



THE POSTPARTUM IUD (PPIUD) PROJECT

in the Department of Global Health and Population

NEWSLETTER

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The Postpartum IUD (PPIUD) Intervention Program: perspectives of leaders in Nepal, Sri Lanka and Tanzania

The PPIUD intervention program to institutionalize immediate postpartum IUD services as a routine part of antenatal counseling and delivery room services was developed by the International Federation of Gynecology and Obstetrics (FIGO) and implemented through its nationally-affiliated Associations/Societies of Gynecologists and Obstetricians. In three (Nepal, Sri Lanka and Tanzania) of the six countries participating in the FIGO initiative, the research project by Harvard T. H. Chan School of Public Health estimates the impact of the intervention on PPIUD counselling and uptake. The research study will also assess whether the intervention leads to institutionalization of PPIUD services in the hospitals during and after the FIGO intervention and diffusion of the PPIUD services to other hospitals or providers. For this Newsletter Issue, we interviewed the national society leaders and highlight their perspectives on the context and implementation of PPIUD intervention Program in Nepal, Sri Lanka and Tanzania.

Nepal Society of Obstetricans and Gynecologists (NESOG)

Dr. Kusum Thapa is the current president of NESOG, and leads the FIGO PPIUD intervention in Nepal. Dr. Thapa has over 25 years of experience



as an obstetrician and gynecologist both in Nepal and the UK. She is the Asia Near East Regional Technical Advisor for Jhpiego, and has been actively involved in providing technical leadership and guidance in the area of maternal newborn child health, family planning and reproductive health.

1. What are the levels and trends in use of modern contraceptives in Nepal?

According to Nepal Demographic Health Survey (NDHS) 2016, 53% of currently married women use a method of family planning, with 43% using a modern method and 10% using a traditional method.

Among currently married women, the most popular methods are female sterilization (used by 15%), injectables and

withdrawal (each used by 9%), male sterilization (used by 6%). The methods less commonly used include, the oral pill (used by 5%), the IUD (used by 1.4%) and the Implant (used by 3.3%).

The contraceptive prevalence rate (CPR) among married women varies with age, rising from 23% among women age 15-19, peaking at 69% of women age 35-44, and then slightly declining to 65% among women age 45-49. Women in urban areas are more likely to use a contraceptive method than those in rural areas (55% and 49%, respectively).

2. If and how has the work NESOG on PPIUD changed the landscape of reproductive health in Nepal?

We believe that our work is certainly contributing in changing the landscape of reproductive health in Nepal. This initiative has been able to institutionalize PPIUD services in six major referral hospitals across Nepal and provide the service to women from different corners of the country. PPIUD is a long acting method that is helping to bring positive impact on maternal health among the users.

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NESOG con't



Mentoring-skills assessment in Butwal

We have also recently introduced two innovative approaches to the program which are On-the-job training (OJT) and mentorship. OJT is the first of its kind for PPIUD globally and we take pride in being able to develop OJT package under the leadership of government line agencies

such as National Health Training Center. The mentorship program for PPFP/PPIUD is quite recent in Nepal as well. Both these approaches have been able to remarkably improve the performance of the health providers for delivering quality services. Moreover, we have been focusing on data-driven decision making involving every level of the stakeholders of PPFP/PPIUD initiative which is showing positive results.

3. What are your perspectives on the strengths and limitations of the PPIUD intervention?

Strengths: The biggest strength of the intervention is that we work very closely with government line agencies. Our activities are well aligned with the government policy which makes the intervention sustainable. The beneficiaries are also very receptive and the health providers are committed to provide quality service. We have also been focusing on data driven decision making and have involved NESOG's members and Nurses as Master Trainers who are providing high quality training to the health providers.

Limitations: The major limitations of this intervention are in line with the overall limitation of the health system in the country. We have limited human resource but high case load which affects the service delivery. A high-turn-over of trained human resource has also affected the intervention to some extent. Moreover, the acceptance of IUD in general is very low in Nepal which remains a challenge for family planning programs in Nepal.

