clients to come in for other preventive reproductive health care if available, including the provision of condoms when appropriate.

This first regular check up is an opportunity for the provider to:

- Inquire about problems, questions, complications or side effects.
- Clarify which side effects are of concern and which are normal (in order to reassure the client and help minimize discontinuation).
- Answer the client's questions or concerns.
- If there are any concerns, perform a speculum and bimanual exam to:
  - see the strings.
  - check for vaginal discharge or cervicitis suggestive of a genital tract infection.
  - gently palpate the cervical os for any plastic which might indicate that the IUD is dislodged from the fundus (partially expelled).
  - check for uterine and adnexal tenderness or other signs of infection.
- Provide oral iron supplements if she appears to be anemic. Signs of anemia include hemoglobin less than 9 grams per deciliter (gm/dl) or hematocrit less than 30 gm/dl and pale conjunctiva (inside of eyelids) or nail beds.

### **Follow-up beyond the first routine visit**

If the client is satisfied with the IUD and there are no precautions for continued use, then there is no need for further follow-up visits. However, it is important to provide the client with the following reminders:

- Remind her about the warning signs and tell her to come back immediately if she experiences any of them.
- Remind her at any visit of the date (month/year) her IUD needs to be removed/replaced.

### **Need for well-trained providers**

It is important to remember that successful IUD programs require well trained providers who exhibit:

- Good clinical judgment in selecting acceptors.
- Care, sensitivity, and thoroughness in informing the user about IUDs and common side effects.
- Skill in inserting (and removing) the IUD.
- Knowledge of and ability to recognize current or potential problems.
- Ability to take clinical action for these problems, including knowing when (and where) to refer clients with serious complications.

Long term success, as defined by satisfied clients and high continuation rates, will only occur if the provider can recognize the importance of providing follow up care.

### **Sources**

The Population Council and the Program for Appropriate Technology in Health (PATH). *The Copper T 380A IUD: A Manual for Clinicians*. 2nd ed. Seattle, Washington: PATH, 1989.

The Population Council and the Program for Appropriate Technology in Health (PATH). *The Copper T 380A IUD: A Guide for Health Workers*. 2nd ed. Seattle, Washington: PATH, 1989.

[Back to Top](#)

## Screening and Counseling Tools

This section of the Toolkit provides job aids and counseling tools to help providers with the following tasks:

- screening clients for eligibility for IUD use
- counseling clients on contraceptive options, including the IUD
- counseling clients on the management of contraceptive side effects
- addressing common myths and misconceptions about contraceptives, particularly the IUD

### Resources:

- **Checklist for Screening Clients Who Want to Initiate Use of the LNG-IUS**

This checklist consists of 23 questions designed to identify medical conditions and high-risk behaviors that would prevent safe LNG-IUS use or require further evaluation.

- **Myth- busting Facts Facts about IUDs**

Intra-uterine devices are safe, reliable and can be used by almost everyone. This video provides information and dispels many of the myths of IUDs.

- **Do You Know Your Family Planning Choices: Wall Chart**

This updated wall chart illustrates all contraceptive methods including IUDs and explains

whether each method is temporary or permanent, its effectiveness, ease of use, and side effects. It also includes a chart which shows which methods are not advisable for certain health conditions (smoking, high blood pressure, breastfeeding, etc.). This chart updates and replaces previously published editions. It is published in several languages.

- **Cue Cards for Counseling Adults on Contraception**

The set of cue cards is designed to help a range of community- and facility-based providers to counsel adults on their contraceptive options. The cue cards address: Implants, Male Sterilization, Female Sterilization, Intrauterine Device (IUD), Lactational Amenorrhea Method (LAM), DMPA (injectables), Combined Oral Contraceptives (COCs), Progestin-Only Pills (POPs), Standard Days Method (SDM), Male Condom, Female Condom, and Emergency Contraceptive Pills (ECPs). The provider can use the front side of the cards to give information about all available options and, after the client chooses a method, the provider turns to the back side to give specific instruction on use.

