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National perspective of PFFP/PPIUCD programming

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**Family Planning Experience Sharing Workshop &
Media Launch for Maternal Health and Family Planning
December 20-21, 2012
Venue: Hotel Pacific,
Dehradun**

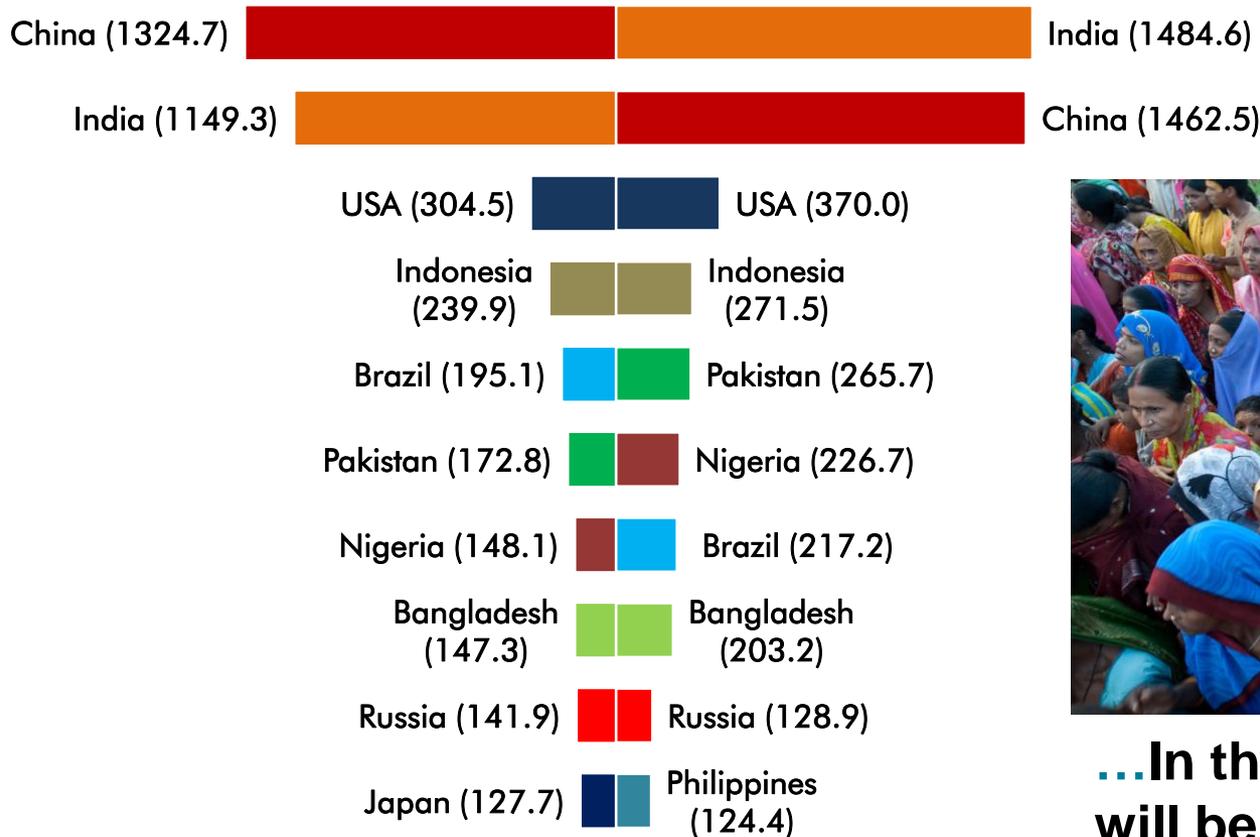
Presentation Outline

- India need and opportunity
- How PFP/PPIUCD services were initiated and scaled up
- Lessons learned
- Current GoI strategy



10 Most Populous Countries in the World Population (Millions)

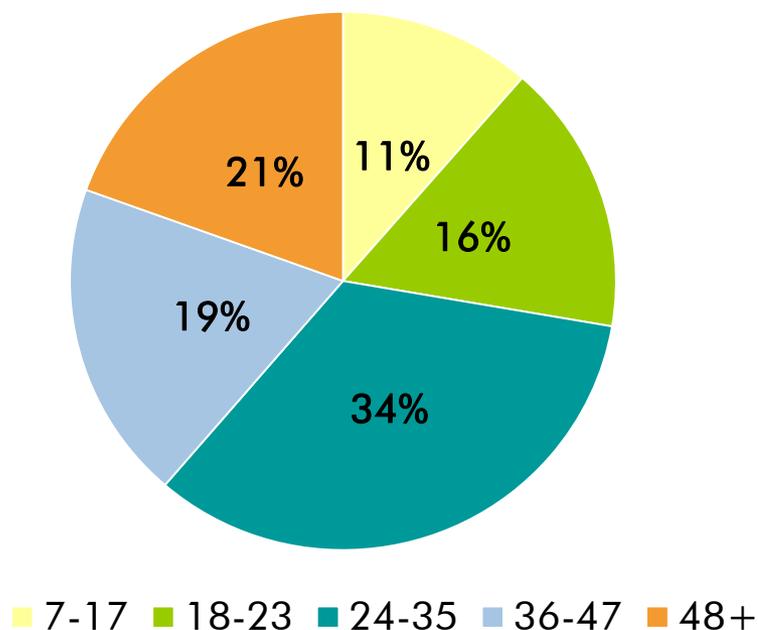
Year 2008 Year 2030



...In the next 18 years, **India** will be the most populous nation in the world

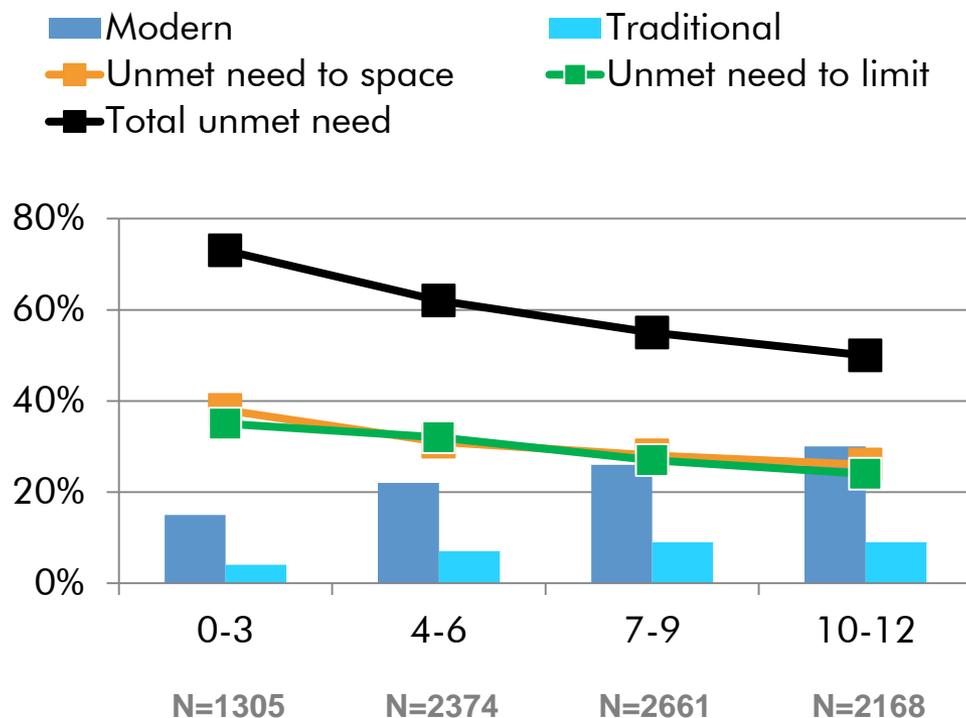
High Unmet Need

Birth-to-Birth Intervals for Past Five Years



In months (NFHS 3: 2005-06)
N = 39,215 births

Unmet Need across Postpartum Period and FP Use among Sexually Active Women



Fact Check!

