Scaling-Up Postpartum IUCD (PPIUCD) Program in India

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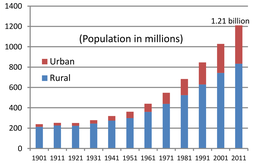
MCHIP Maternal and Child Health Integrated Program

Reproductive health in India

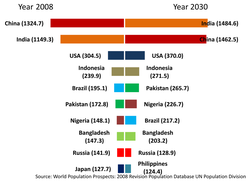
India
A country of 1.2 billion people

India's population has grown almost five times in the last 100 years



India's population is almost equal to the combined population of USA, Indonesia, Brazil, Pakistan, Bangladesh and Japan put together

India set to overtake China as most populous country by 2030



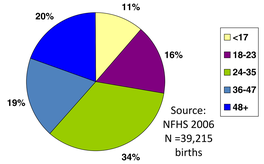
Source: World Population Prospects: 2008 Revision Population Database UN Population Division

10 Most Populous Countries in the World (Population in millions)

National Goals

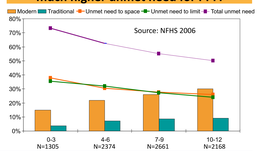
Indicators	MDG (2015)	As On Date
IMR	28	47 (SRS 2010)
MMR	100	212 (SRS 07-09)
TFR	2.1	2.6 (SRS-2009)

61% birth to birth intervals are below 36 months



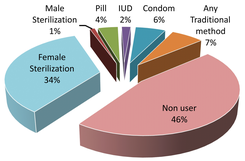
India –Birth-to-birth interval of past five years in months

High unmet need for FP (21.3%) and much higher unmet need for PPFP



- High population growth
- Disparity between health indicators and goals
- Short birth intervals
- High unmet need during postpartum period
- Skew towards female sterilization

Use of Family Planning skewed towards female sterilization



Program requirements for PPIUCD Scale-up

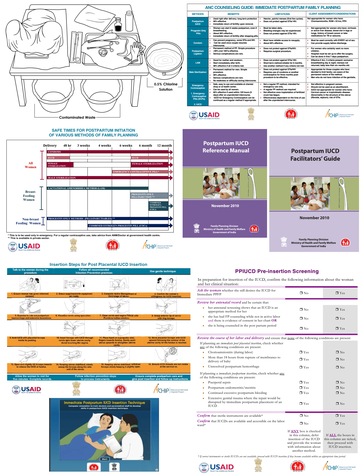
Program requirements for PPIUCD scale-up

- Service Delivery – standard protocols for quality services, client education materials, ANC counseling, logistics
- Training – training package, anatomic models, training center with adequate case load, trainers
- Supplies – IUCDs, instruments
- Monitoring – registers, data base
- Client education – before, during, after
- Advocacy – all staff in facility; all providers in community

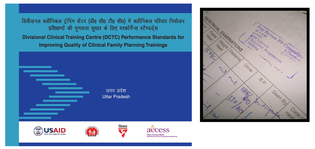
Programmatic approach to training

- Competency based
- Training of trainers and providers
- Supportive supervision
- Follow-up

Training Package



Quality Assurance Tools



IEC and BCC Material

Key Pointers for a Successful Scale-up

Advocate at national and regional level to boost commitment for the program

Regularly address concerns among providers while scaling-up

- **Perforation** - Not a valid concern during PPIUCD insertions
- **Expulsion rate** – about 2%; which means 98% retention
- **Infection**- Good client selection reduces risk of infection. No need for prophylactic antibiotics

Institutionalize the PPIUCD services

- Training of all providers within the facility to provide services competently, according to established standards
- Place emphasis on ensuring quality of services including IP practices
- Build up good client caseload
- Ensure training management and monitoring is in place

Strengthen Systemic Counseling

- Dedicated counselors at facility level
- All providers including nurses should be trained in counseling skills
- Equip facilities with counseling job aides and support use of IEC Materials
- Promote use of AV material in outdoor waiting area
- Involve CHWs to create awareness about PPFP/PPIUCD