- **Checklist for Screening a Client Who Wants to Initiate Use of the Copper IUD as Emergency Contraception**

This tool is intended to be used by providers who are screening women that are seeking emergency contraception to prevent an unintended pregnancy.

- **IUD Aftercare Instructions Take- Home Sheet**

Aftercare instructions for patients to use who are having an IUD inserted.

You can customize this aftercare sheet with your clinic's information.

- **How to be Reasonably Sure a Client is Not Pregnant**

The Pregnancy Checklist contains a series of questions to rule out pregnancy. These questions, based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant, are also included in the COC, DMPA, IUD, and implant checklists, eliminating the need to use two separate checklists.

Although originally developed for use by family planning providers, the Pregnancy Checklist can also be used by other health care providers who need to determine whether a client could be pregnant. For example, pharmacists may use this checklist when prescribing certain medications that should be avoided during pregnancy.

Evaluations of the Pregnancy Checklist have been conducted in family planning clinics and have demonstrated that the tool is effective in correctly identifying women who are not pregnant. Furthermore, studies in Guatemala, Mali, and Senegal have shown that use of the checklist by family planning providers significantly reduced the proportion of clients being turned away due to menstrual status and improved women's access to contraceptive services.

Also included is a link to a training guide designed for program managers, administrators, trainers, and service providers interested in learning how to use the Pregnancy Checklist.

- **Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD**

FHI 360, with support from the U.S. Agency for International Development, has developed a simple checklist to help providers determine quickly and with confidence whether a client may use an IUD. Based on WHO's Medical Eligibility Criteria for Contraceptive Use (2004; updated 2008), the checklist consists of a series of questions designed to identify any medical conditions or behaviors that would either prevent safe IUD use or require special precautions or further screening.

- **Medical Eligibility Criteria Wheel for Contraceptive Use**

This wheel contains the medical eligibility criteria for starting use of contraceptive methods. It is based on the Medical Eligibility Criteria for Contraceptive Use (MEC), 5th edition, one of WHO's evidence-based guidelines. It tells family planning providers if a woman presenting with a known medical or physical condition is able to use various contraceptive methods safely and effectively. The wheel includes recommendations on initiating use of six common types of contraceptives.

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# **A guide to family planning for community health workers and their clients**

This flip-chart is a tool to use during family planning counselling or in group sessions with clients. It can

- help your clients choose and use the method of family planning that suits them best;
- give you the information you need for high-quality and effective family planning counseling and care;
- help you know who may need referral.

## **The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers**

The Balanced Counseling Strategy (BCS) is a practical, interactive, client-friendly counseling strategy that uses three key job aids (visual memory aids) for counseling clients about family planning. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions.

The BCS approach is easy to adapt to local contexts, and the toolkit includes instructions for adaptation as well as a CD-ROM with electronic copies of the materials. The BCS toolkit is available in English, French, and Spanish upon request from [frontiers@popcouncil.org](mailto:frontiers@popcouncil.org). See also the *The Balanced Counseling Strategy Plus (BCS+): A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings*, a tool to improve the quality of family planning services and to strengthen the integration HIV prevention, detection, and care into family planning, such as the risk assessment of STIs.

## **Comparing Effectiveness of Family Planning Methods**

This 1-page chart compares the effectiveness of various family planning methods, including IUDs, and has a few key messages on how to make ones method more effective which could be useful to providers and program managers alike.

## **Contraceptive Myths and Counseling Messages**

The information in this document is compiled from the Contraceptive Myths and Counseling Messages Database. It provides evidence-based information and counseling messages that providers around the world have used to dispel commonly-held contraceptive myths and misperceptions. Health care professionals can use this resource to correct misinformation and support informed decisions by helping clients understand the facts on how contraceptive methods work, on who can use them, their possible side effects, and much more. The document includes information for the following contraceptive methods:

- Combined Oral Contraceptives (COCs)
- Female Sterilization
- Implants
- Injectables
- Intrauterine Devices (IUDs)
- Male Condoms
- Withdrawal
- Vasectomy

We encourage you to adapt, translate, reprint, or otherwise reproduce this information for the purposes of informing health care providers, their clients, and the general public and improving the quality of sexual and reproductive health care.

