Strengthening Family Planning and Pre-Service Nursing and Midwifery Education in India

Dr Bulbul Sood

September 18, 2012
Revitalizing PPFP/PPIUCD services

Presentation Outline

- India need and opportunity
- How PPFP/PPIUCD services were initiated and scaled up
- Lessons learned
### 10 Most Populous Countries in the World

<table>
<thead>
<tr>
<th>Country</th>
<th>Year 2008 (Millions)</th>
<th>Year 2030 (Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1324.7</td>
<td>1484.6</td>
</tr>
<tr>
<td>India</td>
<td>1149.3</td>
<td>1462.5</td>
</tr>
<tr>
<td>USA</td>
<td>304.5</td>
<td>370.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>239.9</td>
<td>271.5</td>
</tr>
<tr>
<td>Brazil</td>
<td>195.1</td>
<td>217.2</td>
</tr>
<tr>
<td>Pakistan</td>
<td>172.8</td>
<td>265.7</td>
</tr>
<tr>
<td>Nigeria</td>
<td>148.1</td>
<td>226.7</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>147.3</td>
<td>203.2</td>
</tr>
<tr>
<td>Russia</td>
<td>141.9</td>
<td>128.9</td>
</tr>
<tr>
<td>Japan</td>
<td>127.7</td>
<td>124.4</td>
</tr>
</tbody>
</table>

In next 20 years, India will be the most populous nation in the world.
Half the population growth will be in seven northern states.

Southern states will contribute only 13% of growth.

High unmet need…..

Birth-to-birth Intervals for past five years

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

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

Source: NFHS 3: 2005-06
Current use of Family Planning Methods

- Female Sterilization: 34%
- Male Sterilization: 1%
- Pill: 4%
- IUD: 2%
- Condom: 6%
- Any Traditional method: 7%
- Non-user: 46%

Source: DLHS-3 (2007-08), IIPS Mumbai
Resurgence of Interest in the PPFP/PPIUCD

- GoI 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
- IUCD as spacing and long term reversible method-alternative to sterilization for many couples

JSY PERFORMANCE: 2005-10

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Beneficiaries (million)</th>
<th>Percentage Against Total Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>0.74</td>
<td>42%</td>
</tr>
<tr>
<td>2006-07</td>
<td>3.16</td>
<td>57%</td>
</tr>
<tr>
<td>2007-08</td>
<td>7.33</td>
<td>84%</td>
</tr>
<tr>
<td>2008-09</td>
<td>9.08</td>
<td>88%</td>
</tr>
<tr>
<td>2009-10</td>
<td>10</td>
<td>90%</td>
</tr>
</tbody>
</table>

(prov.)
PPIUD: Quick Facts

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

- **Insertion Techniques:**
  - Instrumental
Review of safety of PPIUD
Cochrane database review, updated 2010

- Safe and effective
- Advantages:
  - Mother: high motivation and convenience
  - Provider: assurance woman not pregnant
- No differences between manual and instrumental insertion
- Few contraindications
- Expulsion rates higher than with interval
- Feasible: PPIUD insertion popular in diverse countries; China, Mexico, Egypt
- Early follow-up important in identifying spontaneous IUD expulsions

PPIUCD Program Requirements
Service Delivery Tools

Training material, including an insertion animation video

Kelly’s Forceps & Job Aids
Client Education Material & Data Collection Registers

Posters & Films

Leaflet and Follow Up Card
Strengthening Counseling and giving Choices to women………..

- Counseling done on ALL methods including LAM, FABM, Injectables, PPIUCD etc.
  - ANC
  - During early stages of labor (PPIUCD)
  - In the postpartum period while in the hospital
  - Pre-discharge counseling

Choice is verified before IUCD is inserted
Counseled on return visit

• Counselors hired/being hired
• Several sites are using PMTC counselors
Rapid expansion of PPFP/PPIUCD services in India

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

- Queen Mary Hospital, Lucknow
  - 7 Faculty trained as trainers – 1 from each unit
  - ALL Ob/Gyns and residents (59) oriented
- Providers from District Women’s Hospitals - Allahabad and Jhansi trained

