SIX-MONTH REPORT ON PROJECT AWARD NO. I86.36A:
ACTIVITIES TO ENHANCE THE INTRODUCTION OF THE COPPER T380A IUD

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Submitted by: Program for the Introduction and Adaptation of Contraceptive Technology (PIACT)

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Goals and Objectives</td>
<td>1</td>
</tr>
<tr>
<td>II. Global Activities</td>
<td>2</td>
</tr>
<tr>
<td>III. Country Activities</td>
<td>6</td>
</tr>
<tr>
<td>IV. Highlights</td>
<td>9</td>
</tr>
<tr>
<td>V. Future Activities</td>
<td>10</td>
</tr>
</tbody>
</table>
I. GOALS AND OBJECTIVES

Overall Goal:

To make possible the smooth introduction and transition to widespread use of the Copper T 380A 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 decisionmakers and program managers in developing countries with updated information to help them make policy and programmatic 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 these has specific, yet somewhat different, informational requirements, depending upon job responsibilities.
II. GLOBAL ACTIVITIES

A. Information sharing with other CAs

1. The Office of Population's Cooperating Agencies meeting of January 21, 1987, gave PIACT an opportunity to share with many US-based international family planning organizations the broad scope of this project and what we proposed to do. PIACT offered the following assistance to CAs.

   a. Information on the Copper T 380A to use and/or adapt as they see fit for use in training and service delivery programs.

   b. Updates on the Copper T 380A IUD as new information/research results become available.

   c. Assistance in "problem solving," such as help in the development of prototype record-keeping forms so that both clients and clinics can identify and remember when the former must have the Copper T 380A removed.

   d. Coordination of interagency information exchanges about experiences using the Copper T 380A in actual programs so that all might benefit from each organization's experience.

   e. Responses to problems and questions in a timely fashion.

2. In January and February 1987, PIACT sent more than 30 letters to key personnel in all CAs working on any aspect of family planning training, service delivery, communication, commodities distribution, and policy initiatives to reiterate its offer of assistance in one or more of the areas mentioned in the previous paragraph. PIACT also wrote to representatives of these agencies' field offices.
3. At the same time, PIACT sent one article from *Family Planning Perspectives*, Vol. 17, No. 6, that reviewed 20 years of IUD experience. While the article was obviously not directed exclusively at the Copper T 380A, we believed it provided a useful framework within which to examine the attributes of this latest Copper T device and also review what has been learned about who should and who should not be considered suitable candidates for this family planning method.

4. PIACT has supplied several copies of the Population Council/PIACT packet of prototype information and materials on the Copper T 380A. (The production and testing of materials in this packet were funded by IDRC). Prototype packets have been distributed mainly to CAs who provide training to Third World family planning personnel, such as INTRAH, JHPIEGO, Development Associates (DA), and RONCO Consulting Corporation. INTRAH has informed PIACT that it used selected portions from the Copper T 380A Manual for Clinicians when developing its own clinical protocols on family planning methods, including the IUD. DA used some of the information to update a manual on family planning for nurses in Guatemala.

5. At INTRAH’s request, PIACT also supplied samples of the Copper T 380A IUD for use in INTRAH’s training. PIACT suggests to trainers and to health workers that they keep at least one Copper T 380A (out of its package) to show to potential users during counseling sessions. PIACT has found that letting women actually hold the Copper T and see how small it is in relation to the palm of their hand helps give them some perspective on both its position in the uterus and the size of the uterus. Holding and touching the Copper T IUD also helps dispel the rumor among users that the IUD is capable of growing inside them.

6. PIACT has been monitoring which countries receive, or have ordered, large quantities of the Copper T 380A, and is in touch
with the commodities staff of Pathfinder and FPIA, the two CAs that supply substantial quantities of contraceptive products to Third World programs. As we continue to look for countries where receipt of sufficient supplies of the Copper T 380A IUD might make them receptive to initiating some method-specific introduction activities, we have asked these two CAs to keep us informed of any shipments of more than 2,000-3,000 devices.

B. Information for program managers in developing countries

1. While working in Dhaka on another project, PIACT staff shared information on the Copper T 380A and some of the country-specific introduction/utilization activities being undertaken in Bangladesh. Recipients of this information were John Snow International (JSI), the Bangladeshi Government’s FP/MCH Project, and the Director of Health and Population at the USAID Mission. There is currently much interest in strengthening Nepal’s IUD program. We hope the general information on the Copper T 380A which we have provided will encourage the Government and/or the Mission to seek some country-specific technical assistance.