## • **How to Deal with Rumors and Misconceptions About IUDs**

This brief gives providers tips for to counteract rumors and misconceptions about IUDs that clients might have. It also provides common rumors or misconceptions about IUDs and the facts that providers need to dispel those rumors/misconceptions.

## • **When is a Woman at Very High Individual Risk of Gonorrhea or Chlamydia?**

For IUD insertion, the World Health Organization (WHO) Medical Eligibility Criteria (MEC) state that for a woman with a ?very high individual likelihood of exposure to gonorrhea or chlamydial infection, the condition is a Category 3.?<sup>1</sup>

The statement was specifically written to ensure that an evaluation is made of the individual woman. The bar was deliberately placed at ?very high? because even in the face of populations with prevalence levels of gonorrhea or chlamydia (GC/CT) as high as 10 percent, the risk of clinical pelvic inflammatory disease attributable to the IUD is still relatively low.

Still, this presents the challenge of defining the concept of ?very high individual risk? and

putting the definition into operation at the program level. A number of studies have been conducted to identify good determiners of risk, and some of these have been reasonably successful. However, indicators that are good predictors of infection at one site may not necessarily be as good at other sites. So there is no single algorithm to apply in all situations and no clear approach to this question.

Nevertheless, in keeping with the standard of "very high individual risk" some questions generally elicit answers that have a reasonable "positive predictive value." That is, if the answer to a question is yes, at least in some settings, there is some reasonable likelihood the client will indeed have GC/CT. This is the most reasonable approach available using client history even though, collectively, the questions may not be very "sensitive." (That is they may not identify the majority of women who have GC/CT.)

Some such illustrative questions include:

- \* Within the last three months, have you been told you have a sexually transmitted infection (STI)?
- \* Within the last three months, have you had more than one sexual partner?
- \* Do you think your partner has had another sexual partner within the last three months?
- \* Within the last three months, has your partner been told he has an STI or has he had any penile discharge?
- \* Do you believe you are at high risk of an STI?

#### **End Notes:**

1. Category 3 indicates the method is usually not recommended unless other more appropriate methods are not available or not acceptable. The risks of using the method usually outweigh the advantages, but if the client does use the method, careful follow-up will be required. For more information, see the WHO's Medical Eligibility Criteria for Contraceptive Use.
2. A positive predictive value reflects the proportion of patients who have a positive test result and truly have the disease in question. A test with a high positive predictive value indicates that the patient who has a positive test result probably has the disease.

## **Decision-Making Tool for Family Planning Clients and Providers: IUD Section**

This interactive counseling resource is a tool for family planning clients and providers to use

together to: help clients choose and use the method of contraception that suits them best; give providers essential information needed to offer high-quality family planning care to clients; and help providers counsel clients more effectively. This tool, which is consistent with the WHO Medical Eligibility Criteria and the Selected Practice Recommendations, contributes to ensure informed free choice and proper use of a method of contraception.

## • **Managing Side Effects for IUDs**

### **Introduction**

Doing simple things well is an excellent approach to managing IUD side effects. This means informing women about what side effects to expect, reassuring that common non-harmful side effects are indeed not harmful, treating common side effects with simple drugs when needed, and encouraging women to return whenever they has questions or concerns. The woman's confidence that her IUD use is safe and effective, and that her provider is competent and responsive are keys to success. She should also be urged to return for side effects that could be harmful, particularly signs of pelvic inflammatory disease or pregnancy. Information should be clear, correct non-alarming, and presented in verbal and written form. Good management of side effects will lead to many women being satisfied with their method and this success will spread to neighbors and the community.

