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FINAL REPORT TO
THE POPULATION COUNCIL

Activities to Enhance the Introduction
of the Copper T 380A IUD
(Project Award #I88.20A, Amendment No. 1)
I88.20A

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I. GOALS AND OBJECTIVES

The overall goal of this project, "Activities to Enhance the Introduction of the Copper T 380A IUD," 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 (FP) service delivery programs in various developing countries.

In order to accomplish this goal, the Program for Appropriate Technology in Health (PATH), formerly PIACT, formulated the following objectives:

- A. To share information among other cooperating agencies (CAs) and organizations involved in introducing the Copper T 380A IUD in FP programs.
- B. To provide decision makers and program managers in developing countries with updated information to assist them in making policy and program decisions.
- C. To adapt a variety of Copper T 380A materials (prepared in cooperation with the Population Council) for use in country-specific situations.
- D. To focus increased attention on the informational and counseling needs of Copper T 380A acceptors and potential acceptors.
- E. To develop materials to improve the training of service providers--each of which has specific informational requirements, depending upon job responsibilities.

II. GLOBAL ACTIVITIES

A. Information Sharing

During the past six months, PATH continued to facilitate cooperation between institutions involved in Copper T 380A introduction. PATH has also been proactive in informing other institutions and health care providers about the most current information available on Copper T 380A.

1. Interagency Meeting

At the request of the Population Council, PATH hosted the second, two-day Interagency Meeting on NORPLANT^R and the Copper T 380A IUD on September 14-15, 1989. A preliminary planning meeting was held on July 14, 1989, with representatives of The Population Council, Association for Voluntary Surgical Contraception (AVSC), and Family Health International (FHI). During the meeting, a first draft of the agenda was prepared and a tentative list of attendees was reviewed.

PATH staff spent a considerable amount of time arranging the meeting. We sent several rounds of invitational letters to potential participants, identified a site for the meeting, and prepared special displays of existing materials on NORPLANT^R and the Copper T 380A. We also organized presentations on information, education, and communication (IEC) activities in various countries and drafted a handout on a new NORPLANT^R training arm (currently being developed by PATH). Staff arranged to show two training videos at the meeting and provided attendees with information on how to get copies of the videos.

feedback on the Interagency Meeting was very positive. Participants were particularly surprised at the number of Copper T 380A activities being carried out in a large number of countries. They found it useful to learn about other organizations' activities in Copper T 380A introduction since this information can help prevent duplication and lead to collaboration.

More in-depth information on this meeting has been provided under a separate report to the Population Council for award number I89.24A.

2. Working Group--Guidelines and Protocols

As a result of the 1989 Interagency Meeting, a working group, composed of staff from Johns Hopkins University, AVSC, and Program for International Training in Health (INTRAH), has been formed to examine the Copper T 380A guidelines and protocols currently being developed by various agencies. The goal of the working group is to draft a document which identifies areas of consensus as well as discrepancies which need further analysis. PATH provided this working group with copies of the latest version of the Copper T 380A Clinicians' Manual and Health Workers' Manual. These manuals include information on clinical guidelines and protocols, such as the latest loading and insertion instructions which were developed through the cooperative efforts of representatives from the Agency for International Development (A.I.D.), The Population Council, Finishing Enterprises, and PATH. PATH will continue to promote the standardization of information provided on the Copper T 380A by reviewing the drafts of the working group's report.

3. Tarnishing

Several requests for information on tarnishing of the IUD have been received from the field. PATH responded to each of these requests individually and prepared a handout on the subject that was distributed by A.I.D. to its Missions. This handout was provided to CAs during the Interagency Meeting, and CAs were asked to share it with their colleagues in the field. Broad distribution of this information should address questions about tarnishing before rumors of service providers' doubts undermine the Copper T 380A's introduction.

4. IEC Materials In Various Languages

PATH has also received many requests from CAs about the availability of informational materials on the Copper T 380A in languages other than English. PATH prepared a list of all existing materials by language, which refers individuals to the organizations that developed the materials. This list was also distributed to the CAs at the Interagency Meeting.

5. Pelvic Models

PATH has continued to identify pelvic models that can be used to train clinicians in insertion of the Copper T 380A and show potential acceptors the position of the IUD.

PATH arranged with Gaumard Scientific to preview (at no cost) their SIMA 60-36 AX model. The advantages of this model over the SIMA 60-36 FPE (which was previewed and purchased earlier) do not justify the high cost

(\$522.50) of the AX model. During negotiations to encourage Gaumard to reduce the cost of the pelvic models, Gaumard indicated that they can provide models at a reduced rate through a contract with the General Services Administration.

