



Program for the Introduction and Adaptation of Contraceptive Technology

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ACTIVITIES TO ENHANCE THE INTRODUCTION OF THE COPPER T 380A IUD

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I. GOALS AND OBJECTIVES

The overall goal of this project is to make possible the smooth introduction and transition to widespread use of the Copper T 380A intrauterine device (IUD) in public- and private-sector family planning service delivery in various developing countries.

In order to accomplish this goal, PIACT's specific objectives are as follow:

- A. To share information between and among other Cooperating Agencies (CAs) and organizations involved in introducing the Copper T 380A in family planning programs.
- B. To provide decision makers and program managers in developing countries with updated information to help them make policy and program decisions.
- C. To adapt a variety of materials on the Copper T 380A, prepared previously in cooperation with The Population Council, for use in country-specific situations.
- D. To focus increased attention on the informational and counseling needs of acceptors and potential acceptors.
- E. To develop materials that can contribute to improved, more effective training for the various levels of service providers, each of which has specific, yet somewhat different, informational requirements, depending upon job responsibilities.

II. GLOBAL ACTIVITIES

A. Information Sharing with A.I.D. Cooperating Agencies and Other Organizations Involved in Copper T 380A IUD Activities

1. In conjunction with The Population Council, PIACT helped to organize a one-day interagency meeting in March on Copper T 380A IUD introduction activities. The objectives of this meeting were to share information on Copper T 380A introduction activities; to address the programmatic implications of Copper T 380A introduction; to discuss ways in which agencies can collaborate on a variety of activities including information dissemination, training, service delivery, and standard setting; and to discuss plans for future introduction efforts. As a result of this meeting, PIACT, with help from participants from several CAs, was able to generate a list of priority tasks which, when completed, should result in improved information for use (or adaptation) in training and service delivery activities.
2. PIACT staff is also working on a second mailing that will include the most important and useful highlights from the Centers for Disease Control (CDC) report, "IUDS: Guidelines for Informed Decision-Making and Use," published in May 1987. These highlights will be published in a small, attractive, and easy-to-read brochure for decision makers worldwide. Although some of the decision makers may have already been sent the original CDC Guidelines, PIACT believes that this attractively packaged alternative will serve to reinforce the most important messages contained in the CDC publication.

B. Assistance in Introduction Activities

1. In late February, PIACT staff members provided members of The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) with assistance in preparing a Copper T 380A

training curriculum to be used, eventually, in training master trainers in Thailand and the Philippines. PIACT staff provided JHPIEGO with sample counseling modules and met with JHPIEGO staff members to explain how they or their third world counterparts could adapt these modules to meet the specific needs of their intended audience. PIACT hopes to continue to provide support to JHPIEGO in revising and finalizing the training curriculum.

PIACT and JHPIEGO also discussed the possibility of collaborating on a training video on the Copper T IUD which would give an overview of counseling, insertion techniques, follow-up, and the need to make sure that the client knows when to return to the clinic to have her IUD removed or replaced. (The counseling information in the new video produced for GynoPharma is good, but it is not detailed enough to be used to train third world health providers in pre-insertion pelvic exams, how to sound the uterus, and how to perform the insertion technique itself.)

2. PIACT helped to design a materials development workshop which was held in Cairo, Egypt, in June 1988. Participants included representatives of the Ministry of Health (MOH), the Egyptian Family Planning Association, the State Information Service, and the Health Insurance Organization and other local organizations which provide family planning services. Participants were trained by PIACT staff in how to develop materials for illiterates and low-literates. In the training, participants practiced the materials development methodology by beginning to develop a mainly pictorial instructional booklet on the Copper T 380A.

3. PIACT staff provided information to John Snow, Inc. (JSI) in Nepal for use in developing informational materials, including manuals for fieldworkers and clinicians, on the Copper T 380A. We have also begun working with JSI's Family Planning Logistics Management Project (FPLM). As part of its mandate, FPLM will be sending approximately 4 million Copper T 380A IUDs to 35 countries. Yet,

FPLM field staff are finding that, in many of the countries that have begun receiving the Copper T 380As, clients, potential clients, and service providers have no information on the Copper T 380A's clinical history, reasons for it replacing the Lippes Loop and the Copper T 200B, and its similarity to or difference from other IUDs in terms of insertion technique, effectiveness, and shelf life.

