Program Assessment of Introduction of Multiload 375 in the National Family Planning Program of the Government of India

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Background

- In India Contraceptive prevalence rate is 56% (DHS-3), Intrauterine Contraceptive Device (IUCD) is under utilized (1.7%)
- CuT 380A IUCD - limiting and spacing method in National Family Planning Program (NFPP)
- Plan to include Multiload375 (ML375) in NFPP along with CuT 380A
- ML375 available in private sector, popular, well accepted
- GOI requested USAID/FHI360 to assess any operational issues in introducing another IUCD
Background Contd…

- Discussions with MOHFW on assessment design, pilot sites selection, ML375 procurement

- PROGRESS/FHI 360 provided technical assistance, HLL Life care provided ML375

IUCD ML-375 (5 years protection)          IUCD Cu – 380 A (10 years protection)

Flexible plastic arm

Copper wire wound around the vertical stem

Strings
Aim/Objective

- To identify operational issues associated with introduction of ML375 in NFPP-supported health facilities along with CuT 380A in pilot sites and facilitate its national rollout

Assessment Sites

- Gandhinagar
- Varanasi
- Hazaribagh
- Mysore
- Nadia
- Kamrup
Study design, data sources, time frame, sample size

• Three study phases: 1. pre-intervention, 2. intervention, 3. post-intervention

• In Pre-intervention phase, health facility assessments (n=12) and in-depth qualitative interviews (n=66) with facility staff were undertaken

• Seven-month Intervention phase included
  – training of providers on ML375 insertion,
  – provision of ML375 services to clients

• Communication materials for clients, record keeping systems to track intervention activities

• Provision of ML375 initiated in June 2010, monitored throughout intervention phase (September end 2010)
Methodology

- The post-intervention phase assessed the pilot introduction through in-depth interviews with facility staff (n=66) to assess the experience of the facility staff and to identify how the new product could be provided to FP clients through the existing health system.

- Both quantitative (service statistics) and qualitative data (in-depth interviews) were part of this assessment.
Intervention: Communication Materials

- **Handbook for Service Providers on IUCD**
  This handbook serves as an information booklet and was distributed amongst all service providers during the 1 day training of service providers. This was printed in English and 5 regional languages.

- **Flipbook for Counselors**
  A flipbook for the counselors was developed in 5 regional languages and was distributed during the training on counseling and referrals.

- **Leaflet for Users**
  The leaflet was in 5 regional languages and was given away to the community.
Intervention: Data management system and record keeping

- An IUCD card was developed and printed in 5 languages for record keeping and collecting service statistics.

This was added for the first time under this pilot project.

The card collected information on:
- Age of the client
- Parity
- Type of IUCD inserted
- Type of service provider inserting IUCD
- Follow up dates
- Reasons for follow up
- Client education on follow up and side-effects
Results: Data from Qualitative interviews, service statistics and monitoring visits

- Providers feedback positive and encouraging

- After one day of ML375 training, providers with existing experience in inserting CuT 380A IUCDs were able to successfully counsel and insert ML375

- Providers demanded a longer duration of training including supervised ML375 insertion on clients

- Over the intervention period 479 ML375 were inserted, representing 80% of the tracked IUCD insertions in 12 introduction facilities

An Auxiliary Nurse Midwife counseling a client on the benefit of the IUCD

Source: FHI- India PROGRESS, August 2010
Distribution of IUCD Insertions by Healthcare Providers (Highest to Least Education Level)

Doctors & Medical Officers: 40 ML 375, 24 CuT 380A
Nurses: 9 ML 375, 10 CuT 380A
Auxiliary Nurse Midwife: 43 ML 375, 60 CuT 380A
Female Health Worker & Lady Health Visitor: 8 ML 375, 6 CuT 380A
Results from Provider Interviews

• Facility constraints such as sharing space with services that took greater priority, limited privacy, insufficient equipment limit women from receiving IUCDs

• Supply chain management issues also limit women from receiving IUCDs

• In the community, IUCDs lack visibility, especially the ML375, and whatever is known by women, partners, mothers-in-law, is often incorrect

• Without higher incentives, women have little impetus to select an IUCD over female sterilization for limiting their pregnancies

• Unequal incentive scheme for the different IUCD types in the public and private sectors is also a challenge
Recommendations

• Mass media, mid-level media and interpersonal communication required for increasing ML375 demand and addressing overall IUCD myths and misconceptions
• Comprehensive training of all levels of health care providers on IUCD counseling, insertion, and follow up, with special focus on supervised insertions
• Different colored strings for different IUCDs would be useful for different IUCD efficacy
• Ensure constant supply of IUCDs to facilitate uptake
• Infrastructure improvements, including provision of adequate space for counseling and IUCD insertions, and additional instruments are required
• IUCD tracking cards provide a systematic record to manage clients and monitor facility insertions
• Developing a practice of following up IUCD insertions could improve continuation and management of side effects
Conclusions and Next Steps

• With improvements in the intervention and appropriate health system infrastructure and policy modifications, the ML375 has the potential to be a meaningful contribution to the FP method mix under NFPP

• The pilot study throws light on assessing operational issues and strengthening of health systems (health services, health workforce, health information systems, procurement and supply) in introduction of an additional copper-based IUCD under NFPP

• The assessment describes pilot interventions for introduction of an additional copper-based IUCD and identifies recommendations for country-wide scale-up of ML375 in the public health system

• FHI360 has provided 2000 copies of adapted version of the IUCD card for distribution to GOI

• At present FHI360 is discussing with the GOI about the possibility of providing technical assistance for Multiload national rollout
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Thank You