As a result of the pelvic model demonstration held during the Interagency Meeting, the number of requests from CAs on pelvic models for use in training has escalated. During the meeting, a brief presentation was made on some of the models that PATH has researched and a representative of Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPEIGO) showed the "no touch technique" on a model under development by Simulaids.

PATH provided feedback to JHPEIGO on the Simulaids model and, at JHPEIGO's request, contacted Simulaids directly to inquire about the expected availability of the model. (It is hoped that Simulaids will bring the product to market sooner if potential buyers call to inquire about its availability.) PATH also encouraged Simulaids to carefully pretest any written instructions that accompany the model. The Simulaids model appears to best meet field conditions and needs and is expected to be reasonably priced (around \$200.00). Unfortunately, it may not be available until late in 1990.

PATH has also been looking for an adequate hand-held uterine model that can be used in patient education and/or IUD insertion training. PATH has obtained several models and found that most individuals at the Interagency Meeting preferred the model produced by Cilag. With the assistance of International Planned

Parenthood Federation (IPPF), London, PATH obtained samples of the Cilag model. It is hoped that through future Copper T 380A activities in Bangladesh, Tunisia, and Brazil, the model will be tested in the field.

B. Revised Packet of Copper T 380A Materials

PATH completed printing, collating, and distributing the Copper T 380A IUD information packets in September, 1989. Printing was briefly delayed to incorporate the Food and Drug Administration's (FDA's) decision to extend the IUD's duration of effectiveness from four to six years. Some additional printing costs were incurred by making these last-minute changes, but it was agreed that the changes were sufficiently important to warrant the expense. In addition, a new flyer was produced to announce the change. These flyers were included in the Copper T 380A packets.

Before printing, PATH canvassed the CAs and other potentially interested institutions to find out how many copies of the packets they wanted. By placing a bulk order, we reduced the printing costs substantially. Seven agencies alone ordered more than 1500 packets. Several agencies also requested copies of packet components, including 5,600 copies of the Clinicians' Manual, 2,050 copies of the Health Workers' Manual, 5,400 copies of the Wall Chart, 250 copies of the Guide, 100 copies of the Flyer, and 100 copies of the "condensed packet." In addition, 815 complete packets were distributed to 355 individuals in 104 countries. A letter accompanying these packets encouraged the recipients to share the extra copies of the packets they received with interested colleagues.

Interagency Meeting attendees also received copies of the packet. Overall, the packet has received very good feedback

and several organizations have ordered additional packets. Fortunately, PATH has been able to fill these orders through its limited supply of extra copies.

III. COUNTRY ACTIVITIES

A. Bangladesh

While project activities in Bangladesh have officially ended, we continue to remind the National Institute for Population Research and Training (NIPORT) and the Information, Education, and Motivation (IEM) Unit of the Family Planning Directorate of the importance of incorporating the Copper T 380A materials developed earlier in this project into upcoming trainings. (See previous substantive reports for details on the materials.) We also suggested to the Director of PIACT/Bangladesh, a nongovernmental organization (NGO), that he meet with the new Director of Training at NIPORT, Mahenur Rahman, to emphasize the importance of using and distributing the Copper T 380A materials and describe to her their careful development. The Clinicians' and Health Workers' Manuals have been widely distributed to NGOs, many of whom either provide IUD insertions or train clinicians. It would therefore be advantageous for NIPORT to use the same training information, especially in light of the error that was found by a PATH staff member in the insertion instructions in the official government training manual on IUD insertion.

PATH staff members have also been able to facilitate the introduction of the use of the Copper T 380A materials through their involvement in the Johns Hopkins University Population Communication Services' (JHU/PCS) five year project in Bangladesh. JHU/PCS may work with NIPORT to

improve the training component of their family planning program. JHU/PCS may also work with NIPORT on IUD training since two recent demographic surveys, the Bangladesh Fertility Survey and the Contraceptive Prevalence Survey, indicated that more training and information about the IUD is needed.