PIACT plans to work with FPLM to correct this unfortunate situation. As a stop gap measure, PIACT will supply FPLM with copies of the Copper T 380A fact brochure which it developed and printed under this subagreement. These brochures can accompany Copper T 380A shipments, so that family planning program managers can be alerted to the characteristics and benefits of this new IUD. Also, recipients of these new IUD shipments should serve as ideal candidates for the revised Copper T Prototype packets, followed by some in-country technical assistance (TA).

4. PIACT staff members reviewed a chapter on IUDs in the International Training in Health (INTRAH) Clinical Procedures Manual and provided technical feedback and editorial comments for INTRAH staff.
5. PIACT has identified the expressed need, especially in Egypt and Bangladesh, for a flexible pelvic model that can be used by health personnel to practice inserting Copper T 380A devices. Such a model is also needed by clinic staff to show prospective IUD users exactly where the IUD fits in the body and why it remains where it is placed. PIACT staff continue to review existing models. We are also exploring the feasibility of having someone in Thailand develop a model that meets our specifications for use in training programs.
6. PIACT staff has begun updating and revising the prototype package of Copper T 380A IUD materials, prepared in 1983-84 in collaboration with The Population Council.

7. Based on suggestions voiced at the March 1988 Interagency Meeting at The Population Council, PIACT is also preparing a prototype wall chart which illustrates the steps to be followed when inserting the Copper T IUD.

C. Prototype Flyer for Decision Makers Worldwide

1. As mentioned in previous reports, PIACT developed a flyer on the Copper T 380A that addresses the needs of decision makers and program managers in developing countries. This flyer was distributed in late December 1987 to Third World MOH officials from the offices of planning, population, drug regulation, and maternal and child health; heads of family planning associations and other private-sector family planning programs; heads of hospitals and departments of OB/GYN; and overseas representatives of donor organizations working on health and family planning programs. The flyer has received very favorable responses from decision makers and program staff in developing countries. In response to the tremendous demand for a Spanish version of this flyer, PIACT is currently adapting this leaflet for Spanish-speaking audiences.

III. COUNTRY ACTIVITIES

A. Bangladesh

In the previous interim report, it was explained that three materials (a booklet for illiterate clients, a manual for motivators, and a manual for clinicians) were about to be sent to a printer. When a PIACT staff member visited Dhaka in June 1988, he followed up on the development and distribution of the materials. At that time, two of the materials were being printed and the third (the manual for clinicians) was undergoing final review by the Directorate of Family Planning and the United States Agency for International Development (USAID). Although we are concerned about the delays, we realize that it is important that the materials be carefully examined and approved by all parties prior to production in

order to avoid problems later on. At the present time, all of the materials have been printed.

Unfortunately, new complications regarding the distribution of the materials have come up. While we had hoped that the materials could be delivered directly from the printer to the various groups using and distributing the booklets, it turns out that Ministry regulations require that all such materials be delivered to TEMO (the government's central distribution facility) in order that a TEMO committee can check to see that the quality and quantity of materials conforms to the printing specifications of the invoice from the printer to whomever is paying for the printing (in this case, USAID). They then record how many were delivered and wait for an official request to deliver the materials to the appropriate organizations. These delays have proven quite disappointing, but it is impossible to circumvent established procedures. Some of the delays are due to the involvement of USAID in paying for the printing of the materials. In retrospect, it may have been more efficient to use Population Council subagreement money instead. However, we were concerned about not having sufficient funds for printing, as Bangladesh employs so many health workers and the number of copies of each materials required was much higher than originally budgeted. Also, using Mission funds to print the materials left extra money to spend on revising the Copper T international information packets, exploring other country opportunities, and stretching one year's funding to cover 19 months.

Full color printer's samples of all three publications have already been sent to The Population Council. PIACT is very pleased with the quality of the work done on this project. The materials are very attractive and should be welcomed by all concerned staff and clients.