Now scaled up to 19 states

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

>55,000 PPIUCD inserted

Donor support from USAID, Gates, Packard, NIPI, UNFPA
### Number of PPIUCD Insertion Reported
(Feb-10 to May-12)

<table>
<thead>
<tr>
<th>State</th>
<th>Number of PPIUCD Insertions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamilnadu</td>
<td>15249</td>
</tr>
<tr>
<td>Delhi</td>
<td>8004</td>
</tr>
<tr>
<td>Assam</td>
<td>6368</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>4273</td>
</tr>
<tr>
<td>Bihar</td>
<td>2796</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>2387</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>2184</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>1537</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>1376</td>
</tr>
<tr>
<td>West Bengal</td>
<td>1361</td>
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<tr>
<td>Haryana</td>
<td>1145</td>
</tr>
<tr>
<td>Orissa</td>
<td>874</td>
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<tr>
<td>Karnataka</td>
<td>714</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>688</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>631</td>
</tr>
<tr>
<td>Gujarat</td>
<td>582</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>413</td>
</tr>
<tr>
<td>Punjab</td>
<td>34</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>33</td>
</tr>
</tbody>
</table>

As on 04/07/2012

PPIUCD insertion data received from other facilities of Delhi included
State wise PPIUCD Acceptors by Type
(Feb 10 – May 12)

Post Placental | Intra cesarean | Post partum | N=46,228

<table>
<thead>
<tr>
<th>State</th>
<th>Post Placental</th>
<th>Intra cesarean</th>
<th>Post partum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamilnadu</td>
<td>15249</td>
<td>6368</td>
<td>3583</td>
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<tr>
<td>Assam</td>
<td>4273</td>
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<tr>
<td>Chhattisgarh</td>
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</tr>
</tbody>
</table>

Post partum: 21%
Post Placental: 43%
Intra cesarean: 36%

As on 04/07/2012
PPIUCD Insertion by Type Top 20 facilities
Jan-2011 to May-2012

As on 04/07/2012
Proportion of PPIUCD Acceptors among institutional deliveries
Jan-2011 to May-2012

Total Deliveries - 6,20,722
Total Insertion - 41,259

As on 04/07/2012
PPIUCD Follow-up Rates by State
(Jan 11 to May 12)

N= 41,259

% Follow-up Rates:

- Punjab: 100%
- Meghalaya: 79%
- Uttarakhand: 65%
- Orissa: 64%
- Gujarat: 62%
- Tamilnadu: 60%
- Uttar Pradesh: 57%
- Andhra Pradesh: 57%
- Delhi: 55%
- Bihar: 53%
- Haryana: 48%
- Maharashtra: 44%
- Rajasthan: 43%
- Chhattisgarh: 39%
- West Bengal: 38%
- Assam: 28%
- Jharkhand: 25%
- Madhya Pradesh: 21%
- Karnataka: 21%

As on 04/07/2012
% PPIUCD acceptors by type of delivery
(Jun 11 to May 12)

- Intra-cesarean PPIUCD: 8% of cesarean deliveries (n=1,64,550)
- Vaginal PPIUCD: 6% of vaginal deliveries (n=376219)
Follow-up findings
(Jan-2011 to May-2012)

No Complaint: 89%

- Missing String: 4%
- Expulsion: 2%
- Infection: 1%
- Other Complaint: 4%

N=19,956

N=Total number of Follow-up

As on 04/07/2012
Lesson learnt in Use of PPIUCD
Advocacy at National and Regional level for PPFP/PPIUCD

- 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

Addressing concerns around safety of Postpartum IUCD critical to the success...
PPIUCD Side Effects/Complications

- **Perforation:**
  - Entire world literature does not report ANY perforations when inserted at correct time
  - Uterine wall very thick, and PP uterus responsive to oxytocin

- **Infection:**
  - Large series (more than 1000 patients) show infection rates of less than 1%
  - No need for prophylactic antibiotics

- **Increased cramping and bleeding:**
  - Masked by normal postpartum symptoms
Expulsion Rates Are Related to Provider

To reduce expulsion:

- Use correct technique
  - place all the way at fundus
  - sweep instrument to the side
  - take care that IUCD does NOT come out during withdrawal

- Use correct instrument
  - Kelly placental forceps (curved, longer) may be better than ring forceps

- Insert at the correct time
  - postplacental is better
What should be done while scaling up the PPFP/PPIUCD Program?