Risk of Pregnancy

What percentage (%) of Indian women have resumed sexual intercourse at 6 months post partum?

- A. 32%
- B. 48%
- C. 61%
- D. 76%



Fact Check!

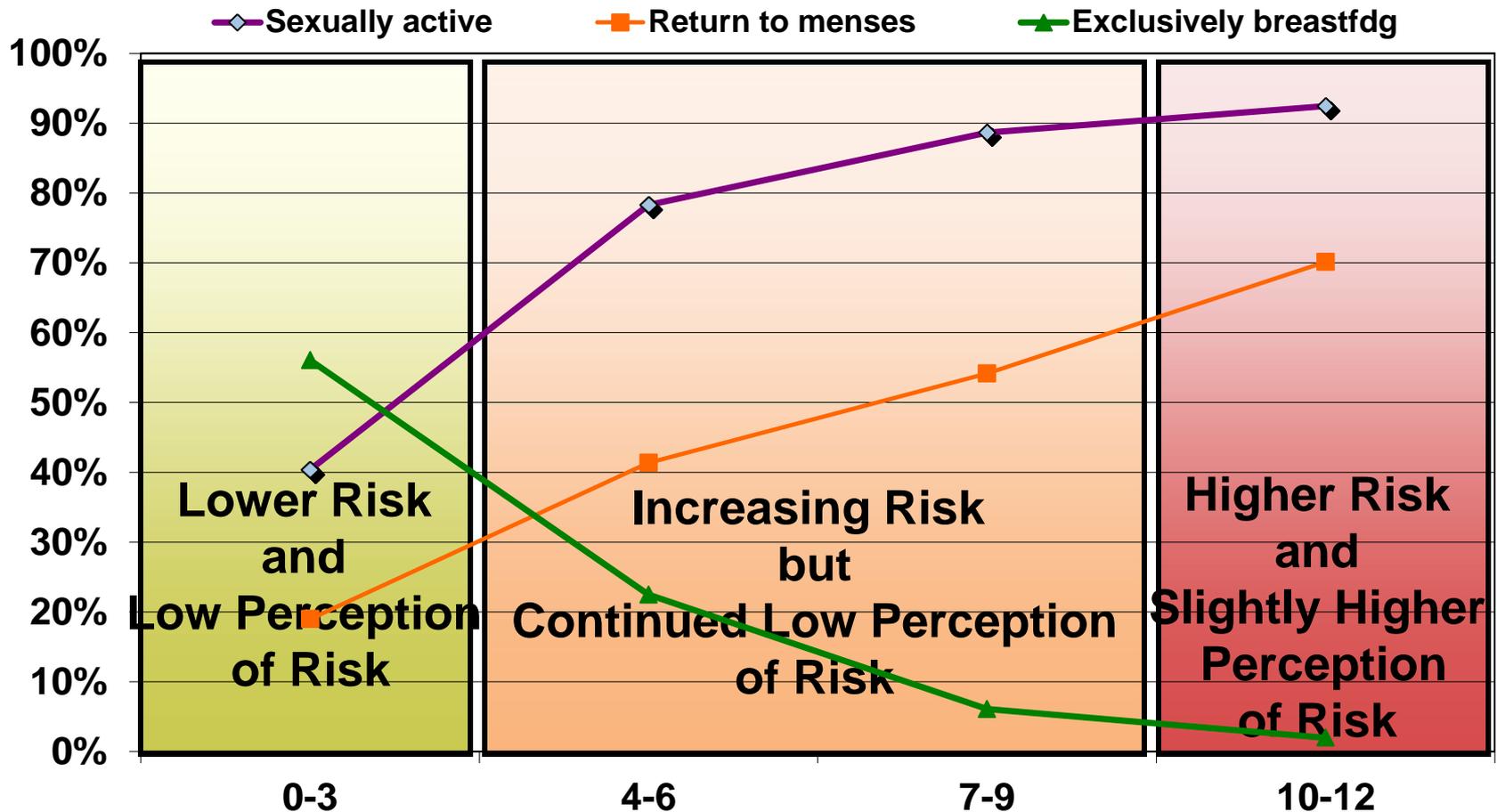
Risk of Pregnancy

What percentage (%) of Indian women have resumed sexual intercourse at 6 months post partum?