### **Common practices to use and those to avoid in managing IUD side effects**

Brief, clear descriptions of the most common side effects-before the IUD is inserted-reduces complaints and makes management easier. The most critical messages before insertion include:

- Heavier and longer menstrual bleeding is expected with copper IUDs-this usually becomes less over time
- Cramping may occur in the first several days
- Bleeding between menses may occur in the first few months of use.

These and other messages should be provided in writing and verbally. When non-harmful side effects occur, written information will help reassure her and her family. Written information should also include uncommon harmful side effect, to urge prompt return when medical treatment is needed.

Deal directly with any local misperceptions about IUDs, such as "IUDs cause infertility", "IUDs will migrate in the body", "IUDs are abortifacients".

Show the IUD to the woman, including how it will fit into the uterus by using a model or simply the woman's closed hand (as a simple substitute for a uterine model).

## **Timing can reduce insertion pain, cramping and bleeding**

Postpartum IUD insertion at 4-6 weeks after delivery is easy for the woman and her provider. First, there is little pain during insertion and less cramping after insertion, due to the more open cervical canal and enlarged uterine cavity. Second, complaints about bleeding are minimal, since breastfeeding women have little or no bleeding for several months.

Postabortion insertion, immediately after evacuating the uterine cavity, will also reduce discomfort with insertion.

Ibuprofen or other non-steroidal analgesics (NSAIDS) can be used to reduce cramping in the first few days. Some providers may give a small advance supply, to be used if the woman has pain. Ibuprofen can also be selectively used to reduce heavy menstrual (see below).

## **Common changes in menstrual bleeding**

Most complaints about heavier or longer menses are best managed by reassurance. Heavier periods may be particularly noticeable for women changing from combined oral contraceptives and other hormonal methods that reduce menstrual bleeding. When reassurance is not sufficient, or the bleeding is especially heavy, a short course of ibuprofen during menses may reduce bleeding. A short course can be repeated in several months, but it is not desirable to use for an extended period. Iron tablets may be given to reduce chances of anemia. Both interventions help the provider be actively responsive to the woman's concerns. Many women adjust to having somewhat heavier menstruation, and the amount of bleeding usually becomes less over several months.

## **Checking that the IUD is still in place**

Inform the woman that about 3% of IUDs will be expelled, usually in the first few months. She can detect this by checking the string and also being aware of an expulsion that may occur at the time of menses or during a bowel movement. Routine string checks are often not practical after the first few months, and some women avoid checking the string at all. The provider will also check the string at 3-6 weeks after insertion. The vast majority of IUD expulsions will be detected by the woman if she checks herself during menses and when at the toilet.

If an IUD has been expelled, a new one may be reinserted immediately if it is reasonably certain she is not pregnant. A second IUD will remain in place for about 70% of women.

## **Partner complaints about the IUD string**

Partner complaints about irritation from the string during sex should not be dismissed. Partner discomfort is a common cause of IUD discontinuation in numerous settings. One good solution is to cut the string at the opening of the cervical canal (os) such that it does not

protrude and yet can be grasped by a forceps for removal. The string can usually be grasped for removal without seeing it. Often the string can be visualized when the speculum is opened or the outer canal is slightly opened by gently spreading the blades of a forceps.

Inform the woman that she will no longer feel the string and make a record of the string's location for future providers. This is important for removal. A string that does not protrude also makes the IUD one of the most confidential methods, an important benefit for some.

## Summary

Simply removing the IUD when common non-harmful side effects occur is a poor first option, unless the woman definitely wants to discontinue or other measures are not acceptable.

Simple measures permit time to help manage side effects. Over time, cramping subsides, bleeding patterns become more acceptable, and the amount of menstrual bleeding decreases. Good management of side effects helps many women become satisfied long-term users-the goal most IUD acceptors want to achieve.

# Health Communication



An effective IUD program not only focuses on

quality services, but also seeks to educate, raise awareness, and build stakeholder buy-in and client/community demand for IUD services. This section of the IUD Toolkit contains information and tools to help policy makers, program managers, and family planning promoters build a supportive environment for IUDs, including resources related to behavior change communication (BCC) and advocacy to policymakers. Additionally, the resources and materials can help reach many women who are reluctant to try IUDs because they are misinformed or need a trusted source of information.

