



THE POSTPARTUM IUD (PPIUD) PROJECT in the Department of Global Health and Population NEWSLETTER

Issue 3: JAN 2017

The PPIUD project has continued to make good progress and expand its reach. We present here highlights of activities during the past six months from Sri Lanka, Nepal, Tanzania and of the team at HSPH.

OVERVIEW

Study Enrollment Coming to an End

The transition of data collection and management for Forms 1 and 2 from local research partners to FIGO country teams began in Tanzania in December, 2016, and took place in January, 2017, in Sri Lanka and will start in March, 2017, in Nepal. FIGO and HSPH are working closely together to ensure a smooth transfer of tasks.

Country Support

In January, David Canning traveled to Sri Lanka to discuss the transfer of data collection and to review the progress and plans of the study with the President of the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) and members of the study team. Iqbal Shah visited Dar es Salaam, Tanzania and met with the PPIUD research team at MDH and Professor Projestine Muganyizi. He also attended the annual GHP-MDH meetings. These visits were successful in discussing the various issues related to the implementation of the PPIUD project and developing plans for the remaining period of the study.

Data Analysis

We have begun analyzing the Form 1 data, and are in the process of developing topics for publications. The Publications Committee has started to review abstract proposals and some papers have been submitted for publication already.

Follow Up

The research teams are currently focused on conducting 9-month follow-up surveys (Form 3), and follow up rates are being closely monitored in all countries. The 9-month follow up has begun in all three countries, and the 18-month follow up (Form 4) is scheduled to commence in March 2017. Teams are continually innovating to maximize the response rate, including adjustments to staffing and implementation of additional robust field strategies.

In Depth Interviews

Baseline in-depth interviews have been conducted with women to understand their perspectives on postpartum contraceptive counseling, and with providers to explore their experiences with the PPIUD intervention in all three countries. Nepal has begun analysis of the baseline in-depth interview data, and is currently collecting 9-month in-depth interviews with women who selected the PPIUD at delivery. The country teams in Tanzania and Sri Lanka are preparing for the 9-month in-depth interviews, and will complete them in the coming months.

Provider Surveys

Provider baseline surveys have been conducted in all study hospitals in all three countries. Provider 6-month follow-up surveys are on-going in Group 1 hospitals, and will begin with providers in Group 2 hospitals in the coming months.

STATUS AS OF DECEMBER 31, 2016

	Sri Lanka	Nepal	Tanzania	Total
Number of women enrolled in the study	39,291	66,574	25,873	131,738
Number of women counselled on PPIUD	13,521	11,605	3,961	29,087
Number of women received PPIUD	2,526	1,233	1,066	4,825

NEWS AND EVENTS

Till Bärnighausen appointed Alexander von Humboldt Professorship

Dr. Till Bärnighausen has been appointed as the Alexander von Humboldt Professor at the Heidelberg University and the Director at the Heidelberg University Institute of Public Health. Dr. Bärnighausen remains an adjunct professor at the Harvard T. H. Chan School of Public Health and an active contributor to the PPIUD study.

Leigh Senderowicz 2016 nominee for 120 Under 40

The Harvard PPIUD focal point for Tanzania, Leigh Senderowicz, was nominated for the 120 Under 40 award from the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, which celebrates young champions of family planning by recognizing the next generation of leaders making a difference in reproductive health worldwide.

Iqbal Shah receives The USAID 2016 Marge Horn Operations Research Award

Dr. Iqbal Shah was awarded the 2016 Marge Horn Operations Research Award by the USAID Division of Global Health/Population and Reproductive Health/Research Technology and Utilization. The award honors Dr. Shah's years of dedicated efforts "to building the capacity of social science researchers in developing countries, generating and utilizing research for policy development, and improving the lives of women and girls through better access to reproductive health care."

Erin Pearson PI of list experiment study in Pakistan

Dr. Erin Pearson, who replaced Dr. Till Bärnighausen as PI for the PPIUD study in Tanzania, is leading a new study funded by the Society of Family Planning that will develop and validate measures of misoprostol use in Pakistan using the list experiment.

Julia Rohr Research Analyst for Harvard PPIUD team

Dr. Julia Rohr, who holds a PhD in Epidemiology from Boston University, has joined the PPIUD team as a Research Analyst focusing primarily on data from Tanzania. She also works on the Health and Aging in Africa: Longitudinal Studies of INDEPTH communities (HAALS), at the Harvard Center for Population and Development Studies. Prior to joining Harvard, she was a data analyst in the Center for Global Health and Development at the Boston University School of Public Health where she served as program manager for a number of studies in Kenya, South Africa and Uganda.



Julia Rohr

PUBLICATIONS AND SUBMISSIONS



PPIUD protocol published by BMC Pregnancy and Childbirth

"Institutionalizing postpartum intrauterine device (IUD) services in Sri Lanka, Tanzania, and Nepal: study protocol for a cluster-randomized stepped-wedge trial" by David Canning, Iqbal H. Shah, Erin Pearson, Elina Pradhan, Mahesh Karra, Leigh Senderowicz, Till Bärnighausen, Donna Spiegelman and Ana Langer was published by *BMC Pregnancy and Childbirth* on November 21, 2016.