The manuals have already been useful to staff of other Bangladeshi organizations as reference materials on IUDs. Recently a set of training/reference manuals for motivators, covering all aspects of maternal and child health and family planning in brief, was created by the

government training unit, National Institute of Population and Research Training (NIPORT). The author drew heavily from the PIACT-produced Copper T manuals in preparing her short section on IUDs. She also asked PIACT staff to review the section. In general it is good; however, it is not as comprehensive as the PIACT motivator manual, and its guidelines for determining when a side effect is serious enough to merit referral are weak. The author agreed with this assessment and will try to improve the text. NIPORT feels that the PIACT-produced manual will be a valuable supplement to this basic text.

During the reporting period, plans for distribution of the materials were further developed. The two manuals will be mailed directly to motivators and clinicians already in the field. PIACT has contracted with a Bangladeshi nongovernmental organization (NGO) to implement this activity.

It is also necessary to distribute the manuals to training centers nationwide, to be given to newly trained (or retrained) staff. Rather than simply sending the manuals to training centers through a bulk mailing, we feel that all trainers should be oriented to the new materials. NIPORT supports this project and will assist as necessary. Orientation/training teams will explain how and why the manuals were developed, will work with the trainers to review information in the manuals and answer any questions, and will discuss with them how the manuals should be used as routine training curricula. The manuals (and the orientation and training) emphasize the importance of improved skills training for staff, including training in interpersonal communication and counseling. A Bangladeshi NGO has submitted an acceptable proposal, and PIACT will contract with them once they obtain government approval to accept foreign funds.

By targeting staff in the field and in training programs, we will reach all government employees. Copies of the manuals will also be distributed to Bangladeshi NGOs for distribution to appropriate staff.

As soon as it is ready for distribution, the pictorial booklet will be used in selected upazillas as part of an evaluation of print materials for clients. Based on the results of this small study, conducted by another Bangladeshi NGO, decisions will be made regarding the cost-effectiveness of supplying such educational materials to the general public. This study will also provide an opportunity to determine how (or if) a re-supply program works; bottlenecks in the government distribution system will be identified.

B. Colombia

Since June 1987, PIACT has provided TA to the Asociación Sociedad Médico Farmacéutica (SOMEFA), a nonprofit organization that supplies IUDs and other medical products to private physicians throughout Colombia. PIACT is assisting SOMEFA with the development of Copper T 380A educational materials that are being used as part of an operations research project to determine the most cost-effective technique to extend SOMEFA's products and services to a large number of physicians.

To date, the following activities have been accomplished:

1. Pretesting training was provided to fieldworkers and staff members from SOMEFA;
2. Three physician brochures were developed, pretested in five regions of Colombia and printed, and are in the process of being distributed;
3. A client brochure was developed, based on the results of focus group discussions (FGDs) conducted in Bogotá, Cali, and Santa Marta. This brochure was pretested and printed and will be distributed between July and August 1988;
4. A product request form was developed listing SOMEFA's contraceptive products and prices (this form also contains questions about the

physician's interest in attending a training or refresher course on IUD insertion and removal techniques);

5. A patient information card was designed, finalized, and printed (physicians will distribute the card to their patients after IUD has been insertions);
6. A training manual for clinicians on IUD insertion and removal techniques, developed by PIACT and The Population Council, is currently being adapted for use in Colombia (to date it has been translated into Spanish; plans are currently being made for pretesting);
7. Plans were made to evaluate the delivery system of the brochures by measuring the responses obtained from physicians who received theirs by mail as opposed to those who received theirs from detailmen (sales representatives);
8. A questionnaire for physicians was designed to measure the usefulness and effectiveness of each brochure; and
9. A visit was made to the MOH to explore the possibility of developing a project to adapt the Copper T 380A materials for use in the public sector. A proposal was drawn up with the MOH to develop two brochures: one for users and one for potential users.