This section of the Toolkit offers general health communication materials, as well as IUD-specific communication tools and resources.

- For counseling tools, please visit the **Service Delivery** section of the Toolkit.
- For **Fact Sheets & Briefs**, please visit the **Essential Knowledge** section of the Toolkit.
- For advocacy materials, please visit the **Policy and Advocacy** section of the Toolkit.
- To browse evidence of the impact of health communication on IUD acceptance and use, please visit the **Country Experiences** section of the Toolkit for **Experiences with Reintroducing or Revitalizing IUDs** and case studies on **Marketing and Social Franchising**.

Have a suggested resource or comment about this section? Please visit our feedback form.

#### Resources:

- **Do You Know Your Family Planning Choices: Wall Chart**

This updated wall chart illustrates all contraceptive methods including IUDs and explains whether each method is temporary or permanent, its effectiveness, ease of use, and side effects. It also includes a chart which shows which methods are not advisable for certain health conditions (smoking, high blood pressure, breastfeeding, etc.). This chart updates and replaces previously published editions. It is published in several languages.

- **Health Education Materials for the Workplace Toolkit**

This toolkit contains three types of materials to provide family planning messaging specifically for workplaces, including mini-posters, handouts, and supplemental materials.

- **The P-Process: Five Steps to Strategic Communication**

This brochure highlights the steps within the P-Process, a framework designed to guide communication professionals as they develop strategic communication programs. This step-by-step road map leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

- **Social and Behavior Change Communication (SBCC): Capacity Assessment Tool**

C-Change developed the Social and Behavior Change Communication Capacity Assessment

Tool (SBCC-CAT) in two versions--for use with **organizations** (to assess program and staff capacity in SBCC), and with **donors and networks** (to assess their own capacity and that of the partners they support and manage). Together with a facilitator, organizations can use this tool to determine their competencies in five areas:

1. SBCC Situation Analysis
2. SBCC Strategy Development
3. SBCC Materials Development
4. SBCC Implementation, and
5. SBCC Monitoring and Evaluation (M&E)

The tool follows a participatory three-stage process, ending with a discussion around findings and the development of a capacity strengthening plan. It can be used by any organization interested in improving the design, implementation and M&E of its health and development SBCC programs. By using this tool, donors and program planners can identify the strengths and weaknesses of current programs and define activities to strengthen and refocus programs to improve the overall quality of their SBCC efforts.

- **Levonorgestrel Intrauterine System (LNG-IUS) Patient Information Sheet**

This patient information leaflet was developed by the ICA Foundation. It provides an overview of the LNG-IUS to potential users, and includes information about side effects, insertion and removal procedures, mechanism of action, and efficacy.

- **Levonorgestrel Intrauterine System (LNG-IUS) Provider Information Sheet**

This provider information leaflet was developed by the ICA Foundation. It provides a technical overview of the LNG-IUS for providers, and includes information about the following: product description, active ingredient, mechanism of action, method acceptors, insertion procedure, patient counseling, effectiveness, conditions requiring precautions, side effects, benefits and limitations to LNG-IUS use.

- **C-Modules: A Learning Package for Social and Behavior Change Communication**

The C-Change project created this learning package for facilitated, face-to-face workshops

on social and behavior change communication (SBCC). The package includes a series of six modules for communication practitioners working in development. A facilitator's guide accompanies each module. The C-Modules contain the following downloadable documents:

- *Practitioner's Handbook* for each of the six modules (0?5)
- *Facilitator Guide* for each module, with tips and examples, as well as *Facilitator Preparation*
- *Additional Resources*

The Introduction Module, numbered 0, outlines the overall SBCC framework, including the five steps of C-Planning for SBCC (see graphic). Each of the next five modules focuses on one distinct step of the SBCC planning process:  
*Module 1: Understanding the Situation*  
*Module 2: Focusing & Designing*  
*Module 3: Creating*  
*Module 4: Implementing & Monitoring*  
*Module 5: Evaluating & Replanning*

## • **Tools for Behavior Change Communication (INFO Reports)**

Program managers can use these tools to help plan and develop their BCC programs pertaining to the promotion of IUDs or other family planning methods.