**Institutionalize the PPIUCD services**
- Scale up 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**
- Counseling training on PPFP/PPIUCD of all providers especially nurses
- Equip facilities with counseling job aides and support use of IEC Materials
- Promote use of AV material in outdoor waiting area
- Involve CBWs (AWW, ASHA) 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
Future Plans....

- GOI to scale up PPIUCD services in all 150 districts in high focus states of **Bihar, UP, Jharkhand, Rajasthan, MP and Chattisgarh**
- Orientation and clinical trainings of providers (Doctors and Nurses) and other stakeholders
- Hiring and training of FP Counselors at the facilities
- Supportive Supervision for the provision of Quality services and follow-up
Introduction of PPFP/PPIUUCD services among the Sathiya Network of Private Providers

Strategy:

- To develop 5 Clinical training sites for the 7 cities
  - UP- Lucknow, Barabanki, Agra, Allahabad & Varanasi
  - UK- Dehradun & Haridwar
- To support master trainers for the clinical trainings of Sathiya providers for PPIUUCD services
- In collaboration with MBPH, provide TA to introduce PPFP/PPIUUCD services among the identified Saathiya providers
Saathiya Programmatic Approach for Trainings

Existing Public Sector Training Sites (Uttarakhand)

Training of trainers from the private sector at this training site

Training Site 1
Lucknow
Private Providers of Lucknow & Barabanki (83)

Training Site 2
Allahabad
Private Providers of Allahabad (31)

Training Site 3
Varanasi
Private Providers of Varanasi (24)

Training Site 4
Agra
Private Providers of Agra (61)

Training Site 5
Dehradun
Private Providers of Dehradun & Haridwar (34)
Demand Generation:

- Developed BCC materials, in association with the MBPH team, for use by the Saathiya Network
- Included PPFP/PPIUCD counseling in Saathiya Helpline (a toll free call center)
Establishment of Recording/Reporting System

- Developed Client Card for recording PPIUCD services, including follow-up visits
- Integrated reporting of PPIUCD Services into the existing online Saathiya reporting mechanism
Established 5 PPFP/PPIUCD Training Sites

- 3 Sites established by August and 2 Sites by Dec 11
- 3 Sites initiated training in Sept. 11 and 2 in Jan. 12
- Developed 11 trainers

<table>
<thead>
<tr>
<th>Total No of Doctors Trained</th>
<th>Insertions Jan 12</th>
<th>Insertions Feb 12</th>
<th>Providers Initiated Services (Based on till March Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>234</td>
<td>149</td>
<td>135</td>
<td>51</td>
</tr>
</tbody>
</table>

Note: None of the private providers were providing PPIUCD Services before intervention

Collaborated with DKT India, IUCD manufacturer to provide CuT-380A at concessional rate
Jharkhand: Strengthening FP services at targeted facilities in 3 focus districts

- **Target facilities:** 3 District Hospital and 9 CHCs
- **Building Capacities**
  - 1093 Drs/nurses/ANMs trained on CTU
  - 267 participants trained in FP Commodity Storage & Management
  - Infection Prevention & FP Counseling
  - Training for Interval IUCD
- **Implementation of standards by SBM –R approach and onsite support**
- **Strengthen Counseling & IP practices**
- **Reorganization of MCH Centre for privacy for Counseling and IUCD Insertion**
- **Supported development of FP clinical training strategy for the state of Jharkhand**

(Focus Districts: Chaibasa, Simdega and Giridih)
Jharkhand: % achievement in the FP services performance standards

- Bagodar, CHC: 28%
- Dumri, CHC: 28%
- District Hospital: 96%
- Rajhanwar, CHC: 34%
- Bano, CHC: 49%
- Kolebira, CHC: 35%
- District Hospital: 90%
- Thethitangar, Referral Hospital: 60%
- District Hospital: 83%
- Chakadarpur, Subdivisional Hospital: 36%
- Majhgaon, Referral Hospital: 28%
- Manoharpur, CHC: 38%