NEWS AND EVENTS

- Leigh Senderowicz presented a poster on “*Quality of family planning counseling and the ability to realize fertility intentions in Tanzania*” at the North American Forum on Family Planning in Atlanta, Georgia from October 14-16, 2017.
- Dr. Mahesh Puri will present on “*Providing post-partum family planning services in Nepal: Are providers supportive?*” at the 4th Asian Population Association (APA) Conference in Shanghai, China, from July 11-14, 2018.

4. What would have made the FIGO intervention more effective?

We are already on track with achieving the objectives of this project. It has been a “learning by doing”. When we look back, we feel we could have done the following activities a bit sooner to make the intervention even more effective:

- More involvement of NESOG executive members in the project designing and planning.
- More participatory approach in decision making involving all levels of stakeholders.
- More data driven decision making.
- Open to new innovative practices and thinking out-of-the box.
- More efforts for demand generation among the women through community mobilization.

5. What is your vision for the future of reproductive healthcare in Nepal and how to attain higher levels of quality services addressing women's reproductive health needs?

We have been able to improve many aspects of family planning in the past years. However, there are still room for improvement. We hope to address women's reproductive health needs through following activities:

- Focusing on pre service education (medical and nursing education)
- Expansion of PPFP/LARC services in high volume private sectors.
- Focusing on demand generation at the community level
- Strengthen recording and reporting system to use of data for decision making to provide quality RH services at all levels.
- Focusing on quality health services (with trained human resources, infrastructure, equipment, instrument, commodities etc.).



PROGRESS

The PPIUD study is making a good progress and is entering the last phase of data collection for 9-month and 18-month follow up interviews. The cumulative report from the start of the project to as of January 31, 2018 is shown below.

STATUS AS OF JANUARY 31, 2018

	Sri Lanka	Nepal	Tanzania	Total
Number of women enrolled in the study	40,433	75,587	24,238	140,258
Number of women counselled on PPIUD	14,554	15,607	3,926	34,087
Number of women received PPIUD	2,727	1,545	1,154	5,426

Meet the new students of the PPIUD Harvard team...

Asinath Rusibamayila is a first year Doctor of Public Health (DrPH) student at the Harvard T. H. Chan School of Public Health. Ms. Rusibamayila holds a Master's in Public Health from Columbia University and Bachelor's from Mount Holyoke College. She has worked on various global health issues, including HIV/AIDS, family planning, and health systems strengthening. Before starting her DrPH, she was managing a feasibility study on the quality, safety, and acceptability of task-shifting injectable contraceptives by CHWs in her home country of Tanzania. This past summer she interned at the Gates Foundation, which sparked her interest in philanthropy. Ms. Rusibamayila is passionate about the health and the development of Africa.



Aayush Khadka is a first year PhD student in Global Health and Population. He has wide-ranging research interests from studying the link between health and poverty to antibiotic resistance to econometric methods. Before coming to Harvard, Aayush worked on evaluating the poverty and inequality impact of cash transfer programs in South Africa. He has a MS in Global Health and Population from the Harvard T. H. Chan School of Public Health and a BA in Political Science and Mathematics from Williams College.



Dorit Stein is a first year Master of Science student in Global Health and Population. She is interested in studying the impact of health interventions at both systems and program level, with a focus on women's health. Before starting at Harvard, Dorit facilitated women's group meetings in rural Nepal with a community development organization and conducted mixed-methods program evaluations for NIH while working in Washington DC. Dorit has a BS in Human Biology and Society with a minor in Public Affairs from UCLA.



Sri Lanka College of Obstetricians and Gynecologists (SCLOG)



Dr Gamini Perera, has been a consulting obstetrician and gynaecologist for 30 years. He was President of the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) in 2016, and involved in the development of Essential Gynaecological Skills pilot course promoting excellence in the field. Dr. Perera is the head of the PPIUD project for Sri Lanka.