"Quality of Antenatal Counselling and Acceptance of Postpartum IUD in Sri Lanka" by Mahesh Karra, David Canning, Sorka Foster, Iqbal Shah, Hemantha Senanayake, and U.D.P. Ratnasiri.

"Explaining Variations in Sex Ratio at Birth in Nepal" by Elina Pradhan, Erin Pearson, Manju Maharjan, Mahesh Puri, and Iqbal Shah.

"Perspectives of service providers in Nepal on postpartum family planning and postpartum IUD" by Manju Maharjan, Yasaswi Dhungel, Mahesh Puri, Erin Pearson, Iqbal Shah and Elina Pradhan.

Interview with Ranjith de Silva: National Coordinator for Sri Lanka



National Coordinator Ranjith de Silva

The PPIUD Project will profile activities from each country to learn about the unique challenges and opportunities. This issue includes an interview with the national coordinator for the PPIUD Project in Sri Lanka, Ranjith de Silva. Mr. de Silva holds a Master's in Demography and a Postgraduate Diploma in Applied Statistics from the University of Colombo where he studied issues relating to contraceptive use in rural Sri Lanka and the connections between fertility and education.

Q. To what extent do women protect against an unintended pregnancy during the postpartum period in Sri Lanka?

A: The percentage of currently married women 15-49 years who are currently using any type of contraceptive method was reported at 70.2% in the Sri Lanka Demographic and Health Survey (SLDHS) of 2006-07. That is an increase of 9 percentage points in contraceptive prevalence from 1987 to 2006. Although there is no recent national statistics of contraceptive use, it can be assumed as more than 70%. The knowledge of any contraceptive method is universal among currently married women aged 15-49 years. Most women in Sri Lanka wish to protect from an unintended pregnancy mainly for birth spacing.

Q. What contraceptive methods do women use during the postpartum period?

A: Injectables seem to be a leading contraceptive method during the postpartum period. Although female sterilization is also used,

it shows a downward trend. Use of IUD has been rising during the last two decades.

Within study hospitals, the implant (Jadelle) is more popular than PPIUD for postpartum contraception, except in one hospital (Nawalapitiya).

Q. How is postpartum IUD perceived by women and health care providers for contraception after delivery?

A: Women who have had experience of using IUD recognize PPIUD as a very good method because it avoids the need to meet with providers after delivery and is less painful at insertion. Women have often heard myths about the IUD, and the PPIUD. Health care providers in Sri Lanka are working in two sectors: clinical sector in facilities and public health sector on the preventive side. Providers in both sectors think that PPIUD is a good contraceptive method after delivery for birth spacing. However, the clinical sector providers believe that family planning services, including postpartum family planning, should be looked after by the Public Health sector. The Public Health sector providers like the method because there is a minimum of follow up.

Q. What do you think are the effective ways to promote postpartum contraception and in particular postpartum IUD among women who do not want to have another child or have the next child after two years of the previous birth?

A: Public Health midwives who visit women during pregnancy can provide family planning counseling and promote awareness of PPIUD. This service should be expanded and improved to cover the advantages and disadvantages of the method, and PPIUD removal and side effects. With this background awareness, if a service provider (a medical doctor) can advise women to use this particular method, PPIUD, use will increase.

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

A: Both Intervention and Research are managed by one organization (SLCOG). Therefore, facility management staff do not see differences between the role and functions of the two teams.

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Members of the SLCOG PPIUD team

In Nawalapitiya and Nuwaraeliya study facilities, PPIUD insertions (using their own insertion method) were happening before the project started.

Lack of information about the facilities such as the infrastructure,

staffing, details of social background of mothers has impacted recruitment of ideal enumerators in terms of number and their language skills.

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

A: For the intervention:

1. A strong project monitoring arm is required.
2. Training for providers should be aligned with rotating schedule/transfer list of medical officers.
3. Comprehensive training is required for providers.

4. Promote counseling at antenatal wards.

5. Effective methods of supplying equipment, promotional aids, etc.

For the research evaluation:
Mechanism of selection of women in the sample, which should be representative of the population in terms of at least sector and ethnicity/religion.

FIGO Lessons Learned Workshop

Tanzania focal point, Leigh Senderowicz, attended the Lesson Learned workshop organized by FIGO in Dar es Salaam, Tanzania at the end of November, 2016. The participants, 40 project staff from all 6 intervention countries (Bangladesh, India, Kenya, Nepal, Sri Lanka, and Tanzania) shared challenges and brainstormed prototype solutions. Topics ranged from appropriate use of data, improving quality of counseling, improving PPIUD uptake, advocacy, working with the government to promote sustainability, and increasing follow up rates, among others. It was especially helpful for the HSPH team to learn more about data reporting, and discuss how expanding CommCare dashboards could help country teams gain a deeper understanding of the intervention's impact.

Leigh discussed with the FIGO team the creation of new indicators to better measure progress and to integrate data more holistically.



Grace Kimario of AGOTA

Data Safety Monitoring Board

Data Safety Monitoring Board (DSMB) has been established in Tanzania and Data Safety Monitoring Committee (DSMC) in Nepal. Both countries have held initial meetings of DSMB/DSMC, and additional meetings are scheduled for the upcoming months. Plans for the establishment and first meeting of DSMC are underway in Sri Lanka.

The PPIUD Project

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