## • **Comparing Effectiveness of Family Planning Methods**

This 1-page chart compares the effectiveness of various family planning methods, including IUDs, and has a few key messages on how to make ones method more effective which could be useful to providers and program managers alike.

# **Country Experiences**



This section of the IUD Toolkit shares the

experiences of particular countries or regions with many of the programmatic topics covered in the Toolkit, including the following:

- Programmatic models and approaches, including task sharing, mobile services, dedicated long-acting method providers, and integrated service delivery
- Experiences with reintroducing or revitalizing IUDs
- Marketing and social franchising
- Assessment studies of IUD use

Would you like to share your experience or leave a comment about this section? Please visit our [feedback form](#).

## Programmatic Models & Approaches



There are a number of program models that can be

used to deliver IUD services. This section of the Toolkit shares different countries' experiences with a range of IUD program models and approaches, including task sharing, mobile services, dedicated long-acting method providers, and integrated service delivery.

## Resources:

- **Expanding Contraceptive Options for Postpartum Women in Ethiopia: Introducing the Postpartum IUD**

This technical brief explores the process through which Pathfinder's Integrated Family Health Program (IFHP+) has expanded availability of postpartum family planning, including the postpartum IUD, in Ethiopia.

- **Knowledge and Perceptions of Intrauterine Devices (IUDs) Among Family Planning Providers in Nepal**

While clients' attitudes toward the IUD are known in different contexts, little is known about providers' knowledge and perceptions of the IUD in developing countries. This brief seeks to provide evidence of cognitive barriers that may prevent Nepalese providers from recommending IUDs. Nepal's permissive IUD service policies afford the opportunity to explore these findings among a variety of cadres and sectors.

- **ProFam Urban Outreach: A High Impact Model for Family Planning (Mali)**

This case study describes PSI's efforts to increase Malian women's access to long acting reversible contraceptives (LARCs) by integrating family planning counseling and services with routine immunization services.

- **Reaching Cambodian Communities: Mobile Birth Spacing Services**

This presentation provides information about Population Services International's approach in Cambodia to expand access and demand for long-acting family planning methods through mobile services. Mobile service delivery of IUDs and implants provided the opportunity to give on-the-job training to providers while also increasing access to clients. The presentation also

provides results of the initiative and lessons learned.

- **An Innovative Approach to Increasing Uptake of Long-Term Family Planning Methods in Zambia**

This presentation gives an overview of Population Services International's intervention in Zambia of seconding highly skilled, dedicated long-acting method providers to selected high-volume government facilities to improve access to and uptake of long-acting methods. In the first 12 months, the initiative served over 26,000 women with long-acting methods. The presentation provides advantages, challenges, and lessons learned about this particular model.

- **Reaching Women in Need of Family Planning at Clinic Immunization Days**

This brief provides information about Population Services International's approach in Mali to raise awareness among women of family planning methods, with a special emphasis on IUDs and implants. The women were reached at clinic immunization days for children under one year. The initiative provided the women with information about the methods and provided them with family planning services. The brief discusses challenges and lessons learned.

## Experiences with Reintroducing or Revitalizing IUDs



The case studies and briefs in this section of the

Toolkit describe the efforts of countries around the world to pilot or scale up IUD services within their family planning programs. In some cases, programs worked to reintroduce or revitalize the use of IUDs-- an often underused method-- for those looking to space or limit their pregnancies. These publications describe program models and share results and lessons learned, which can be applied in programs throughout the world looking to introduce, revitalize, or scale up IUD services.

