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**Update from SRI LANKA**

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**STATUS AS OF JUNE 30, 2016**

<table>
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<tr>
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<th>Sri Lanka</th>
<th>Nepal</th>
<th>Tanzania</th>
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<tbody>
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<td>Number of women enrolled in the study</td>
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<td>Number of women counselled on PPIUD</td>
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<td>Number of women received PPIUD</td>
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In the context of Nepal, how important is postpartum protection against unintended pregnancy?

It is now well established that postpartum family planning plays an important role in preventing unintended pregnancies and, consequently, reducing maternal and infant-child mortality. It promotes the health of mothers and children by increasing pregnancy interval and helps to avoid financial, psychological, and health costs due to the early onset of next pregnancy.

However, in Nepal, many women and men overlook post-partum contraception due to poor knowledge of pregnancy risks soon after birth, difficulty in accessing quality services, sociocultural and economic issues such as poor geographical and financial access, provider bias, fewer options for method choice, lack of effective knowledge about the various family planning methods, low decision making power of women, and fear of side effects act as serious barriers to postpartum family planning use in Nepal.

What are the main challenges you encountered in implementing the research evaluating the impact of the intervention promoting postpartum IUD?

Sensitization to government stakeholders about the value of systematic and rigorous evaluation for policy and programs, and receiving their support is a major challenge. Coordination among government stakeholders and intervention implementing partner is also not an easy task.

What is the demand for postpartum contraception among women who do not wish to have another child or wish to wait to have the next child and what are the effective ways to promote postpartum contraception, in particular postpartum IUD for these populations?

I think there is a demand for postpartum contraception among women who want to space their births, provided they receive complete information and effective counselling before and during pregnancy. We need to work on overcoming both demand side and supply side barriers for promoting postpartum contraception, in particular for postpartum IUD.

Do you have any suggestions for the implementation of the intervention and/or research evaluating the intervention?

A designated family planning counselor or in facilities where women deliver and more IEC/BCC activities that are tuned to local context and intensive orientation to community level health workers, health volunteers and community leaders would contribute in achieving better outcomes and in meeting women’s need for postpartum contraception.

**Papers Submitted for Publication**


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Dr. Mahesh Puri training enumerators in Nepal
**Update from NEPAL**

Impressive progress was made by CREHPA in the first half of 2016. CREHPA has continued enrollment activities of women in the study, collected data for 6-week follow-up of women receiving PPIUD, and conducted in-depth interviews with women and service providers in three Group 1 hospitals. Guidelines for the in-depth interviews and the 9-month follow-up questionnaire were reviewed and translated into Nepali.

A training workshop on 9-month follow-up interviews was held from 16-19 May, 2016. The CREHPA core study team facilitated the training, with assistance from the HSPH team, which was attended by 23 enumerators. The head of the Gandaki Regional Hospital and representatives from the District of Public Health gave opening remarks at the workshop and Nepal Society of Obstetricians and Gynaecologists (NESOG) president, Dr. Lata Bajracharya, presented on the intervention activities on the last day of the training.

The training covered the study background, objectives, tools, and design and discussed the 9-month questionnaire, ethical aspects and challenges, and strategies for follow up interviews. The participants also devoted several days to tablet training on CommCare.

**Update from TANZANIA**

The 9-month follow up interview training sessions took place in multiple locations. The first occurred in Dar es Salaam, from June 29-July 1, for MDH enumerators associated with Muhimbili, Tumbi-Pwani and Mt Meru hospitals. The second took place in Mbeya over July 4-6, for MDH enumerators associated with Mbeya and Dodoma hospitals.

In June HSPH team members visited Tanzania to assist with training for in-depth interviews and for 9-month follow up interviews. Two experienced qualitative interviewers were hired by MDH and trained to conduct in-depth interviews with both women and providers. The qualitative training took place from June 22-24, and on the final day the interviewers had the opportunity to pilot the interview guide at Muhimbili National Hospital.