2. PIACT is in the process of drafting a new flyer, leaflet, or booklet that will address the needs of decisionmakers and program managers in developing countries. As PIACT staff travel to many Third World countries, they find that in several places, while there is plenty of talk about IUDs, no Copper T 380As have been ordered. Using this special material, PIACT seeks to remind decisionmakers about specific benefits of the Copper T 380A, as well as raise and deal with questions that apply to IUDs in general and seem to generate a great deal of misinformation.

This new publication, which will be small enough to be mailed in a standard airmail envelope, yet attractive enough to command attention, should be ready for review by Population Council staff in June 1987.
C. Information on training and counseling

Although family planning outreach workers are expected to spend about 80 percent of their time interacting with clients and potential clients, few of them have received any special training on how to counsel effectively. This is true of other categories of service providers as well.

When PIACT examined the curricula to be used when training government family planning workers in various countries, it became apparent that, at best, only a small amount of time is devoted to discussing the importance of counseling and almost no time is spent on training (and practice) in how to counsel. We have concluded from this that trainers in most developing countries also need instruction on how to counsel, so they can transfer these skills to those whom they train.

In an attempt to provide family planning training programs (and trainers) in Third World countries with suggestions for strengthening the IUD component of their training activities, PIACT designed a one-week prototype training curriculum. It contains several modules, complete with training exercises, that address such important issues as how to counsel effectively, how to listen, what information to provide to clients so they are capable of making an informed choice, what--and when--to tell women about the Copper T IUD, and advice for new acceptors prior to leaving the clinic. The curriculum also places an equally heavy emphasis on actually inserting Copper T IUDs, under supervision, in an aseptic environment.

PIACT plans to encourage developing-country family planning program managers, as well as CAs that train family planning personnel, to adapt part or all of this prototype curriculum to suit their particular needs. Thus far it has been shared in Bangladesh with NGOs, Government officials, the field staff of one CA, and the donor agency supporting most Government training activities in Bangladesh.
We are also sending copies--albeit selectively--to US-based CAs that run training programs for LDC health and family planning workers.

III. COUNTRY ACTIVITIES

Bangladesh was chosen as the first country for a systematic, comprehensive Copper T 380A introduction/utilization project for several reasons. The Directorate of Family Planning (DFP) had already requested that USAID supply several hundred thousand T 380As, since its stock of Copper T 200Bs would be exhausted during 1987. The Copper T 380A would then be the only IUD available in the country. (Though the DFP is also interested in using the Multiload 375 in its program, no donor has yet come forward.) Furthermore, the Government of Bangladesh wished to strengthen its national IUD program, which was weakened by bad experiences with Lippes Loops in the early 1970s. This commitment to IUDs coincides with a general interest in promoting temporary methods and birth spacing to balance the overemphasis on permanent methods seen in the past.

In November 1986, PIACT staff arrived in Dhaka to conduct a project needs assessment, to plan the project with the Information, Education, and Motivation (IEM) Unit of the DFP, and to initiate project activities. Discussions with a wide variety of Government, NGO, and donor representatives indicated to PIACT a clear need for improved training, reference, and support materials on IUDs in general, and on the Copper T 380A specifically. During these discussions, several critical issues arose, including the need to carefully plan for distribution of the IUDs and educational materials, how the device would be presented to the public, and the need for improved IUD program record-keeping and client follow-up.

The first phase of the visit culminated in a DFP-sponsored round-table meeting of representatives of many organizations involved in the national IUD program. During the meeting, PIACT received a mandate to work with PIACT/Bangladesh to prepare a workplan and budget for the development and distribution of a set of coordinated materials for program managers, clinicians, field motivators, trainers, IUD acceptors, and potential
acceptors. A distribution strategy, in which Copper T 200Bs would continue to be inserted until all warehouses and clinics had received Copper T 380As (and service providers had received information about the new device), was also agreed upon. PIACT presented a prototype clinic/client record-keeping form for discussion and received much critical feedback.

PIACT created drafts of five materials for review by The Population Council: a manual for clinicians (detailed information on the device and the insertion procedure), a manual for motivators (commonly asked questions about IUDs and guidance in how to counsel clients), a flyer for decision-makers and service providers with basic information on the Copper T 380A, and a pictorial booklet for illiterate and semi-literate clients.

PIACT/Bangladesh recruited a project advisory board consisting of DFP staff (representatives of IEM, the Training Division [NIPORT], and clinics) and NGO program experts. Following revisions based on reviewer feedback, PIACT/Bangladesh prepared Bangla drafts of the materials and circulated them for review. The highest priority was the flyer, since it had to be distributed first. Drafts of the clinicians' and motivators' manuals and the pictorial booklet were developed concurrently. Discussion of how the materials would be distributed in the field was also initiated.