Giridih (April 2012) - Simdega (Jan 2012) - Singhbhum West (April 2012)
Jharkhand: Use of contraceptive methods in 3 selected district hospitals

**Permanent methods**

<table>
<thead>
<tr>
<th>Method</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sterilization</td>
<td>31057</td>
<td>5512</td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>1742</td>
<td>8411</td>
</tr>
</tbody>
</table>

**Spacing methods**

<table>
<thead>
<tr>
<th>Method</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPIUCD Insertion</td>
<td>0</td>
<td>483</td>
</tr>
<tr>
<td>Interval IUCD</td>
<td>547</td>
<td>1978</td>
</tr>
<tr>
<td>OP Cycle</td>
<td>126</td>
<td>255</td>
</tr>
<tr>
<td>Clients distributes Condoms</td>
<td>236</td>
<td>586</td>
</tr>
</tbody>
</table>
Target facilities: 8 facilities (2-Ranchi and 6 facilities in the 3 focus districts)

Capacity Building

> 70 providers trained on PPFP/PPIUCD Training including Counseling and IP

Training Site: RIMS & Sadar Hospital Ranchi developed as training sites

Successfully introduced PPFP/PPIUCD services at all the target facilities

Strengthened supportive supervision and follow-up of clients

Supported use of IEC/BCC material

Supporting scale-up of PPFP-PPIUCD services throughout State (6 facilities in each District)

(Focus Districts: Chaibasa, Simdega and Giridih)
Jharkhand: Total number of PPIUCD insertion
Oct 10 to May 12

N=1497

*Data from facilities- Ranchi-2, Focus districts-11
Jharkhand: FP integrated activities

- To introduce PPFP/PPIUCD services in target facilities in Dist. Jamtara and Deoghar
  - Successfully introduced PPFP/PPIUCD services in District Hospital Jamtara and Deoghar
  - Strengthened the PPFP counseling
  - Recording reporting system
  - IEC/BCC
- Strengthened the FP service delivery at six facilities (Deoghar-3; Jamtara-3)
  - Conducted CTU, Infection prevention practices, PPFP counseling training for the providers
- Initiated pilot study on introduction of Postpartum FP screening tool in Kolibira block in Dist. Simdega
  - Completed baseline data collection and implementation of tool under progress
Jharkhand: Scale up activities

- FP quality improvement process has been scaled up to additional 21 District Hospitals
  - Disseminated the FPSD performance standards and SBM-R process
- Providing strategic support to scale-up PPFP/PPIUCD in all 21 District
  - Supported training of providers from Dist. Hospital on PPFP/PPIUCD clinical training
  - Supported PPIUCD insertion forceps and data recording registers
Uttarakahnd: Strengthening FP services at UHCs in Dehradun and Haridwar

- **Adaptation of FP Performance Standards**
- **Building Capacities**
  - 60 Drs/ANMs trained on CTU, Interval IUCD insertion & Infection Prevention
  - 73 Drs/ANMs/Community Mobilizers trained on FP Counseling
- **Reorganization of UHC for privacy for Counseling and IUCD Insertion**
- **Strengthening Counseling & IP practices**
- **Scaled-up the strengthening in 3 additional UHCs in Haldwani District**
### Uttarakhand: Family Planning Service Delivery Status UHCs

<table>
<thead>
<tr>
<th>Family Planning services</th>
<th>PRE INTERVENTION -2010</th>
<th>POST INTERVENTION-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oct</td>
<td>Nov</td>
</tr>
<tr>
<td>Female Sterilizations - Referrals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male Sterilizations- Referrals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OP cycles distributed</td>
<td>93</td>
<td>92</td>
</tr>
<tr>
<td>CCs distributed</td>
<td>6570</td>
<td>10340</td>
</tr>
<tr>
<td>Interval IUCDs Inserted</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Others- EC Pills</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Women counseled for FP (ANC/FP clinics)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*980 IUCDs inserted from May 2011- May 2012*
Women’s Hospital DDN, Haldwani and SMIH developed as service delivery & training sites

Providers from 11 additional sites trained for PPIUCD services and 10 established as service delivery sites

Total 105 Providers trained till date (54 Doctors and 51 Nurses). 50 doctors have initiated the services.