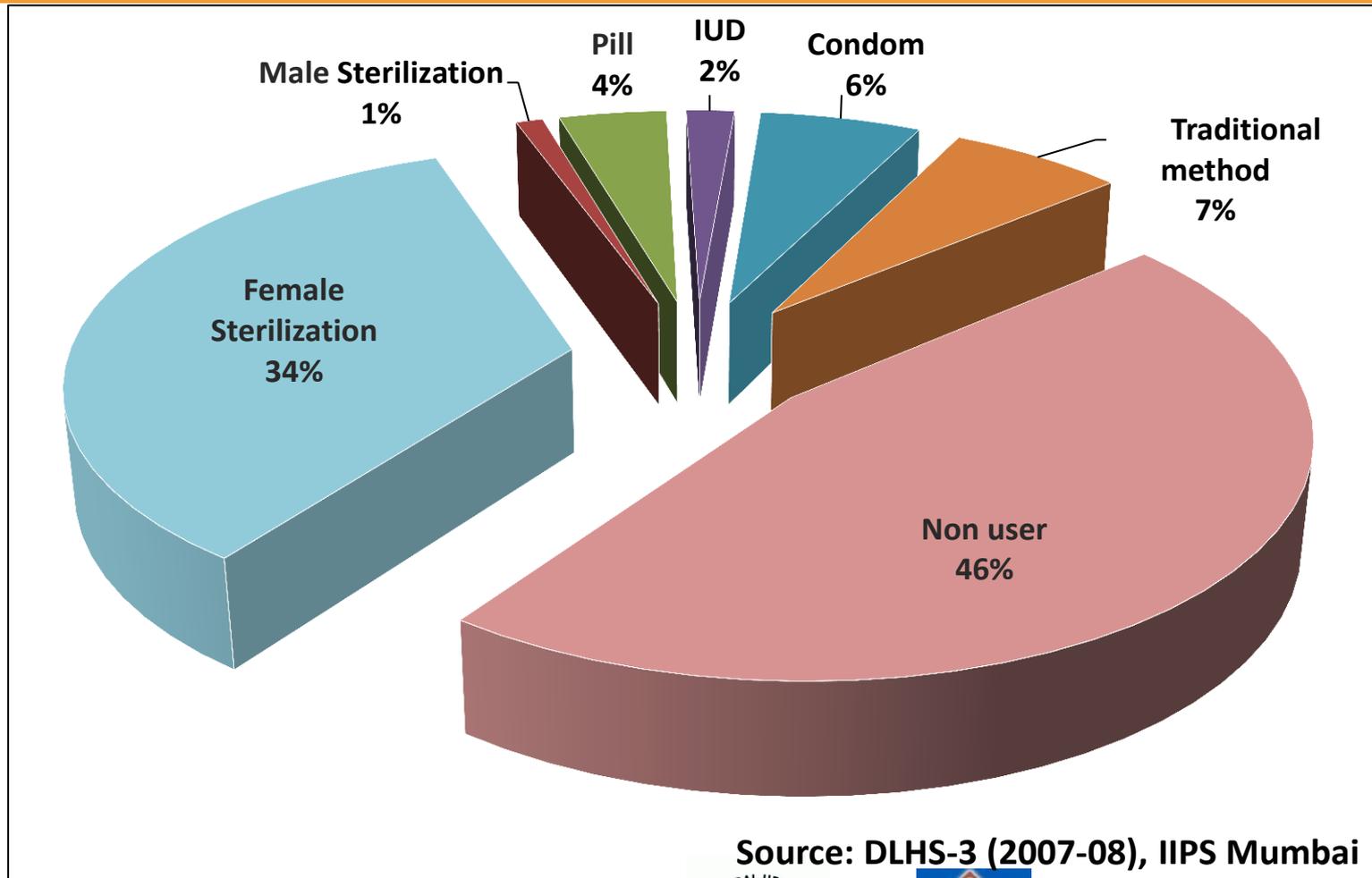
- A. 32%
- B. 48%
- C. 61%
- D. 76%**



Risk of unplanned pregnancy



CURRENT USE OF FAMILY PLANNING METHODS



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Resurgence of Interest in PFP/PPIUCD Services

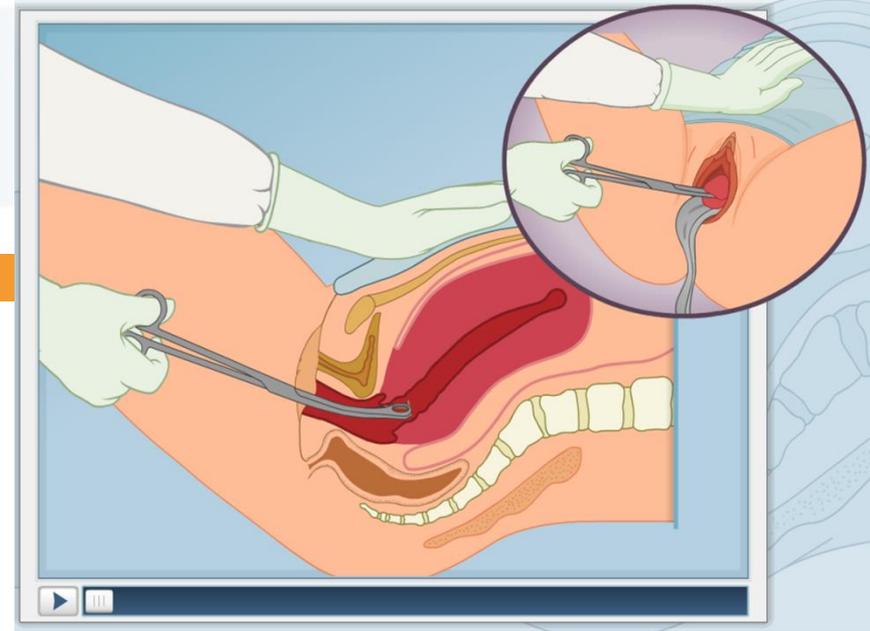
- Government of India policy – to reposition FP as MNCH initiative
- **JSY was bringing women to facility** – Immediate postpartum insertion is convenient for women
- New advances and new understanding about PPIUCD – **safe and effective**
- **IUCD as spacing and long-term reversible method** – alternative to sterilization for many couples

JSY BENEFICIARIES: 2005-06 to 2011-12



PPIUCD: Quick Facts

- **Insertion times:**
 - **Post placental:**
 - 10 minutes after delivery of placenta
 - **Immediate post partum**
 - within 48 hours after delivery
 - **Intracesarean**
 - During cesarean section
 - **Interval / Delayed post partum**
 - 6 or more weeks after delivery
- **Insertion Techniques:**
 - **Instrumental**



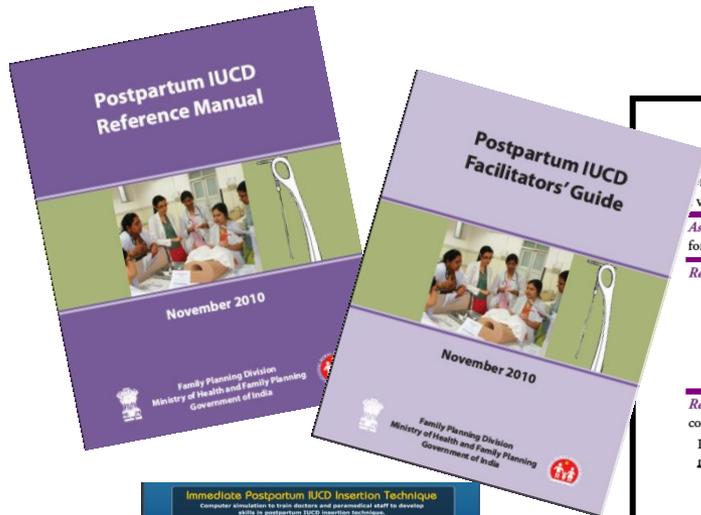
PPIUCD Program Requirements



Service Delivery Tools

Training material, including an insertion animation video

Kelly's Forceps & Job Aids



PPIUCD PRE-INSERTION SCREENING

In preparation for insertion of the IUCD, confirm the following in the woman and her clinical situation:

Ask the woman whether she still desires the IUCD for PFP No

Review her antenatal record and be certain that:

- her antenatal screening shows that an IUCD is an appropriate method for her No Yes
- she has had FP counseling while not in active labor and there is evidence of consent in her chart OR No Yes
- she is being counseled in the post partum period No Yes

Review the course of her labor and delivery and ensure that none of the following conditions are present:

If planning an immediate post placental insertion, check that none of the following conditions are present:

- Chorioamnionitis (during labor) Yes No
- More than 18 hours from rupture of membranes to delivery of baby Yes No
- Unresolved postpartum hemorrhage Yes No

If planning a postpartum insertion, check that none of the following conditions are present:

- Puerperal sepsis Yes No
- Postpartum endometritis/metritis Yes No
- Continued excessive postpartum bleeding Yes No
- Extensive genital trauma where the repair would be disrupted by postpartum placement of an IUCD Yes No