Tied to the question of how to distribute the materials was the issue of how many copies of each would be needed and how much they would cost. Ten thousand copies of a high-quality flyer will be printed and mailed with funds provided under this grant. However, it was estimated that 10,000 copies of the clinicians' manual and 50,000 copies of the motivators' manuals (both relatively expensive publications) would be needed. Furthermore, since approximately 360,000 IUD insertions are performed each year in Bangladesh, at least 400,000 booklets for clients would be needed annually. Though the unit cost of each of these booklets would be low (about six cents for an attractive, colored booklet), the total cost for these and the other materials would exceed the amount budgeted for printing under this grant. The Health and Population Officer at USAID assured us, however,
that additional Mission funds could be made available for this important project.

PIACT staff returned to Bangladesh in April 1987 to follow up on project activities. During this visit, the flyer was finalized. We were informed that it was recently signed by the Director General of the DFP and will soon be mailed to field staff. It will also be distributed to all training centers for staff and trainee information. The text of the flyer will also be included in the DFP staff newsletter.

One PIACT staff person, who was part of the November team, was in Bangladesh in March on an assignment to help plan USAID assistance to the IEM Unit over the next five years. He recommended that the training manuals and client booklets be printed and distributed with funds from that project. Since USAID was supportive and the funds were available at the appropriate time, tenders were floated and printing will begin within a few months as soon as the final drafts of the materials are ready. Both manuals will be printed in sufficient quantity to supply Government and NGO workers. However, since there is considerable concern about the effectiveness of supply channels for contraceptives and educational materials, it was decided that only 50,000 copies of the client booklet will be printed at this time. Copies to be used when motivating clients will be given to all Family Welfare Visitors and Family Welfare Assistants. Then, in certain pilot upazillas, sufficient copies will be distributed so that each client can be given a copy to keep and to share with others.

Following this, during 1988, the IEM Unit will conduct a study of the effectiveness of materials distribution and will also look at the benefits of giving booklets to clients versus showing them the booklet when explaining the method but not letting them keep the material. Results of this study will be very important in determining future printing needs.

A multi-channel approach will be used to distribute all of the materials.
IV. HIGHLIGHTS

A consistent weakness in Bangladesh's family planning IEC programs has been the failure of interested groups to share materials and to coordinate messages. This has been true within the DFP, between the Government and the NGOs, and among NGOs. One of the most positive outcomes of the project so far has been increased interagency cooperation as evidenced by the participation of a variety of organizations in the round-table discussion and on the project advisory board. We anticipate a high level of interest in using the materials by many groups, since all have been involved in their development.

Groups developing other training materials for the DFP and NGOs have also benefited from this project. PIACT and PIACT/Bangladesh collaborated with Pathfinder on a Copper T 380A supplement to its outdated manual on IUDs (which was about to be printed in Bangla with no mention of the only IUD available in the country). A newly published curriculum developed by UNICEF contained misinformation regarding the effective life of Copper T IUDs and the "withdrawal" insertion technique. These errors were pointed out by PIACT prior to the start of Government-worker training so that they could be corrected verbally. Consultants developing a family planning curriculum for NGO staff training also made use of information on the Copper T 380A provided to them by PIACT.

An important theme of the project is the need for improved information for potential acceptors and better counseling for new acceptors and women having difficulty with the method. The two training manuals clearly reflect this emphasis. In conversations with groups developing other training materials, the need for including curriculum modules on motivation and counseling skills was consistently reinforced, resulting in increased attention to this important area. A prototype IUD refresher course curriculum was developed by PIACT and shared with these groups. We hope it will influence the design of future NIPORT and some NGO training programs.
V. FUTURE ACTIVITIES

A. PIACT staff will continue to monitor project progress from the US and in Bangladesh, as needed. Additional technical assistance visits to Bangladesh will concentrate on providing training in how to make best use of the materials in actual field settings.

B. The following activities related to the project, but supported with Mission funds, will occur.

1. Printing of the manuals and the client booklet (to be completed within the next few months).

2. A study of the effectiveness of the materials distribution system (to begin several months after initial distribution and to continue through mid-1988).

3. Mass reprinting and continued distribution of the client booklets (pending results of the study). A proposal for funding the mass reprinting has already been submitted to USAID/Dhaka as part of the five-year plan for assistance to the IEM Unit.

C. PIACT, in cooperation with the Population Council, will soon select a second country in which to work on Copper T 380A introduction/utilization activities.

D. PIACT staff will complete, print, and distribute a new promotional piece on the Copper T 380A for decisionmakers and program managers.