1508 PPIUCD insertions from April 2011 till May 2012

993 women (66%) followed up till date. 5% expulsion rate.

Supported scaleup of PPFP/PPIUCD services in additional 10 facilities of Uttarakhand (2 Medical College, 2 district hospital and 6 combined hospital)
Uttarakhand: Introduction of PPFP/PPIUCD services

Month wise Follow up

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-11</td>
<td>14</td>
</tr>
<tr>
<td>May-11</td>
<td>25</td>
</tr>
<tr>
<td>Jun-11</td>
<td>26</td>
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<tr>
<td>Jul-11</td>
<td>26</td>
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<td>Aug-11</td>
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<td>Sep-11</td>
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<td>Oct-11</td>
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<td>Nov-11</td>
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<td>Dec-11</td>
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<td>Jan-12</td>
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<td>Feb-12</td>
<td>114</td>
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<tr>
<td>Mar-12</td>
<td>115</td>
</tr>
<tr>
<td>Apr-12</td>
<td>153</td>
</tr>
</tbody>
</table>

Follow up Finding

- No Problem: 83%
- Missing String: 3%
- Other Complaints: 8%
- Expulsion: 5%
- Infection: 1%

N=993
Uttarakhand: Strengthening of SBA Training Sites

- Supported strengthening of 10 existing SBA training Sites and development of 7 new sites
  - Conducted 3 day refresher training for the SBA trainers from existing sites
  - Conducted SBA ToT for developing SBA trainers at 7 new sites
  - Conducted Clinical Skills Standardization training to strengthen SBA training site linked clinical practice site
- Supported development of SBA training plan
Uttarakhand: Strengthening of SBA Training Sites

**Existing Sites**
- Female Hospital Dehradun: 90.5%
- District Hospital, Rudrapur: 95.9%
- Combined Hospital Rishikesh: 87.8%
- Female Hospital Almora: 85.1%
- District Hospital Uttarkashi: 78.4%
- Female Hospital Haldwani: 91.9%
- District Female Hospital Pauri: 91.9%
- Combined Hospital Ranikhet: 70.3%
- Female Hospital, Haridwar: 70.3%
- Base Hospital, Almora: 58.1%
- WH, Pithoragarh: 83.8%

**New Sites**
- Combined Hospital Kotdwar: 83.8%
- CHC Karanprayag: 87.8%
- CHC Agustyamuni: 89.2%
- DH Bageshwar: 83.8%
- CHC Lohaghat: 83.8%

**Graph Details**
- Baseline vs 1st Internal Assessment
- Percentage scores for various sites.
UP- Strengthening of Divisional Clinical Training Centers

- Development of Performance Standards
- Capacity Building
  - Clinical Training Skills training for identified Master Trainers of DCTCs
- Facilitated Roll out of Clinical Training Skills course for all the teaching staff at the 10 DCTCs
- Continued supportive supervision for implementation of standards
- Strengthened system of proper record keeping and feedback mechanism

![DCTC Standards Assessment Chart]
Developed Postpartum Family Planning (PPFP) Counseling LRP

Capacity Building

- > 50 providers trained on PPFP/PPIUCD Training including Counseling and IP
- Use of IEC/BCC material
- Supported compilation of PPFP/PPIUCD videos with other FP TV spots to be used for demand generation for FP services

Over 1500 PPIUCD insertions done

Strengthen supportive supervision and follow-up of clients
Services scaled up to 13 new sites
53 Service providers from the new sites trained, service provision started in 11 sites
Monitoring visits made by MCHIP to all except 1 site (Gorakhpur) for strengthening of services.
PPIUCD Coordinators/nurses trained on PPFP/PPIUCD counselling; kits provided to all sites
Appropriate display of IEC material ensured in each facility
Strengthening Pre-Service Nursing and Midwifery Education
Goal and Objectives: Pre-Service Education