IV. FUTURE ACTIVITIES

A. Bangladesh

PIACT will continue to follow up on the distribution of the three materials. Once they are cleared and the NGO conducting the orientation of trainers has government approval of the project, a PIACT staff member will assist in designing the orientation program and training the orientation staff. Direct mail distribution to staff in the field will also begin then, along with the field use study of the booklets for

clients. PIACT will also continue working with NIPORT and the Information, Education, and Motivation Unit of the Directorate of Family Planning, as well as with NGOs, to improve training in IUD insertion, follow-up, counseling, and use of educational support materials.

B. Colombia

In Colombia, PIACT will continue to work with SOMEFA to pretest and finalize the training manual for physicians and to assure the smooth distribution of the physician and client brochures. PIACT will also work with SOMEFA to evaluate the materials. Finally, PIACT will continue to work with the MOH to finalize the proposal and develop a work plan and budget to adapt the SOMEFA Copper T 380A materials for use in the public sector.

C. New Countries

Dominican Republic

In March 1988, PIACT received a letter from the Executive Director of Asociación para Promover el Bienestar de la Familia (PROFAMILIA) in the Dominican Republic, who is interested in adapting the Copper T 380A materials developed in Colombia for use in the Dominican Republic. PIACT is currently investigating this request.

Brazil

PIACT has been in touch with The Population Council's Associate for ~~Contraceptive Introduction in Latin America~~ in Sao Paulo, Brazil, regarding the adaptation and development of IUD educational materials and a training curriculum for use in Brazil. These materials will be developed in collaboration with staff from Centro Materno Infantil de Campinas (CEMICAMP) in Campinas, Brazil, who are undertaking a new Copper T IUD project. Recently, PIACT staff reviewed the draft booklet CEMICAMP developed on the IUD. Also, in early March 1988, a copy of the

prototype IUD training curriculum that PIACT developed was sent to The Population Council in Brazil with the idea that it might be modified and adapted for use in Sao Paulo. PIACT staff have set up an initial TA visit to Brazil in July 1988. After speaking with Population Council staff in Brazil, PIACT developed a scope of work. PIACT staff will be working with CEMICAMP in Campinas, Brazil, to help develop, adapt and test materials for clients, counselors, and clinicians, etc.; to help in the design and adaptation of a physician training curriculum that includes counseling components; and to devise a strategy to evaluate the materials and/or training curriculum.

Middle East/North Africa

During 1988 PIACT hopes to get a Copper T 380A introduction project underway in the Middle East or North Africa, possibly in Tunisia. PIACT staff met with representatives of RONCO to discuss the possibility of providing technical assistance to the staff of the Office National de la Famille et de la Population (ONFP) in Tunis, Tunisia. They expressed interest, and we will now begin communicating directly with Professor Hedi M'Henni, Director General of ONFP.

Egypt

PIACT staff discussed with Dr. Ezzeldin Osman of the Egyptian Fertility Care Society (EFCS) the potential to provide TA for Copper T 380A introduction efforts in Egypt. Although it appeared that the MOH in Egypt was not yet ready to contract with a nongovernmental agency such as EFCS, it seems that an organization such as EFCS could be quite helpful in providing training for clinic staff in medical procedures and counseling associated with the Copper T 380A. PIACT is currently exploring possible ways of providing EFCS with assistance in carrying out such activities. We will also work directly with the MOH to prepare pictorial instructional material on the Copper T 380A for new and potential acceptors.

D. Worldwide Efforts

1. Participants in the interagency meeting at The Population Council in late March discussed the need for a packet of prototype information on the Copper T 380A, since those that were produced by The Population Council and PIACT in 1983-84 are no longer available. PIACT has begun work on revising the original prototype packet. Once the packet is revised, PIACT will take orders from CAs so that these prototype packets can be more widely distributed and all groups working on family planning can provide similar information to their counterpart agencies in Third World countries.
2. Work on the second mailing, specifically designed to remind decision makers and program planners worldwide of the acceptability of the Copper T 380A and its advantage as a reversible method of family planning for many types of women, will continue.
3. Work will commence on other tasks, identified at the March 1988 Interagency Meeting, which should enhance the acceptability of the Copper T 380A IUD in national family planning efforts.

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