B. Brazil

As described in the last substantive report, PATH has completed its technical assistance (TA) to the Center for Research and Control of Maternal and Child Diseases of Campinas (CEMICAMP), but we continue to seek ways to support Copper T 380A introduction activities in Brazil. We have obtained additional funding from a donor to help CEMICAMP replicate its training of trainers (TOT) for physicians and counselors from six medical schools in Northeastern Brazil (the most impoverished region of the country). The trainings will emphasize providing quality of care, including practical training in counseling and clinical aspects of Copper T 380A insertions and removals, and managing side effects and complications. A modified version of the training curricula developed with support from the Population Council will be used in these TOTs and evaluation of the trainings will take place. The materials and training curricula developed by CEMICAMP have been shared with other agencies active in Brazil, such as the Pathfinder Fund and JHPEIGO.

C. Colombia

PATH provided TA to the Maternal Child Health Division of the Ministry of Health (MCH/MOH) in Colombia to develop two brochures on the Copper T 380A--one for users and one for potential users. MCH/MOH representatives from 23

departments (states) nationwide participated in the materials development training and in the actual development of two brochures. Messages for the brochures were gathered from focus group discussions that were conducted nationwide, and pretesting of the brochure drafts was conducted in 23 departments.

In August 1989, PATH provided TA to the MCH/MOH in revising the drafts of the brochures according to the first pretest results. The drafts were revised and sent to the 23 departments for a second pretest to ensure comprehension and acceptability. Representatives from the 23 departments pretested each revised draft with a total of 200 women and 60 health care personnel. Currently, the draft brochures are being revised and finalized for printing. Copies will be sent to the Population Council as soon as they are available.

The MCH/MOH staff were very enthusiastic about producing these brochures and informed us that the development of the brochures coincides with an additional distribution of Copper T 380As and training of MOH physicians in the insertion and removal of this contraceptive method.

D. Egypt

A PATH staff member visited Egypt in July 1989 on assignment for another project but was able to spend a day working with Egyptian Fertility Care Society (EFCS) staff. She learned that the pretesting for the Arabic versions of the Copper T 380A Health Workers' Manual and Clinicians' Manual is proceeding on schedule. The manuals should be ready for printing by the end of December, and, as mentioned in the July 31, 1989 substantive report, the cost of printing will be covered by a USAID Mission buy-in to JHU/PCS that was

orchestrated by PATH. (Funds for EFCS to do the translations, adaptations, two rounds of pretests, and preparation of camera-ready copy were provided by PATH through private foundation monies.)

Another PATH staff member will be in Egypt in December and will work with EFCS and Mission staff on plans for distributing the materials once they have been printed. Special emphasis will also be placed on incorporating the materials into ongoing training of all MOH staff.

E. Nepal

PATH has received a request for assistance in developing Copper T 380A training materials from the Nepal Family Planning Unit of the Maternal Child Health Project. PATH hopes to support this effort under a new phase of funding in 1990. Meanwhile, we continue to correspond with our Nepali contacts and have opened discussions with the USAID Mission in Kathmandu to see if it will provide some support to the activities outlined in the proposal.

F. Tunisia

In July, a PATH staff member followed up on an earlier visit to Tunisia in order to provide TA to the Office National de la Famille et de la Population (ONFP). The PATH staff member worked with ONFP staff to develop:

- ° A training curriculum for sage-femmes (nurse midwives) and sages-femmes de supervision (nurse midwife supervisors) on the medical aspects of the Copper T 380A IUD;

- A training curriculum in counseling and interpersonal communication for animatrices (health educators);
- Handouts and other support materials to be used during the training sessions (including life-size anatomical cloth charts to facilitate the explanation of the reproductive system and placement of the IUD);
- A flip chart to be used in individual family clinics, at mobile clinics, on home visits, and during training programs; and
- Adapted and pretested versions of the Copper T 380A manuals for clinicians and health workers.

Preparation of these materials and implementation of the training sessions should be completed by the end of the year. Copies of the materials will be sent to the Population Council as soon as they are available.

During the development of the materials and training curricula, PATH TA ranged from assisting in selecting training materials, such as slides and pelvic models, to helping design messages and work plans. PATH also met with representatives of RONCO in order to elicit feedback on the project components and discuss possible collaboration. Meetings with the Deputy Director of the Pedagogical Training Center also provided a forum for discussing the integration of the materials being developed by ONFP into the university training system.

IV. CONCLUSION

It has been very gratifying to review the previous substantive reports on this project because it made us realize how much has

been accomplished to further Copper T 380A introduction activities in a variety of countries. This success cannot only be attributed to the skills of PATH staff and the dedication of our in-country counterparts, but also to the support that we received from the Population Council staff. The support at the USAID Mission level has also contributed to making the Copper T 380A one more of the family planning options available to women.