Confirm that sterile instruments are available* No Yes

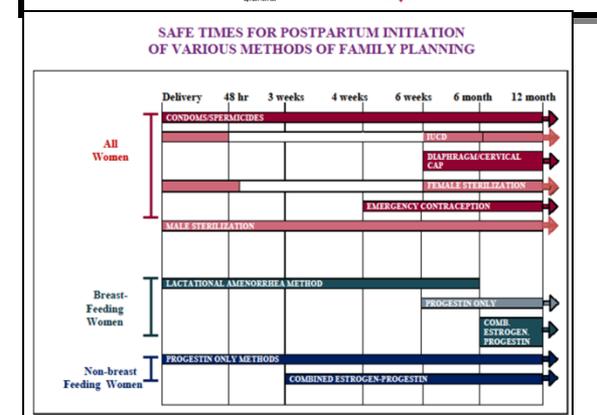
Confirm that IUCDs are available and accessible on the labor ward* No Yes

*If ANY box is checked in this column, defer insertion of the IUCD and provide the woman with information about another method.

*If ALL the boxes in this column are ticked, then proceed with IUCD insertion.



ANC COUNSELING GUIDE: POST PARTUM FAMILY PLANNING			
METHODS	BENEFITS	LIMITATIONS	CLIENT ASSESSMENT/CONSIDERATIONS
POST PARTUM IUCD	<ul style="list-style-type: none"> Available right after delivery—no delay >90% effective Immediate return of fertility upon removal Short-term or long-term protection 	<ul style="list-style-type: none"> Heavier, more painful menses, especially first few cycles Does not protect against STIs, including HIV/AIDS. Small risk of perforation during insertion 	<ul style="list-style-type: none"> Not appropriate for women who have: <ul style="list-style-type: none"> Cancer cervix or trophoblastic disease Uterine distortion (fibroids, septum) Increased risk of having gonorrhea/chlamydia AIDS, and not clinically well on ARV therapy
PROGESTIN ONLY PILLS	<ul style="list-style-type: none"> More effective if used by women who are also breastfeeding About 99% effective No delay in return of fertility after stopping pills 	<ul style="list-style-type: none"> Pill must be taken every day, at the same time. Women may experience bleeding changes. Does not protect against STIs, including HIV/AIDS. 	<ul style="list-style-type: none"> Not appropriate for women who: <ol style="list-style-type: none"> Have diabetes or active liver disease. Take medications for TB or seizures. Have a blood clot in legs or lungs now. Have a history of breast cancer. Provide supply before discharge. Woman should start 6 weeks postpartum.
CONDOM	<ul style="list-style-type: none"> Can prevent against pregnancy and some sexually transmitted infections (including HIV). Can use once couple resume intercourse. 	<ul style="list-style-type: none"> Must have reliable access to supply. About 85% effective 	<ul style="list-style-type: none"> Must be used with EVERY act of sex. Must be used correctly every time. Can provide supply before discharge.
POST PARTUM LIGATION	<ul style="list-style-type: none"> Permanent method of FP >90% (one 100%) effective Simple procedure, serious complications are rare 	<ul style="list-style-type: none"> Does not protect against STIs, including HIV/AIDS. Requires surgical procedure. 	<ul style="list-style-type: none"> For women who are certain that they want no more children: Hospital must be set up to offer the surgery. Can be done in first 7 days postpartum.
LAM <i>Encourage breastfeeding for all women</i>	<ul style="list-style-type: none"> Good for mother and newborn Start immediately after birth No additional supplies/materials 98% effective if all 3 criteria met 	<ul style="list-style-type: none"> Does not protect against STIs, including HIV/AIDS. Share same method—reliable for 6 months 	<ul style="list-style-type: none"> Effective if ALL 3 criteria present: <ol style="list-style-type: none"> Exclusive breastfeeding, day & night Monthly bleeding has not returned. Baby is less than 6 months old. Transition to another contraceptive method if all 3 criteria are not met.



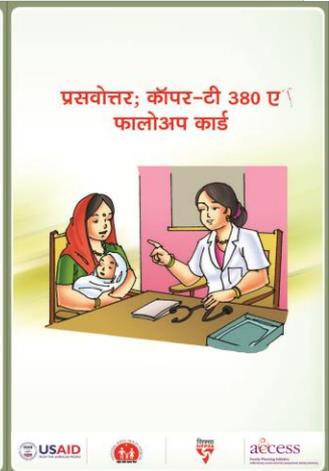
Client Education Material & Data Collection Registers

Posters & Films

Leaflet and Follow Up Card



आज ही अपने डॉक्टर/काउन्सलर / ए.एन.एम. से सलाह लें



Start of PFP/PPIUD Program in India

- 2009---Started PPIUCD training in Queen Mary Hospital, Lucknow
- 2010---**Safdarjung Hospital Delhi**, identified as national training centre
- 2010---Regional training sites established at medical colleges in **Mumbai** and **Jabalpur**



Aim was to establish PPIUCD services in identified medical colleges and district hospitals in 16 states (total 32 sites)

Doctor and Nurse team from two sites each in 16 states trained, who were expected to start PPIUCD services at their respective facilities

Rapid Expansion of PFP/PPIUCD Services in India

Start of PFP/PPIUCD program in U.P. in 2009

- Queen Mary Hospital, Lucknow
- District Women's Hospitals, Allahabad and Jhansi



Services Scaled Up in 19 States

- UP
- Uttarakhand
- Jharkhand
- Delhi
- Haryana
- Punjab
- Rajasthan
- Bihar
- Madhya Pradesh
- Assam
- Meghalaya
- Chhattisgarh
- Orissa
- West Bengal
- Gujarat
- Maharashtra
- Tamil Nadu
- Karnataka
- Andhra Pradesh

Support from national as well as state governments during the expansion, with a paradigm shift in Govt. of India focusing on spacing methods