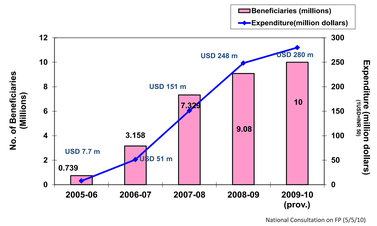
Strengthen follow-up system

- Establish a follow-up mechanism and regular monitoring of ALL CLIENTS
- Regular systemic review of service data to further strengthen the services

Opportunity for strengthening Postpartum Family Planning (PPFP) and introduction of PPIUCD services

Resurgence of Interest in the PPFP/PPIUCD

Janani Suraksha Yojana (JSY), a conditional cash transfer scheme started by the Government of India in 2005 to promote institutional deliveries, has increased the number of women delivering in public health facilities.

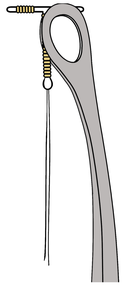


National Consultation on FP (5/5/10)

With the huge offtake, focus is on quality of services and enhancing JSY ("JSY Plus") – ensuring delivery care protocols; ensuring essential newborn care; and post partum family planning counselling

- JSY bringing women to facilities for deliveries
- Strengthening PPFP to minimize missed opportunity by offering FP to women while still at the facility
- PPIUCD increases basket of choices offered to postpartum women
- New advances and new understanding about PPIUCD
- Global evidence in China, Mexico, Egypt and Paraguay supporting PPIUCD insertions

GoI policy to reposition FP as MNCH initiative



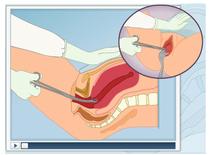
PPIUCD Quick Facts

Timings of insertion:

- Post placental (10 minutes after delivery of placenta)
- Immediate post partum (within 48 hours after delivery)
- Intra-cesarean (During cesarean section)
- Interval / Delayed post partum (6 or more weeks after delivery)

Insertion Techniques:

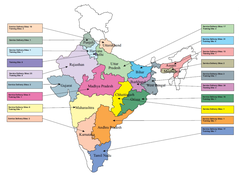
Kelly's Placental Forceps



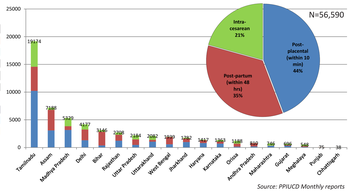
Achievements

PPIUCD Service Delivery & Training Sites

Total Sites: 197



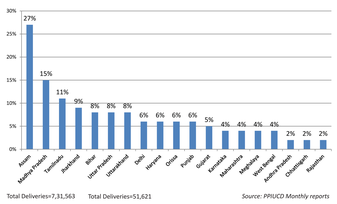
Total Reported PPIUCD Insertions from Feb.10-Jul.12



Source: PPIUCD Monthly reports

Proportion of PPIUCD acceptors among institutional deliveries

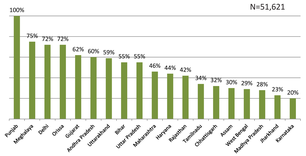
(Based on Jan 11- Jul 12 Data)



Total Deliveries=7,31,563 Total Deliveries=51,621 *Source: PPIUCD Monthly reports*

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

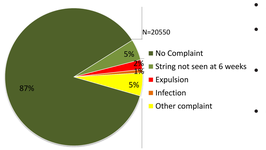
(Based on Jan 11- Jul 12 Data)



Source: PPIUCD Monthly reports

Follow-up Finding

Jan 11- Jul 12



- From a Pilot in Queen Mary Hospital, Lucknow, Uttar Pradesh in 2009, now the program has been scaled up to 97 service delivery sites across 19 states
- 56590 PPIUCDs insertions till August 2012
- >1000 doctors and >300 nurses trained in PPIUCD clinical services
- 134 dedicated counselors, close to 1000 providers, >3600 community health workers trained in key counseling messages
- GoI plans to scale up PPIUCD services in 150 districts in 6 high focus states: Madhya Pradesh, Chattisgarh, Bihar, Rajasthan, Uttar Pradesh and Jharkhand
- Paradigm shift in GoI: to focus more on spacing methods