**Goal:** Strengthening PSE for the Nursing and Midwifery cadre by supporting the national initiative of the Indian Nursing Council

**Objectives:**
- **At national level** - Establishment of National Nodal Centers
- **At state level:**
  - Strengthening select ANMTCs in Jharkhand & Uttarakhand
  - Facilitating up-gradation of School of Nursing, Agra to College of Nursing
- Training of ANMTC tutors in clinical and teaching skills at the nodal centers
National level activities: Pre-Service Education

- Five Colleges of Nursing have been identified as the National Nodal Centers (NNCs) of excellence for Pre-Service Education (PSE)
  - (Christian medical college, Vellore, St. Stephens, Delhi, Nil Ratan Sarkar Medical College, Kolkata, Christian Medical College, Ludhiana and Government College of Nursing, Vadodara)
- A national technical advisory group for strengthening of PSE formed and performance standards for use by the NNCs developed.

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<th>Sections</th>
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<td>1.</td>
<td>Class room and practical instruction</td>
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<td>Clinical instruction and practice</td>
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<td>School infrastructure and training materials</td>
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<td>Clinical site practices</td>
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<td><strong>TOTAL</strong></td>
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National level activities: Pre-Service Education

Achievement: Implementation of Educational and Clinical performance standards
Operationalization of NNC-Kolkata

- Developed a learning Resource package for 6 weeks ANMTC faculty training.
- Strengthened NNC –Kolkata (Skills Lab, Computer lab and Library)
- Conducted 3 days CSS workshop for clinical practice site strengthening
- Developed 15 master trainers in all NNCs (10 days ToT for 6 weeks ANMTC faculty training)
- 3 batches of 6 weeks ANMTC faculty was done
- Inculcated mentorship visit to trained ANMTC faculty from NNC
TA to GoI/INC-Successes

- Supported the development of roadmap for the strengthening PSE for nursing midwifery cadre in the country, using the program model initiated by MCHIP.
- GoI is setting up 10 state nodal centers in 10 high focus states
- Leveraged resources from GoI/Other donors.
Jharkhand: Strengthening Pre-Service Nursing and Midwifery Education at ANMTCS

- Development of Educational and Clinical standards
- ANMTC faculty trained on Teaching skills
- Skills lab & Library strengthened
- Students record keeping, evaluation modalities firmed-up
- Development of resources/tools in Hindi for strengthening of ANMTCs:
  - Cumulative record for ANMs
  - Learning guides / Checklist for MNCH procedures and lesson plan
  - Practical record book
  - Teacher evaluation formats for ANM faculty

(Focus Districts: Chaibasa, Simdega and Giridih)
ANMTC at Work
Jharkhand: Quality improvement at the ANMTCs of 3 focus districts

Performance Improvement in ANMTC Standards

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Clinical

Simdega

Gridih

Singhbhum West

Educational
Adapted Educational and Clinical standards
ANMTC faculty trained on Effective Teaching skills
Workshop on Clinical Practice Update for ANMTC Tutors and participants from ANMTC linked clinical practice
On site/Whole site training on Counseling and IP conducted for Clinical Practice Site
Skills lab & Library strengthened
Scaled-up the intervention to additional 3 ANMTCs
Skill Labs-ANMTC
Uttar Pradesh: Up-gradation of School of Nursing at Agra

- **Civil Work:** Work under progress.
- **Skills Lab, Library and Computer Lab:** Civil work for Skills lab under progress. Computer lab & library started.
- **Human Resource:** Provided INC guidelines, Process of sanctioning of positions under process from DGME.
- **Budget:** Facilitated sanction of Rs 4.5 Crores from INC for up-gradation.
- **Stakeholders Meeting:** 2 meetings conducted under chair of DGME (2\textsuperscript{nd} Meeting held on 22\textsuperscript{nd} June 12).
- **NOC from INC, SNC and GoUP:** Consent letter received from SNC, Inspection conducted by INC; disallowed the permission due to lack of adequate staff.
- **University Affiliation:** Initiated.
Thanks