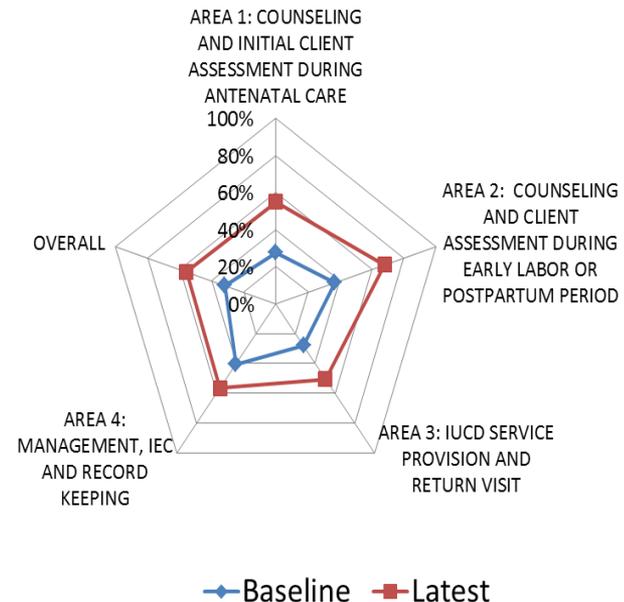
> 72,000 PPIUCDs inserted

Donor support from USAID, Gates, Packard, NIPI

Recommendations at the Experience sharing meeting, April 25-26, 2011

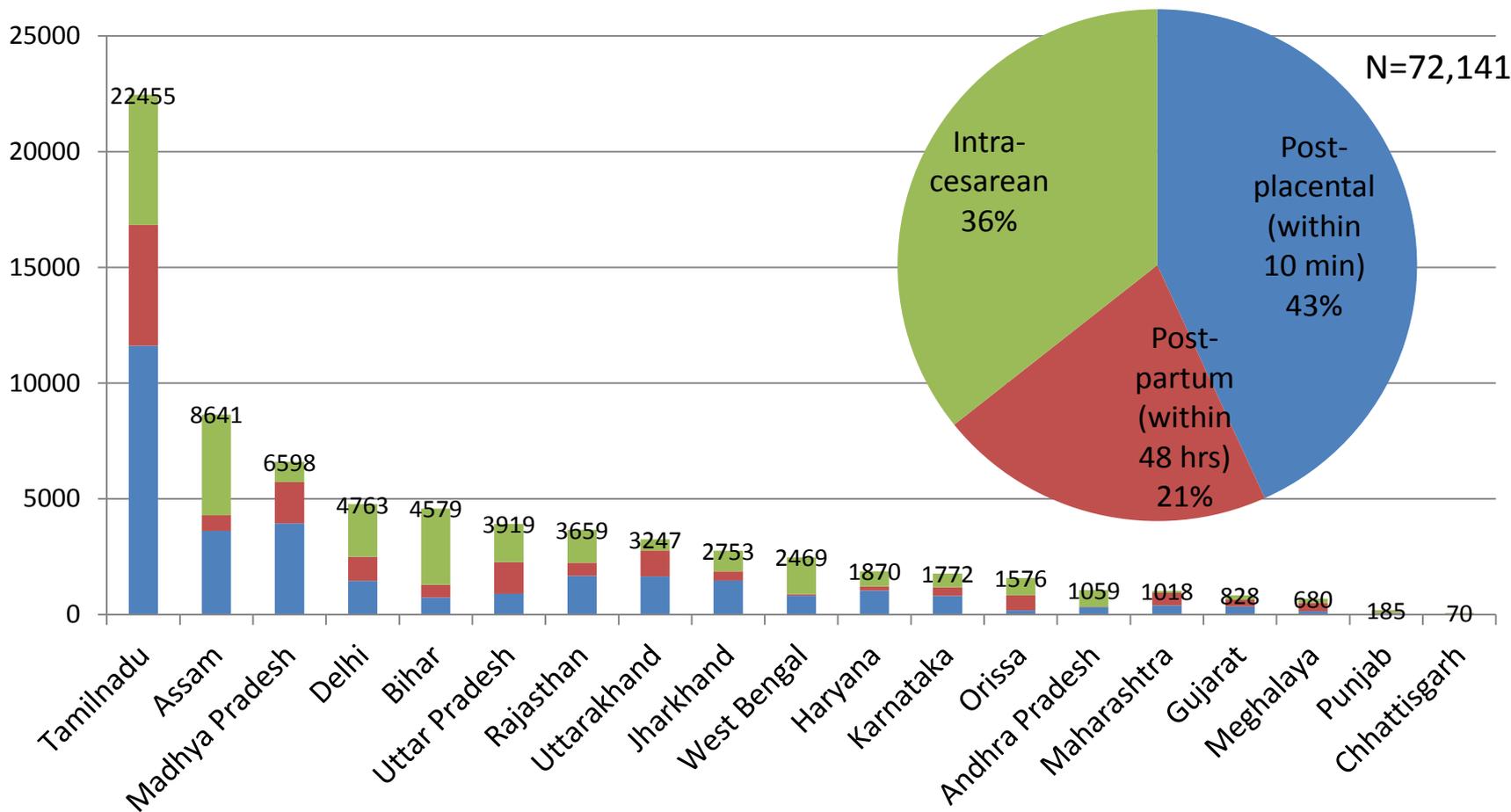
- Institutionalize PPIUCD services
- Strengthen Systemic Counseling
- Strengthen the follow-up system