1. What are the levels and trends in use of Modern Contraceptives in Sri Lanka?

As mentioned in the 2017 Demographic and Health Survey Sri-Lanka the contraceptive prevalence rate modern methods in 2016 was 53.6%. Below are rates for various methods in 2006 and 2016 to examine the trend.

	2006	2016
Female sterilization	16.3	14.0
IUD	6.5	10.6
OCP	8.1	8.6
Injectable	14.8	8.6
Implants	0.3	4.6
Male condom	5.7	7.0
Emergency Pill	----	0.1

My personal view is that the popularity of implant is increasing, and the use of Emergency Pill is also increasing. The use of female sterilizations is going down except during Caesareans.

2. If and how has the work on PPIUD by SLCOG changed the landscape of reproductive health in your country?

The PPIUD project has increased awareness overall of immediate post-partum contraception in Sri Lanka. The correct version of PPIUD, the proper technique of insertion, and training on the Mama U model were all introduced by the project. The training was instrumental in addressing the myths on failures and complications. The enormous effort on training the field staff and medical staff on counseling mothers could not have been done without the project. Due to the success of the PPIUD project, PPIUD has now been accepted as a method of family planning in the National Program in Sri Lanka.

3. What are your perspectives on the strengths and limitations of the PPIUD intervention?

Over 99% of deliveries in Sri Lanka take place in hospitals, and the majority in specialist centers. PPIUD is a good practical method for this setting because it has high efficacy, low complications, relatively painless insertion, low cost, long term, and reversible. The PPIUD intervention provided education on all these aspects of the method to the public.

Increasing post-partum access to contraception is import-

ant in Sri Lanka as termination laws are strict and the most common reason for seeking illegal abortions is a too short inter-pregnancy interval.

PPIUD insertions after a caesarean section is convenient because inserting forceps are not needed.

The limitations I see with the method are the need for a special instrument of insertion and the technical training on insertion, even though it can be done without much difficulty. Motivation and commitment of staff is also required, as it is a new procedure in Sri Lanka. Thread management has caused a few problems. Women have scheduled visits to have the threads shortened, receive an x-ray or ultrasound and sometimes need to have the PPIUD removed.

4. What would have made the FIGO intervention more effective?

I cannot think of any. But designating consultants in the facilities as 'Facility Coordinators' helped us receive more support. The inclusion of leaders from different religious and ethnic communities in the training programs may be useful in the future as we have experienced some adverse publicity.

5. What is your vision of the future of reproductive health in Sri Lanka? How would you attain higher levels of quality services addressing women's reproductive health?

Reproductive health is an umbrella concept that encompasses the rights of women to decide when and how many children she wants to have, access to modern family planning, good antenatal care, safe delivery, and a healthy baby.

Sri Lanka has a quality health care system with relatively low maternal mortality ratio and infant mortality rate thanks to our free national education and health care. All family planning methods are available free of charge by the Health Department Clinics and Hospitals.

Some areas needing further attention are (many are being addressed at present):

- Relaxing the termination law to include severe fetal anomalies and rape
- Have subspecialists on fetal medicine
- Improve delivery care – labour companion/husband, pain relief, monitoring
- Highly specialized centers for critically ill patients
- Improve assisted reproductive facilities including IVF through Government
- Have dedicated Family Planning clinics with ultrasound scan facility/ thread retrievers
- Health education on contraception, pregnancy and delivery
- Have quality indicators of service, e.g. induction rate, caesarian rate, episiotomy rate, etc.

Association of Gynaecologists and Obstetricians of Tanzania (AGOTA)



Dr. Projestine Selestine Muganyizi directs the FIGO PPIUD intervention through the Association of Gynaecologists and Obstetricians of Tanzania (AGOTA). AGOTA has been working to promote the wellbeing of women in Tanzania, and to raise the standard of practice in obstetrics ad gynaecology in the country since 1974.

