PPIUCD services in India: The journey from start to scale up

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PPIUCD Services: Start-up to Scale-up Regional Meeting,
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Scopes and Opportunities for PPFP/PPIUCD Services in India

- **Huge unmet need**: 65% women in 1st year of postpartum period have unmet need for FP, but only 26% are using any contraceptive
  (Source: USAID/ACCESS, India, 2009)

- **For ensuring healthy spacing**: 61% births with average birth-to-birth interval of less than 36 months
  (Source: NFHS 3, 2005-06)

- **Resurgence of interest in IUCD**: Globally. Government of India’s initiative to revitalize IUCD

- **Increased institutional deliveries**: Government’s monetary incentive scheme (JSY). Mothers are in contact with providers at the facilities

- **Postpartum IUCD insertion is convenient**
Start of PPFP/PPIUCD Program in 2009

- Started PPIUCD training in Queen Mary Hospital, Lucknow
- Safdarjung Hospital, Delhi, identified as national training center
- Regional training sites established at medical colleges in Mumbai and Jabalpur

Competency based training with clinical practicum on humanistic model and supervised clinical sessions with clients
Rapid Expansion of PPIUCD Services in India (2010-12)

Services Scaled Up in 19 States

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

Support from national and state governments during the expansion, with a paradigm shift in Govt. of India focusing on spacing methods

Support from multiple donors: USAID, BMGF, NIPI, Packard
### Scaling Up Activities (2010-12)

<table>
<thead>
<tr>
<th>Finalization of Service Delivery Tools</th>
<th>Initiation of Services at Facilities</th>
<th>Institutionalization of Services at Facilities</th>
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<tbody>
<tr>
<td>• LRP of PPIUCD, Counseling training, Job-aids, BCC materials endorsed by GoI</td>
<td>• Selection of average 2 facilities per state with high case load of deliveries</td>
<td>• On-job/need based classroom training of all providers</td>
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<td>• Finalization of performance standards by key representatives from all states</td>
<td>• Decentralization of training: Additional 17 training sites established in 12 states</td>
<td>• Strengthening of counseling: Hiring and training of counselors; job-aids for counselors</td>
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<td>• Specifications of PPIUCD insertion forceps approved and disseminated by GoI</td>
<td>• On-site orientation of all staff of the facility and providing insertion forceps, registers, IEC materials</td>
<td>• Strengthening follow-up of PPIUCD clients after 6 weeks</td>
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<td>• On-job support in implementation &amp;</td>
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Support visits included:

- On-site orientation of hospital staff
- On-the-job support on insertion technique, counseling, infection prevention, assessment of service standards
- Provision of more insertion forceps, IEC materials, registers for data collection as per requirements
Reported PPIUCD Insertions since Feb-2010 (Total 83,690 insertions)

N=83,690

Intra-cesarean (35%)
Post-placental (within 10 min) (44%)
Post-partum (within 48 hrs) (21%)

Tamilnadu: 25252
Assam: 8641
Madhya Pradesh: 7548
Bihar: 6643
Uttar Pradesh: 5227
Delhi: 4962
Uttarakhand: 4580
Rajasthan: 4311
Jharkhand: 3817
Haryana: 2737
West Bengal: 2544
Karnataka: 1772
Orissa: 1583
Andhra Pradesh: 1104
Maharashtra: 1018
Gujarat: 848
Meghalaya: 717
Punjab: 232
Chhattisgarh: 154

Source: PPIUCD Monthly reports

Updated on 20/03/2013 (Data till Feb-13)
Proportion of PPIUCD Acceptors Among Institutional Deliveries (Based on Jan 11- Feb 13 Data)

Total deliveries = 12,67,601
Total PPIUCD insertion = 79,802

Source: PPIUCD Monthly reports
Scores of Performance Assessments

All three Assessments have been conducted on an average 6-8 months apart.
Findings of Follow-up of PPIUCD Clients after 6 Weeks (Based on Jan-11 to Feb-13 Data)

N=33,400

- Expulsion: 2.5%
- Infection: 0.9%
- Removal: 4.2%

Source: PPIUCD Monthly reports

Updated on 20/03/2013 (Data till Feb-13)
Challenges Addressed While Scaling up PPIUCD Services

- Strengthening of counseling
  - Hiring and training of dedicated counselors
  - Counseling job-aids, IEC materials

- Institutionalization of PPIUCD services at the facility level
  - On-site orientation of all staff of the facility
  - On-job training and hand-holding

- Strengthening of record keeping and reporting
  - PPIUCD insertion, follow-up registers and monthly reporting formats printed, distributed. On-job guidance on how to maintain registers

- Strengthening follow up of PPIUCD clients
  - Noting down clients contact no. and assigning responsibility of nursing staff to contact clients on phone
Challenges Addressed While Scaling up PPIUCD Services (contd)

- Keeping the providers of government health facilities motivated

  - Advocacy with professional bodies like FOGSI, NARCHI created a positive environment
  
  - Demonstration of the technique of insertion in professional conferences, seminars created interest among providers
  
  - Supporting champion-providers in making presentation in reputed national forums
  
  - Yearly national level workshops for sharing experiences by states provided encouragement to low performing sites
GoI’s Policy Shift in 2012 and Further Scale Up

- Dedicated counselors in the govt system: A new cadre of dedicated counselors for busy facilities in all states
- Task shifting: Nurses are allowed to insert PPIUCD
- Further scale-up of PPIUCD services at 248 district hospitals in 6 high focus states (2013-14)
Key Factors Contributing Scaling Up

- Constant collaboration and coordination with GoI and state govt
  - Immediate consultation and feedback on phone
  - Monthly meeting
  - Sharing of reports
  - Responding to Govt’s requests

- Multiple donors support
- Engaging experts from the start; advocacy
- Systematic planning and strategies
- Quality training complemented by post-training supportive supervision
- Emphasis on quality of care
Challenges and Opportunities

- Need for further demand generation activities, especially for IUCDs
- Several myths and misconceptions around IUCDs
- Quality of care needs to be further strengthened
- Sustainable system for post training follow-up needs to be created
- Additional opportunities
  - Need to increase accessibility of PPTL services
  - Need for post-abortion FP

Thank You