Implement PPIUCD standards at the Facility

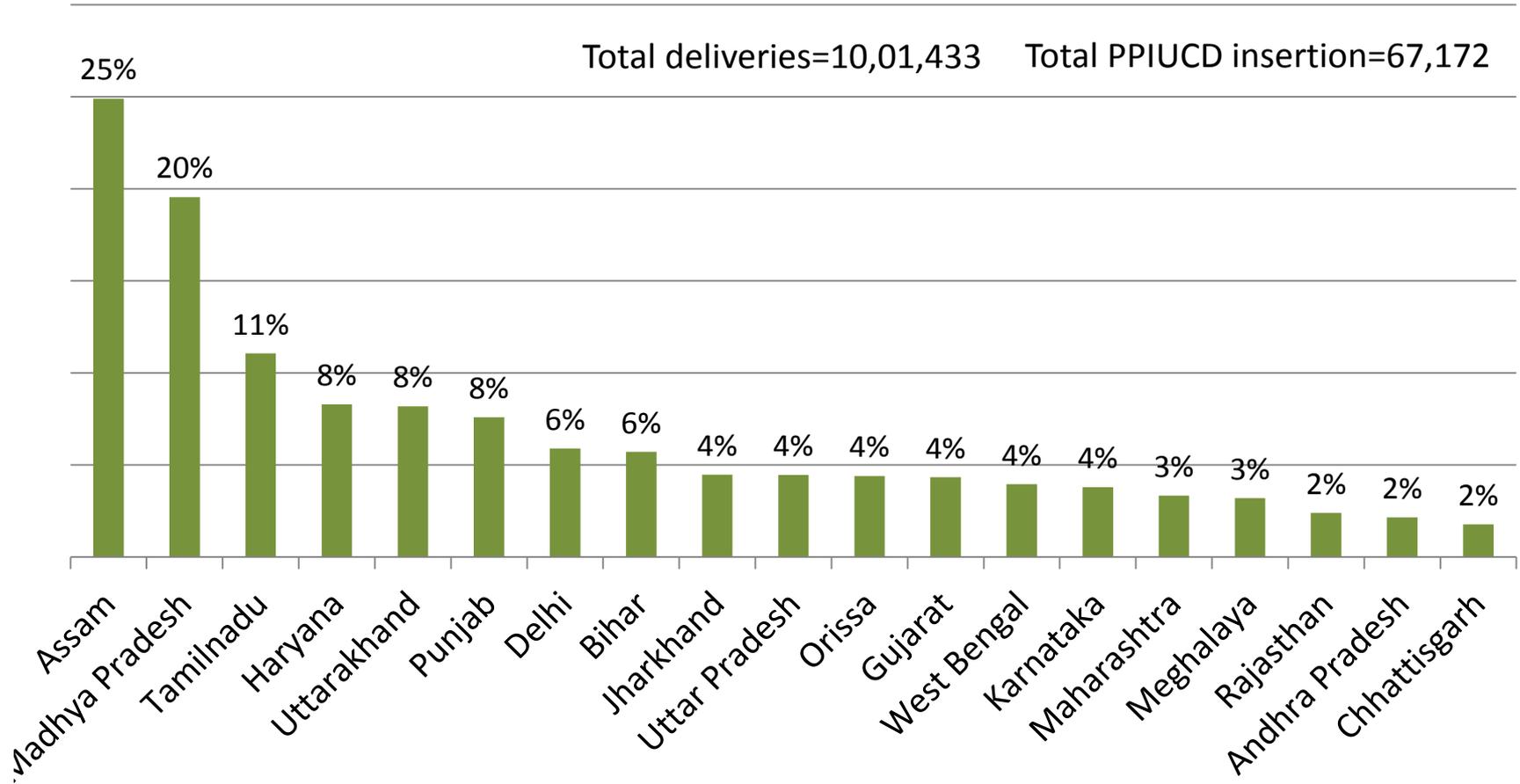


PPIUCD Experience In India

Total Reported PPIUCD Insertions since Feb-2010

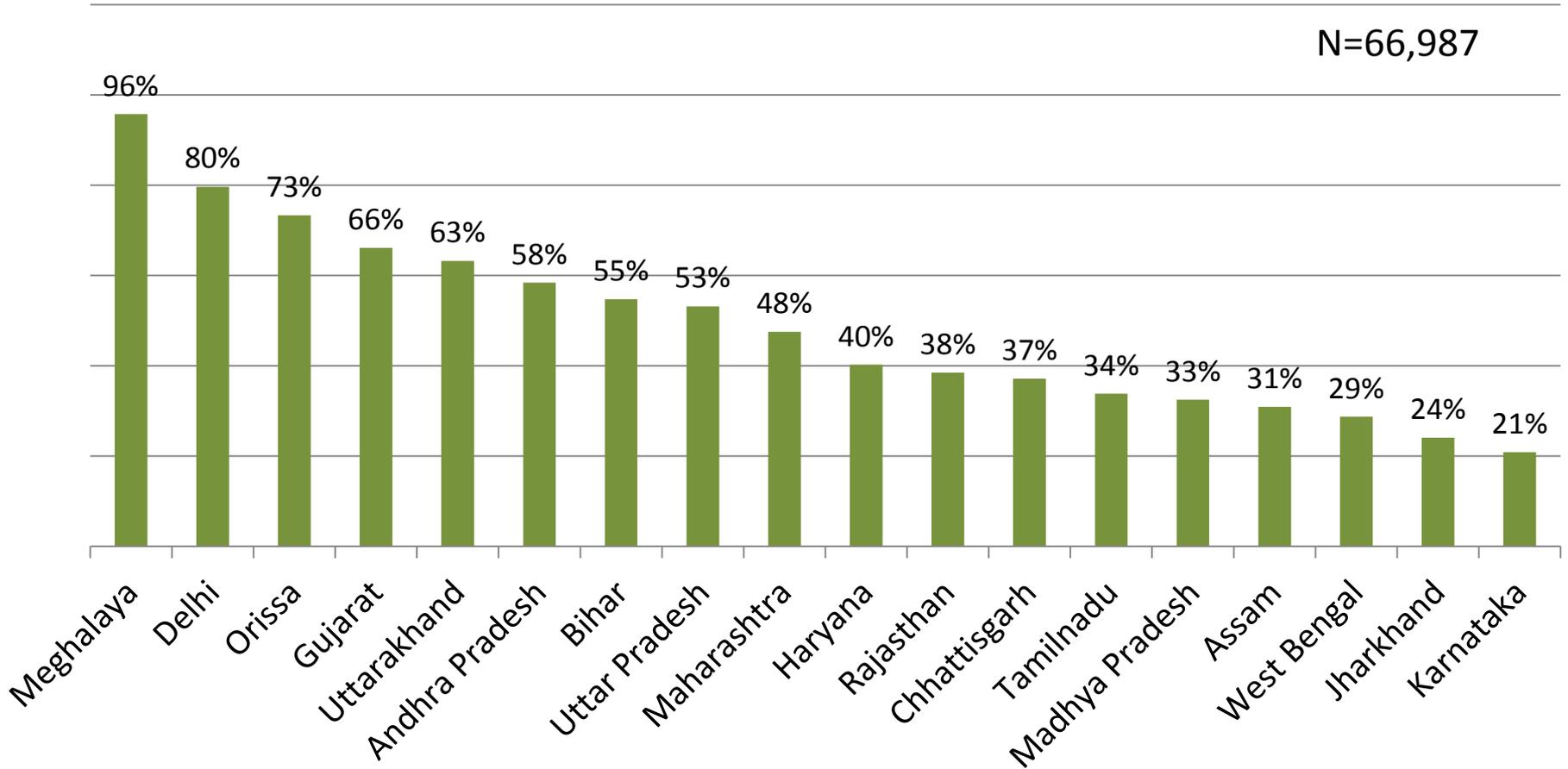


Proportion of PPIUCD acceptors among institutional deliveries (Based on Jan 11- Nov 12 Data)



State-wise Follow up rates at 6 weeks(%)