Dr. Muganyizi is an Associate Professor in the Department of Obstetrics/Gynaecology at the Muhimbili University of Health and Allied Sciences where he also does research in gynaecology, obstetrics and emergency medical care.

1. What are the levels and trends in use of modern contraceptives in Tanzania?

The use of modern contraceptives has steadily increased over the last decade from 20% in 2004-05 to 27% in 2010 and 32% in 2015-16. Despite this increase, the unmet need for family planning has remained steady at between 22% - 24% since 1999.

Among the types of modern methods of contraception, injectable Depo provera was the most commonly used by 106 out of 1000 married women in 2010, with an increase to 126/1000 in 2015. Intra-uterine Device (IUD) was the least used modern method of contraception by just 6 out of 1000 married women in 2010, which slightly increased to 9/1000 in 2015. Simultaneously, amongst married women, knowledge of IUDs (79.3%) was the lowest when compared with other modern contraceptives commonly in use.

2. If and how has the work by AGOTA on PPIUD changed the landscape of reproductive health in your country?

The work of FIGO and AGOTA

since 2015 has addressed issues of capacity building in postpartum family planning through training of healthcare providers, service provision particularly insertion of IUD within 48 hours of delivery, advocacy and support to the training facilities. The implementation of the program started in December 2015, but PPIUD insertions started in April, 2016.

Before the inception of this program, less than 1 woman per 1000 deliveries across the 6 training hospitals received PPIUDs. By the end of December 2017, 60 women per 1000 deliveries received PPIUDs, and this rate has been steadily improving.

In addition, PPIUD has increasingly become a routine practice in antenatal clinics, maternity care services and postnatal care. As a result PPIUD client follow-up has become routine even in some tertiary care hospitals such as Muhimbili National Hospital where this was not a routine practice.

We have so far trained more than 2000 healthcare providers on PPIUD insertion, counselling and advocacy. According to the official report by the Train track system

of the Ministry of Health Community Development Gender Elderly and Children the training of PPIUD providers in Tanzania contributed to 43% of PPIUD provider training in November 2017, which was the highest contribution in November, 2017. As a result of advocacy and information to clients, there has been progressive increase in the proportion of women who come for delivery while informed about PPIUD. All these indicate the impact of FIGO affiliation on reproductive health in the country.

3. What are your perspectives on the strengths and limitations of the PPIUD intervention?

As noted above, the program has shown a strong impact on PPIUD use among women who delivered in the six hospitals. Observations in these hospitals have hinted on the increase in use of other postpartum family planning methods as well. The strength of this program is the support it has received from the local and National health Authorities and the engagement of the Obstetricians and Midwives. The limitation of this program includes limited support to facilities for minor renovations and refurbishments that might have

Meet the staff of the PPIUD Harvard team...

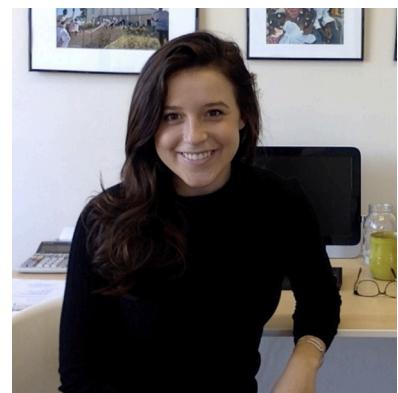
Brighid McHugh-Mullane is the Grant Manager for the Post-partum IUD (PPIUD) project in the Department of Global Health and Population at the Harvard T.H. Chan School of Public Health. Prior to coming to Harvard, she held the position of Cost Proposal Specialist at Management Sciences for Health, a global nonprofit dedicated to building strong, resilient and sustainable health systems. Before that, she was Contracts Manager/Consultant at Development Guild/DDI, a consulting firm specializing in organizational strategy, executive search, and fundraising advisement for nonprofit organizations. She holds an MBA from Simmons College with a concentration in non-profit management.