**Resources:**

- **IUCD Post-Training Evaluation: Findings from an Evaluation of a Sample of Providers Who Received Training in IUCD Service Delivery**

In 2010, Ethiopia's Federal Ministry of Health began an initiative to revitalize the use of the intrauterine device (IUD) by training a variety of clinical providers to deliver IUD services. The initiative initially covered 96 woredas (districts) but by 2012 had increased to 116 woredas across the country. In collaboration with FHI 360's PROGRESS project, the Federal Ministry of Health conducted a post-training evaluation in 37 woredas where providers had been trained by Ipas, Marie Stopes International Ethiopia, and EngenderHealth. This report shares results of the evaluation, which determined the extent of IUD service delivery and the availability of equipment and supplies needed for IUD insertion.

## Marketing and Social Franchising



The case studies in this section of the Toolkit describe efforts in a

number of countries to increase access to, and demand for, IUD services through a variety of strategies. The strategies described include social franchising, social marketing, community mobilization, health fairs, and public awareness campaigns.

#### Resources:

- **Clinical Social Franchising Case Study Series:  
PSI/Tanzania Familia Network**

This case study documents the experiences in social franchising of the ?Familia? network of private health providers, implemented by Population Services International (PSI) in Tanzania.

- **Private Sector Franchising for Long Term Methods in  
Kenya**

This presentation gives an overview of Population Services International's intervention in Kenya to increase uptake of IUDs and implants. The intervention involved developing a private-sector network of private providers, who were identified with a common logo. They agreed to promote long-acting methods, especially IUDs and implants and to adhere to quality service provision. In return, they were provided with training and other resources. The presentation presents the initiative's results, as well as successes and challenges of the model.

## **Assessments of IUD Demand and Use**



The case studies and reports in this section of the

Toolkit explore factors affecting IUD use (and discontinuation) in different parts of the world. Several of these studies look at acceptability, availability, and accessibility of services, and many of these publications offer guidance that can inform programmatic planning and decision making.

#### **Resources:**

- **LNG-IUS Dashboard: Perspectives of LNG-IUS Users Across Introduction Programs**

In 2017-18, service delivery partners who are currently introducing the levonorgestrel intrauterine system (LNG-IUS) collaborated to ask similar questions of new LNG-IUS adopters as part of routine data collection. Data were then compiled in a single dashboard so results could be compared. The dashboard will be updated on a regular basis as new data become available.

- **Final Report: Market Assessment for Potential Introduction of a New Hormonal IUCD in Zambia**

In 2016, FHI 360, the Society for Family Health, PSI and WomanCare Global completed a market assessment to explore potential demand for a new, more affordable hormonal intrauterine contraceptive device (IUCD) in Zambia and to identify key considerations for introduction and scale-up.

- **Final Report: Qualitative Interviews with Mirena Users and their Partners in Kenya. Summary of Findings**

Building on a market assessment completed in 2015, FHI 360 conducted qualitative interviews in 2016 with Mirena clients and their male partners in Nairobi in partnership with Family Health Options Kenya (FHOK).

- **Willingness to Pay for Intrauterine Devices (IUDs) Among Women in Madagascar--A Comparative Analysis**

Understanding the appropriate price for family planning services can help programs utilizing vouchers or subsidies sustainably meet clients' need. Current and potential clients' willingness to pay for IUDs was explored using a contingent valuation method in two urban areas in Madagascar.

- **Long-Term Contraceptive Protection, Discontinuation and Switching Behaviour: Intrauterine Device (IUD) Use Dynamics in 14 Developing Countries**

This report aims to provide detailed information on the dynamics of IUD use in developing countries, using data from the most recent Demographic and Health Surveys (DHSs). More specifically, it provides the socio-demographic profile of IUD users, continuation of use and reasons for the discontinuation of use at 12, 24 and 36 months. In addition, it provides information on method-switching following discontinuation for method-related reasons. The ultimate aim of this report is to provide information for policies and programmes to strengthen services for improving the continuation of IUD use and shortening the time for switching to a modern method for women who do not want another child.

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**Source URL:** <https://www.k4health.org/toolkits/iud>