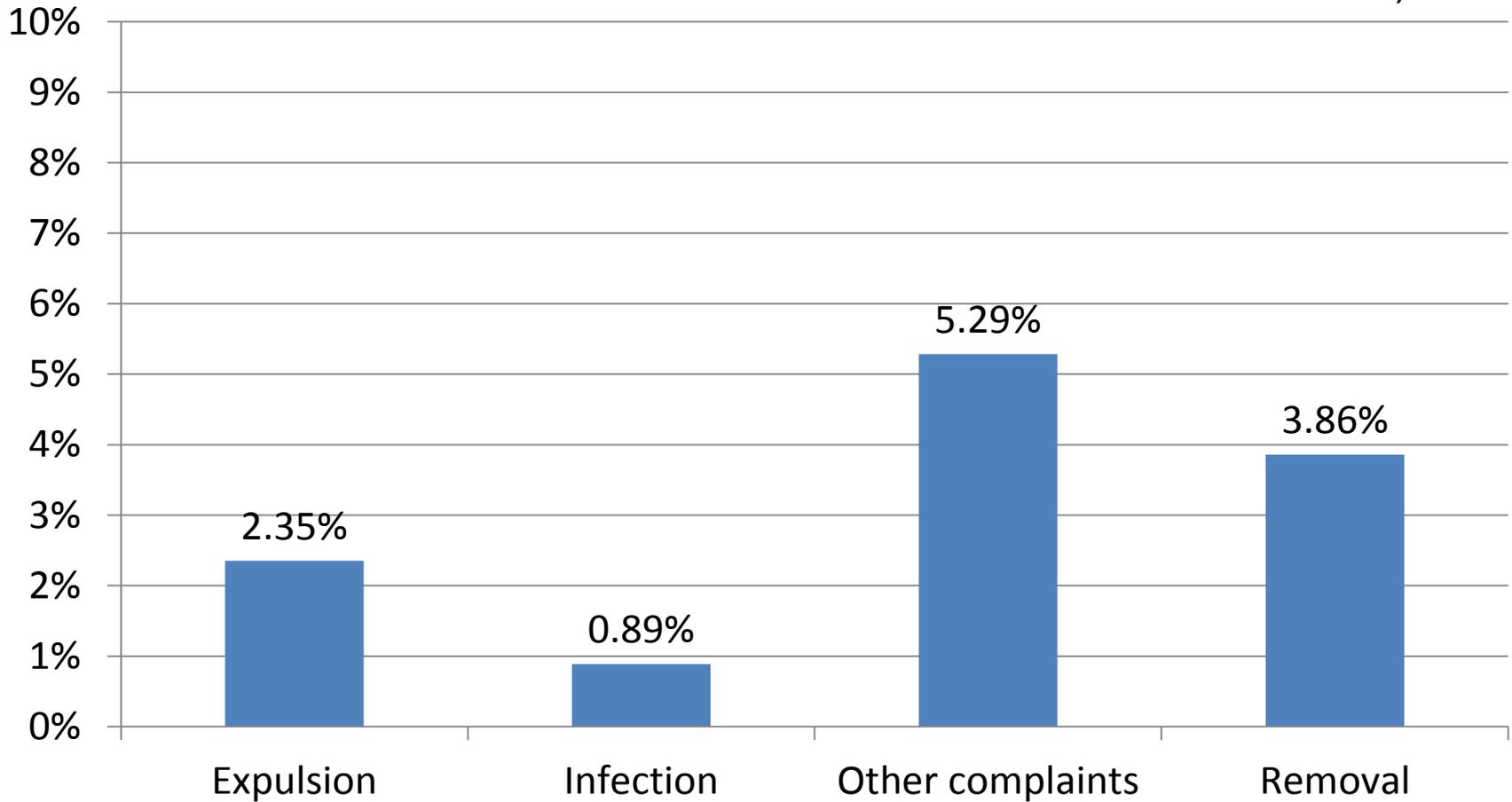
(Based on Jan 11- Nov 12 Data)



Follow-up Findings

(Based on Jan-11 to Nov-12 Data)

N=28,022



Implications for Practice

- **Expulsion:**
Competency-based training minimizes risk of expulsion
- **Infection:**
Using eligibility criteria for PPIUCD insertion reduces risk of infection; no need for prophylactic antibiotics
- **Removal:**
Good counseling is critical to reduce premature removal

To reduce expulsion

Use correct technique:

- Straighten cervico-uterine angle
- Position the IUCD at the fundus before release
- Release the IUCD by sweeping to the side
- Withdraw the instrument in open position

Use correct instrument:

- Long Kelly placental forceps

Advocacy at National and Regional level for PFFP/PPIUCD

Champions



Addressing concerns around safety of Postpartum IUCD...

Perforation: Not a valid concern during PPIUCD insertion

Infection: Good client selection reduces risk of infection

Removal: Good counseling is critical to reduce premature removal

Expulsion: Low 1.4%

- Contraceptives and Beyond, Jaipur, May 26-27, 2010
- AICC-FOGSI conf, Kolkata, Feb 26-27, 2010
- 10th World Congress on RCH, Nagpur, Sept 2010
- Annual Bihar Ob/Gyn Society's Conference, Patna, Dec 4-5, 2010
- FOGSI-FIGO International Congress on Recent Advances in Ob/Gyn. Mumbai, April 8-10, 2011
- International Congress on Contraception, Kolkata, May 6-8, 2011



Workshop on Strengthening Postpartum Family Planning Services

November 1-2, 2012
Hotel Eros-Hilton, New Delhi



FACTORS LINKED TO FP OUTCOME AND OPPORTUNITIES



FACTORS AFFECTING POPULATION STABILIZATION...CONTD...

Low age at Marriage:

- The mean age at marriage of females in India is 21.0 years as per SRS 2010. This has increased from 20.2 years in 2005.
- Under AHS (2010) out of 284 districts 133 (84%) have more than 35% women aged 15-19 years who were already mothers or pregnant

High unmet need :

- DLHS-3 : 21.3%
- AHS (2010): 154 out of 284 (54%) districts are having unmet need of 25% or more

Low spacing between Births:

- Around 47% of births have less than 30 months' spacing



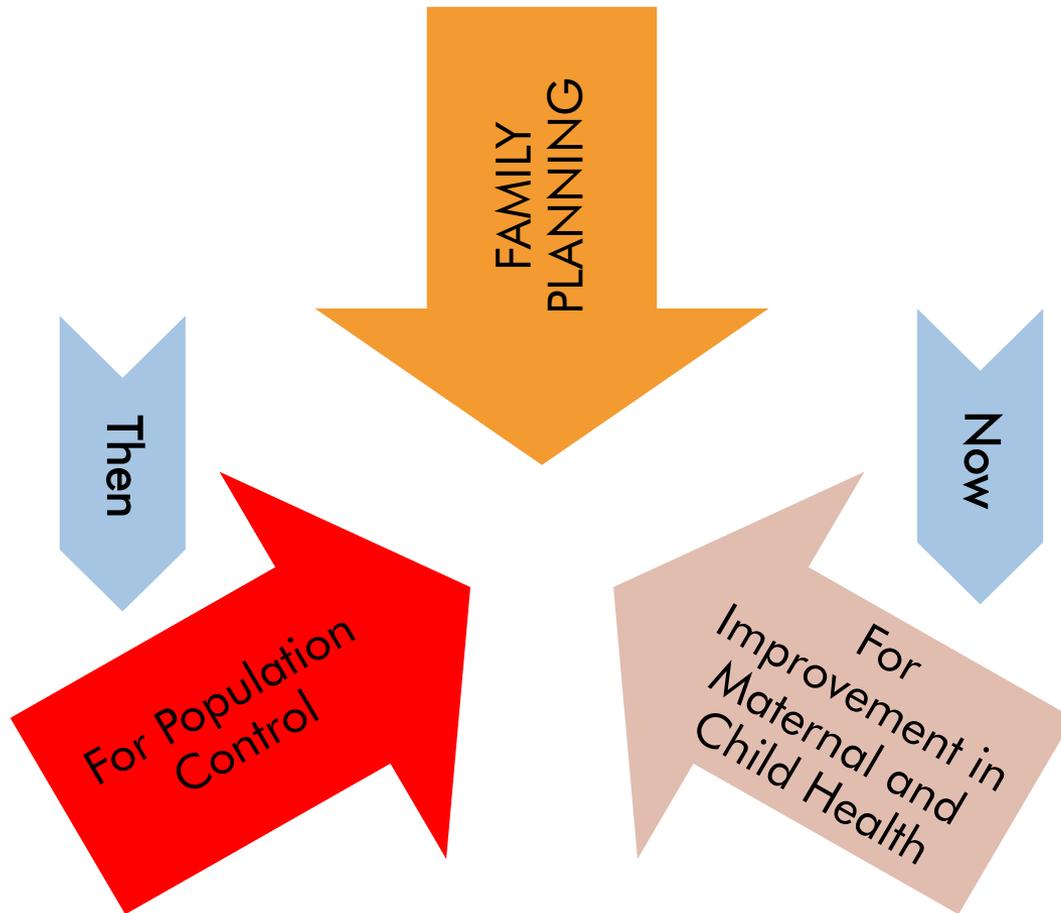
ALTERNATIVE STRATEGIES TO REDUCE MATERNAL MORTALITY IN INDIA: A COST-EFFECTIVE ANALYSIS

- If over the next 5 year the unmet need for family planning is met:
 - more than 150,000 maternal deaths would be prevented;
 - more than Rs. 5000 crores saved; d
 - at least one of every two abortion-related deaths averted.
 - Reductions in maternal mortality would be around 23%–35%

SOURCE: GoldieSJ, Sweet S, Carvalho N, Natchu UCM, Hu D (2010)



FP POLICY – a *paradigm Shift*.....



