



Program Plan for Providing High-Quality IUD Services

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. Programs should aim to accomplish most or all of the tasks in the checklist. A program can start offering IUD services, however, before completing all the tasks.

National service delivery guidelines are up-to-date

- Are the guidelines based on the most current scientific evidence?

Example: Most women can use IUDs safely, including many women at high risk of or with HIV infection.

Tip: The World Health Organization's *Medical Eligibility Criteria* and *Selected Practice Recommendations for Contraceptive Use* are authoritative resources for developing and updating national guidelines.

- Are key stakeholders involved in the development/revision process?
Examples: Ministry of Health personnel, donors, professional associations, program managers, service providers, client representatives
- Have the updated guidelines been distributed to providers and their supervisors?
- Do providers and their supervisors know how and why to apply the guidelines?
- Do providers follow the guidelines?

Clients are well informed about IUDs

- Do family planning media campaigns mention the IUD as a contraceptive choice?
- Do community and clinic information sessions about contraceptive options include the IUD?
- Are printed materials about IUDs available in waiting rooms?

Clinics have necessary infrastructure, equipment, and supplies

- Do clinics have the infrastructure to provide IUD services?
Examples: Clean water, sufficient light, a private space, a bed or table
- Do clinics have required disposable supplies?
Examples: IUDs, cotton balls, antiseptic solution, gloves
- Do clinics have the required instruments and supplies?
Examples: Vaginal specula, forceps, uterine sound, scissors, solution cup, basin with 0.5% chlorine solution
- Do clinics have the capacity to process IUD instruments by high-level disinfection or sterilization?

A core group of IUD providers are well-trained and confident of their skills

- Has a core group of IUD providers¹ been selected to provide IUD services?
- Are IUD providers competent to insert and remove IUDs, while taking care to reduce the risk of infection, in addition to being competent to provide other contraceptive methods?
- Are IUD providers competent to manage complications of IUD use or know where to refer clients with complications?
- Are IUD providers trained how to communicate effectively and sympathetically with clients?
- Do IUD providers serve enough IUD clients to maintain their skills?
- Do IUD providers receive refresher courses to help maintain their skills?
- Are IUD providers given continued support and guidance?
- Are there enough IUD providers to give women easy access to services?

A referral system enables potential IUD clients to easily contact competent IUD providers

- Do all providers offer IUDs to clients as a contraceptive choice when appropriate?
- Can all family planning providers communicate general information about the IUD to potential IUD clients?
- Is there a referral list of IUD providers available at all family planning facilities?
- Do family planning providers and community health workers use the IUD provider referral list?
- Are clinics that offer IUDs in easily accessible locations?

¹ Alternatively, programs can implement a broad-based approach in which many or all family planning providers are trained to provide IUD services. Experience has shown, however, that unless providers serve IUD clients regularly, many quickly lose their skills and confidence.