After three years as Project Coordinator of the PPIUD project, **Laura Campagna** will be leaving Harvard to dedicate herself to writing. She wishes to thank everyone who has contributed to the success of the study, and sends her fond regards to all.



The PPIUD project has hired **Sarah Gleason** as Project Assistant. She graduated from Stonehill College with a BA in Sociology and Global Health Studies. During her undergraduate program, Sarah spent two semesters studying grassroots health care delivery and global health policy with the School for International Training's International Honors Program in India, Argentina, South Africa, Morocco and Switzerland. Prior to joining the Willows Impact Evaluation team she managed operations for the Saint Rock Haiti Foundation, a small nonprofit working to provide comprehensive, community-based primary care in rural Haiti.



AGOTA cont'

improved postpartum services qualitatively and quantitatively. This has made some facilities to perform quite below their potential capacities. Another limitation was the failure to engage pre-service training which makes the current strategy less likely to be sustainable after the program is over.

4. What would have made the FIGO intervention more effective?

The involvement of pre-service training, improved support to facilities, and increasing coverage to more lower level facilities would have made PPIUD uptake more effective.

5. What is your vision for the future of reproductive healthcare in Tanzania and how to attain higher

levels of quality services addressing women's reproductive health needs?

The future of reproductive healthcare in Tanzania is encouraging. Throughout the implementation of the current program all IUD methods were made available by the government which indicates government's commitment.

The future will depend on how wide is the family planning coverage particularly programs targeting the lower level facilities in the rural areas where majority of women are attended. Special attention should focus on geographical inequity especially the Lake and Western zones where the Contraceptive Prevalence Rate (CPR) has remained the lowest for more than a decade.

Publications

Five papers have been recently completed and are being submitted to journals for publication and a number of papers are in progress. The complete list of completed and in progress papers are shown below.

PPIUD PUBLICATIONS COMPLETED OR IN PROGRESS	
1.	Explaining Variations in Sex Ratio at Birth in Nepal ^c
2.	Providing post-partum family planning services in Nepal: Are providers supportive? ^c
3.	Effect of a PPIUD Intervention on PPIUD Counseling and Uptake: Evidence from a Cluster-Randomized Stepped-Wedge Trial in Tanzania
4.	Provider Experience and Postpartum Intrauterine Device Expulsion and Removal 4-12 Weeks Postpartum: Evidence from Nepal
5.	The Effect of a PPIUD Intervention on Counselling, Acceptance, and Uptake: Evidence from a Cluster-Randomized Stepped-Wedge Trial in Sri Lanka
6.	Linguistic Concordance, Ethnicity, and the Provision of PPIUD Counseling Services in Sri Lanka ^c
7.	Short-term outcomes of the Intra Uterine Device (IUD) inserted in a Post-Partum IUD intervention in Tanzania
8.	Women's characteristics associated with postpartum family planning use: A mixed methods analysis in Tanzania
9.	Does Quality of Family Planning Counseling Predict the Ability to Realize Contraceptive Intentions? A Tanzanian Exploration
10.	Integrating Postpartum IUD Counseling and Insertion Services into Maternity Care in Nepal: Results from Stepped-Wedge Randomized Controlled Trial ^c
11.	Safety of postpartum IUD (PPIUD) provided by Midwives versus Clinicians in Tanzania: A Case Control study
12.	Women's Experiences with Postpartum Intrauterine Device Removal in Nepal, Sri Lanka and Tanzania: Are Women Able to Access Removal Services?
13.	Investigating the quality of counseling on family planning as part of routine antenatal care and its effectiveness among women in Nepal: a hospital-based qualitative study ^c
14.	Impact of Service Provider Characteristics and Training Experience on Postpartum Intrauterine Device Provision in Tanzania
15.	Impact of a postpartum IUD intervention on contraception use and methods mix in Nepal: Evidence from a Cluster-Randomized Stepped Wedge Trial

Note: c=completed.

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