The PPIUD Project at the Harvard T. H. Chan School of Public Health (HSPH) has concluded the first year of work, and we are excited to share highlights from 2015 with colleagues and the larger public health community. We will be sending out a Harvard PPIUD Project newsletter every four months, and we look forward to keeping you apprised of our progress and findings.

The International Federation of Gynaecology and Obstetrics (FIGO) is implementing a postpartum intrauterine device (PPIUD) initiative to address the contraceptive needs of postpartum women. This initiative involves training community midwives, health workers, doctors, and delivery unit staff in PPIUD counselling and insertion in six countries: Bangladesh, India, Kenya, Nepal, Sri Lanka and Tanzania. The Harvard PPIUD Project is studying the impact, institutionalization, and diffusion of the FIGO intervention in three of these countries: Nepal, Sri Lanka, and Tanzania.

The impact will be measured by assessing the coverage and quality of antenatal counselling, uptake of PPIUD services, and PPIUD complications and expulsions. Institutionalization in the study hospitals will be measured by the extent to which PPIUD provision becomes a routine service during antenatal counselling, delivery room services, and postnatal follow-up. We will also examine the extent to which health care providers trained during the intervention continue to provide PPIUD as they move to new health facilities.

DATA COLLECTION
Data are being collected on Android tablets using CommCare, an open source web-based application. CommCare was created by Dimagi, a social enterprise headquartered in Cambridge, Massachusetts (USA). Baseline data are collected for three months in three Group 1 hospitals followed by nine months of FIGO intervention data. In the remaining three Group 2 hospitals, nine months of baseline data and three months of intervention data are collected. Enumerators interview women at the hospital after delivery and at 9 months and 18 months after delivery. In addition, women who accept PPIUDs will also be followed up at 4-6 weeks following delivery.

The PPIUD Project is housed in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health, and includes Iqbal Shah, David Canning, Till Bärnighausen, Donna Spiegelman, Joshua Salomon, Ana Langer, Erin Pearson, Elina Pradhan, Mahesh Karra, Leigh Senderowicz, Laura Campagna, Julie Rioux, and Biling Hong.
SRI LANKA

In Sri Lanka, both the FIGO initiative and the research evaluation are being coordinated through the Sri Lanka College of Obstetrics and Gynecology (SLCOG) in six hospitals: Nawalapitiya, Nuwara Eliya, Polonnaruwa, Monaragala, Chilaw, and Kalutara. The PPIUD research evaluation team is led by National Research Coordinator, Ranjith de Silva, and assisted by Research Associate, Arnjali Sama-rasekera, and Interview Supervisors, P. A. Subawickrama and Lal Jayasekera.

The enumerator training for the baseline and 4-6 week follow-up interviews took place at the end of July, with participation from HSPH and Dimagi, and baseline data collection began in early September. Initially, only 18 enumerators were hired; however, two additional Tamil-speaking enumerators were later brought on to meet the needs of Tamil women. The provider baseline surveys and hospital checklists data collection began in November and have been completed in the three Group 1 hospitals (Polonnaruwa, Chilaw, and Nawalapitiya). In November, the Sri Lanka team conducted a pilot of phone surveys and office interviews with a subsample of women from the September and October baseline data in order to determine the best approach to conducting the longer 9 and 18 month follow up surveys.

NEPAL

In Nepal, the FIGO initiative is being implemented by the Nepal Society of Obstetricians and Gynecologists (NESOG) in six tertiary hospitals: Bheri Zonal Hospital in Banke, Lumbini Zonal hospital in Rupendehi, Bharatpur Hospital in Chitwan, Western Regional Hospital in Kaski, Koshi Zonal Hospital in Morang and BP Koirala Institute of Health Sciences in Sunsari. We have partnered with the Center for Research on Environment Health and Population Activities (CREHPA), and Dr. Mahesh Puri serves as National Coordinator for the study. Dr. Puri is assisted by Research Officer, Ms. Manju Maharjan, and Data Manager, Mr. Dev Maharjan.

Despite challenges relating to the lasting effects of earthquakes and a fuel shortage crisis, the Nepal team was able to accomplish an impressive amount during the first six months. They reviewed baseline questionnaires and translated them into Nepali, developed detailed study protocols and instruments, obtained approvals from the ethical review board, Nepal Health Research Council, and from Social Welfare Council, conducted a feasibility study, hired and trained 18 enumerators, and started collecting data.

The training of enumerators, all of whom are women and professional registered nurses, was organized in collaboration with Harvard, NESOG, Dimagi and CREHPA during the last week of August, 2015. Baseline data collection began in early September, and the baseline provider interviews were conducted during November. The hospital checklist data collection was completed in December. Qualitative interviews with providers were also completed.
Enumerators Sigfrid and Azda stationed in Mwanza, Tanzania

### CONFERENCES

**The Harvard PPIUD Project was represented at the October 2015 FIGO Congress in Vancouver, Canada, and at the International Conference on Family Planning (ICFP) held in Nusa Dua, Indonesia, from 25-28 January, 2016. The following presentations were made at the ICFP:**

**David Canning and Mahesh Karra:** “Quality of Counseling and Acceptance of Postpartum IUD in Sri Lanka.”

**Erin Pearson:** “Predictors of modern contraceptive use four months post-uterine evacuation: Findings from a prospective study in Bangladesh”.

**Leigh Senderowicz:** "Socioeconomic status and abortion tourism in Mexico City: Implications for Equity."

**Iqbal Shah:** “Interventions to improve postpartum family planning: program implications and research priorities.”

### STATUS AS OF DECEMBER 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Nepal</th>
<th>Sri Lanka</th>
<th>Tanzania</th>
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<tbody>
<tr>
<td>Number of women enrolled in the study</td>
<td>17,262</td>
<td>9,705</td>
<td>1,203</td>
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<tr>
<td>Number of PPIUD women followed up</td>
<td>4</td>
<td>204</td>
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<tr>
<td>Women counselled before admission to facility</td>
<td>185</td>
<td>1,303</td>
<td>173</td>
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<tr>
<td>Women counseled after admission to facility</td>
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<td>1,009</td>
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<tr>
<td>Women receiving PPIUD</td>
<td>40</td>
<td>612</td>
<td>21</td>
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<tr>
<td>Providers interviewed</td>
<td>146</td>
<td>29</td>
<td>--</td>
</tr>
</tbody>
</table>

### USEFUL RESOURCES


**WHO Postpartum Family Planning Guide**

http://srhr.org/postpartumfp/

**The Harvard PPIUD Project**

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