Revitalization of PPFP/PPIUUCD Services in India

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India Most Populous Nation by 2030....
High unmet need during Postpartum period

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
Resurgence of Interest in PPFP/PPIUCD Services

- **JSY was bringing women to facility** – Immediate postpartum insertion is convenient for women
- **FP Policy a Paradigm shift** - Promoted as **MNCH initiative**
- New advances and new understanding about PPIUCD – safe and effective
- **IUCD as spacing and long-term reversible method** – alternative to sterilization for many couples
Rapid Expansion of PPIUCD Services in India

Start of PPIUCD services in U.P. in 2009
- Queen Mary Hospital, Lucknow
- District Women’s Hospitals, Allahabad and Jhansi

Services Scaled Up in 20 States
- UP
- Uttarakhand
- Jharkhand
- Delhi
- Haryana
- Punjab
- Rajasthan
- Bihar
- Madhya Pradesh
- Assam
- Meghalaya
- Chhattisgarh
- Orissa
- West Bengal
- Gujarat
- Maharashtra
- Tamil Nadu
- Karnataka
- A P
- Kerala

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

> 91,000 PPIUCDs inserted

Donor support from USAID, Gates, NIPI, Packard
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 hiring MNCH Counselors
PPIUCD Experience In India
Total Reported PPIUCD Insertions since Feb-2010

Total Reported PPIUCD Insertions since Feb-2010:

<table>
<thead>
<tr>
<th>State</th>
<th>PPIUCD Insertions</th>
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<tbody>
<tr>
<td>Tamil Nadu</td>
<td>25252</td>
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<tr>
<td>Bihar</td>
<td>9097</td>
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<td>Madhya Pradesh</td>
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<td>717</td>
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<tr>
<td>Punjab</td>
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</tr>
</tbody>
</table>

Post-placental (within 10 min): 44%
Post-partum (within 48 hrs): 22%
Intra-cesarean: 34%

N=91,436

Source: PPIUCD Monthly reports

Data as on 08/05/2013
Proportion of PPIUCD Acceptors Among Institutional Deliveries (Based on Jan 11- Mar 13 Data)

Total deliveries=13,53,188  Total PPIUCD insertion=85,014

Source: PPIUCD Monthly reports

Data as on 29/04/2013
State-wise Follow-up Rates at 6 Weeks (%)
(Based on Jan 11- Mar 13 Data)

N=85,014

Data as on 29/04/2013

Source: PPIUCD Monthly reports
Follow-up Findings
(Based on Jan-11 to Jan-13 Data)

Expulsion: 2.57%
Infection: 0.95%
Removal: 4.30%

Data as on 29/04/2013

Source: PPIUCD Monthly reports
Implications for Practice

- **Expulsion:** Competency-based training minimizes risk of expulsion
- **Infection:** Using eligibility criteria for PPIUCD insertion reduces risk of infection; no need for prophylactic antibiotics
- **Removal:** Good counseling is critical to reduce premature removal

To reduce expulsion

Use correct technique:
- Straighten cervico-uterine angle
- Position the IUCD at the fundus before release
- Release the IUCD by sweeping to the side
- Withdraw the instrument in open position

Use correct instrument:
- Long Kelly placental forceps
Using Standards to Improve Quality of Services - *Results of Performance Assessments*

- **Counseling & initial client assessment in ANC (Area 1)**
  - Baseline: 35%
  - Midline: 76%
  - Recent: 92%

- **Counseling & initial client assessment in Early labor and Postpartum period (Area 2)**
  - Baseline: 43%
  - Midline: 91%
  - Recent: 93%

- **IUCD service provision and return visit (Area 3)**
  - Baseline: 30%
  - Midline: 63%
  - Recent: 78%

- **Management, IEC and record keeping (Area 4)**
  - Baseline: 48%
  - Midline: 63%
  - Recent: 68%

**Overall Performance standards score**
- Baseline: 37%
- Midline: 71%
- Recent: 82%

All Three Assessments have been conducted on an average 6-8 months apart.
Challenges and Opportunities

- Need to further strengthen PPFP services
- Several myths and misconceptions around IUCDs
- Quality of Care needs to be further strengthened
- System for post training follow to be created
- Need to increase accessibility of PPTL services
- Post-abortion family needs impetus-95% unmet need for PA-FP
Conclusion

- FP is being promoted as **MNCH initiative**
- Paradigm shift in promoting **spacing methods**
- Introduction of PPIUCD services in the public and private sector is **feasible and effective**
- GoI is supporting the scale-up PPIUCD services in all 276 districts in **6 high-focus states**.
- **Trained doctors and nurses** can safely and effectively provide PPIUCD services.
- Key program component for success are **RMNCH Counselors** and **supportive supervision**.