KEY OBJECTIVES

- Provide
 - information,
 - services and
 - commoditieswith regard to spacing methods to every client, in every nook and corner of our country.
- Maintain the service delivery for limiting methods and improve quality.



MORE FOCUS ON SPACING METHODS

Leveraging huge workforce engendered by NRHM:

- **ASHA: over 8.60 lakhs**
 - Making contraceptives available at the doorstep through ASHAs
 - Involving ASHAs as catalysts for delaying age at first childbirth and spacing between births
- **ANMs: over 2.00 lakhs**
 - Assured IUCD services on fixed days at all sub centers in close vicinity of the community.



PROMOTING POST PARTUM FAMILY PLANNING

- Capitalising on the opportunity provided by increased institutional deliveries (JSY beneficiaries - around 1.13 crores every year).
- 276 district hospitals in high focus states and other high case load facilities have been identified for strengthening PPIUCD services.
- Deploying dedicated Family Planning/ RMNCH Counsellors at district hospitals and other high case load facilities. 1275 counsellors to be placed at high case load facilities in 18 states



OTHER THRUST AREAS

- Intensifying skill development:
 - Training of ASHAs in counseling skills and follow-up of clients
 - Training of ANMs/ SNs/ Doctors in IUCD insertions (State Govt. and HLFPPT)
- Making facilities fully functional:
 - Focusing on high case load facilities i.e. “Delivery Points”
- Expanding basket of choices – Cu IUCD 375 and PPIUCD
- Strengthening systems and monitoring quality of FP services.
- Enhancing demand generation activities (development of BCC tools)
- Enlisting more number of private providers/ NGOs /CBOs for provision of services (social franchising/ accreditation)



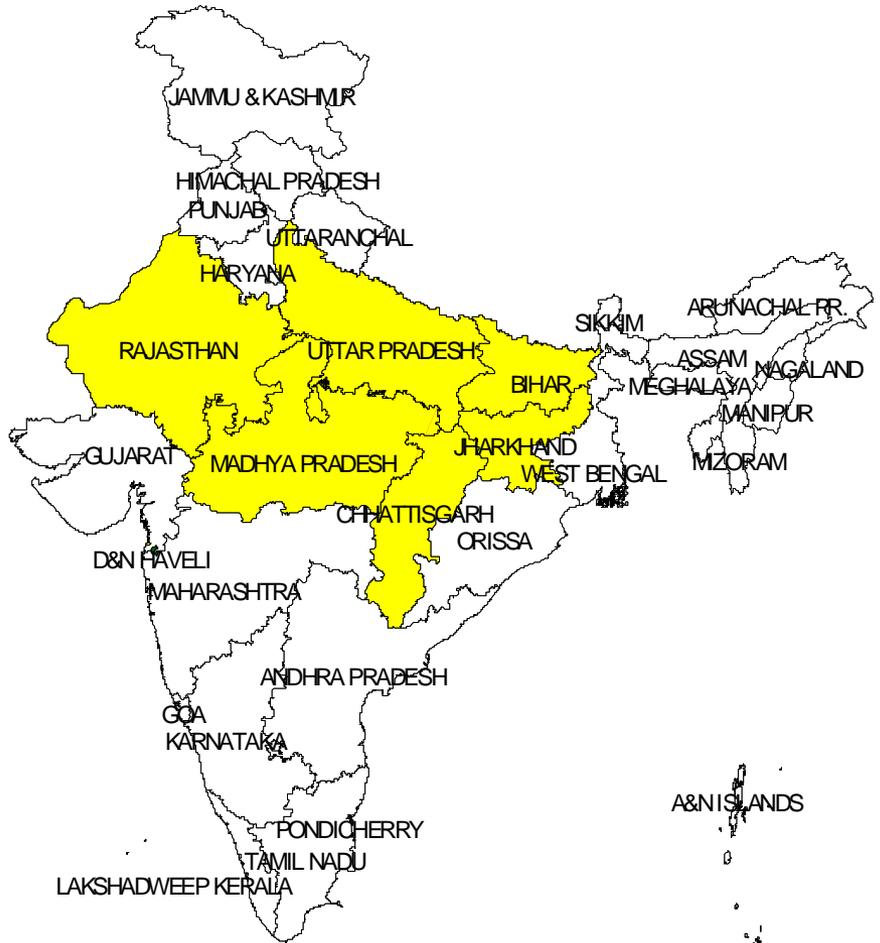
Interval IUCD

- In keeping with Gol's mandate of providing quality spacing services, interval IUCD trainings being initiated in 11 states (UP, UK, MP, CG, BH, JHK, RJ, OD, JNK, HR, AS) through HLPPT under this year's PIP
- In addition to training the providers, HLPPT will follow up 10% clients and monitor 5% providers while they insert IUCD.
- MoU signed by four states (Assam, Uttarakhand, Haryana and Bihar). Offices have been set up in these states.
- Trainings already underway in Assam and Haryana.
- MoU expected soon in Jharkhand, Chhattisgarh
- No progress in Madhya Pradesh, Odisha and Rajasthan



Gol plan to scale-up PPIUCD Services in all districts in Bihar, U.P., Jharkhand, Rajasthan, M.P. and Chhattisgarh

STATE	No. of Districts
Bihar	38
Rajasthan	34
Jharkhand	24
Madhya Pradesh	50
Chhattisgarh	27
Uttar Pradesh	75



PPIUCD Scale-up - Six High Focus States

State	Proposed number of facilities for Introduction of PPIUCD services	# of districts where from providers have trained in PPIUCD services	# of districts where PPIUCD services have been initiated	Total PPIUCD Insertion
Bihar	38	24	15	6180
Chhattisgarh	27	7	5	70
Jharkhand	24	24	22	2444
Madhya Pradesh	50	13	4	6520
Rajasthan	34	20	16	3653
Uttar Pradesh	31	20	19	3919
Total	204	108	81	22786

Conclusion

- Introduction of PPIUCD services in the public sector is **feasible and effective**.
- Government of India is supporting the scale-up PPIUCD services in all districts in **high-focus states** of Bihar, U.P., Jharkhand, Rajasthan, M.P. and Chattisgarh.
- **Trained doctors and nurses** can safely and effectively provide PPIUCD services.
- Key program component for success is **supportive supervision**.

