



## **PPIUD Project-Sri Lanka**

In Sri-Lanka we have achieved nearly 100% of institutional deliveries; however, the proportion of postnatal women leaving the facilities without receiving a contraceptive method remains high. The immediate post-partum period presents an ideal opportunity to serve women with a much-needed and beneficial Birth Spacing. IUD a long-acting reversible contraceptive method is confirmed safe and effective when inserted in first 48 hours.

The initiative commenced in July 2013, with a pilot in six Teaching Hospitals in Sri Lanka – Group A -De Zoysa, Castle Street, Colombo South, Colombo North, Mahamodara and Kandy/Peredeniya. Further expansion of the project to 12 additional facilities in Sri Lanka was secured from January 2015- Group B – Badulla, Homagama, Avissavella, Batticaloa, Jaffna and Ampara. Group C- Chilaw, Polonnaruwa, Nawalapitiya, Monaragala , Nuwara-Eliya and Kalutara

### ***Project aims:***

To address the post-partum contraceptive needs of women by institutionalising the practice of offering immediate Post-Partum Intra-Uterine Device services (PPIUD) in selected hospitals in Sri Lanka.

### **Overall objective**

The current initiative aims to address the post-partum contraceptive needs of women by increasing the capacity of health care professionals to offer PPIUDs; training community midwives, health workers, doctors and delivery unit staff, and institutionalizing the practice of counselling for the use of PPIUD during the antenatal period.

A research team led by the University of Harvard (in collaboration with FIGO and the SLCOG) evaluates group C Hospitals.

### **Achievements to date:**

The pilot phase in Sri Lanka has been heavily rooted in early Government engagement, resulting in their strong support for the initiative and the importance of birth spacing and post-partum family planning, with the inclusion of PPIUD as part of routine data collection and training support provided by the Family Health Bureau. The hard work and commitment of the Sri Lanka team has resulted in training of a total of 700 healthcare providers in PPIUD insertion and 4,146 Nurse Midwives and Community Midwives in counselling women on the benefits of PPIUDs since the start of the initiative. A total of women have received PPIUD services in Sri Lanka up to 30<sup>th</sup> September 2016 are 6830.

Implementation have commenced in the additional Sri Lanka facilities, with capacity building of the new teams and training of the Master Trainers. Implementation has been staggered in the research facilities to allow for baseline data collection.

Development of tailored data collection tools in collaboration with Harvard commenced for tablet based data collection. This will streamline the monitoring processes and allow country teams to advocate with the Ministries for

continued expansion of services, provide evidence-based arguments for institutionalisation of PPIUD and ensure quality of service provision.



Dissemination of the importance of provision of PPIUD services was undertaken at the November 2014 South Asian Federation of O&G (SAFOG) conference in Sri Lanka followed by another PPIUD seminar at the April 2015 SAFOG conference in Nepal. Complications queried by the audience were due to insertion by untrained personal, inappropriate instruments and wrong timing for insertion. The seminars provided the opportunity to dispel myths and clarify regarding expulsion rates and complications and to discuss the importance, safety and success of PPIUD.

FIGO Congress 2015 hosted a PPIUD Symposium with representatives from participating countries speaking on the need and evidence-base for PPIUD, results so far, challenges and experiences to date and the research component. A lessons learnt and experience sharing meeting followed to provide the opportunity for countries to learn from each other, problem solve and strategize. Another all Country experience sharing meeting is scheduled was held in Tanzania from 30<sup>th</sup> November 2016 to the 2<sup>nd</sup> December 2016.

The creation of an animated DVD to train providers in birth spacing counselling is underway along with a PPIUD wall chart by FIGO. The SLCOG Birth spacing brochure and modification to the present leaflet are in progress. Every women in antenatal clinics, MOH clinics are expected to receive a blue colour information leaflet and a brochure about the PPIUD and those who express their consent will get a green colour consent form. Once the consent is given it is expected to place a purple colour PPIUD sticker on the mother's card for the service providers to identify the women's choice.



Health Providers trained for PPIUD insertion in Sri Lanka

	<b>Hospitals</b>	<b>No.</b>
1.	DMH	129
2.	Castle Street Hospital	67
3.	Teaching Hospital Mahamodera-Galle	76
4.	Colombo South Teaching Hospital-Kalubowila	62
5.	Colombo North Teaching Hospital-Ragama	34
6.	Teaching Hospital Kandy	29
7.	Provincial General Hospital Badulla	38
8.	Base Hospital Avissawella	33
9.	Teaching Hospital Jaffna	55
10.	Teaching Hospital Batticaloa	26
11.	Base Hospital Homagama	19
12.	Teaching Hospital Peradeniya	21
13.	District General Hospital Ampara	32
14.	District General Hospital Polonnaruwa	13
15.	District General Hospital Nawalapitiya	10
16.	District General Hospital Chillaw	15
17.	District General Hospital Monaragala	17
18.	General Hospital Kalutara	14
19.	District General Hospital Nuwara Eliya	10
	<b>TOTAL</b>	<b>700</b>

(From the start of the project up to 30<sup>th</sup> September 2016)

FIELD AND HOSPITAL STAFF TRAINED FOR COUNSELLING FROM THE START OF THE PROJECT TO THE 30<sup>TH</sup> SEPTEMBER 2016

COLOMBO	KANDY	GALLE	RAGAMA	AVISSAWELLA	HOMAGAMA	BADULLA	BATTI	JAFFNA	AMPARA	POLONNARUWA	NAWALAPITIYA	CHILLAW	PERADENIYA	MONARAGALA	KALUTARA	NUWARA ELIYA
637	328	346	556	156	43	291	246	277	165	228	99	203	19	168	240	144
<b>Total 4146</b>																

source		Number of deliveries	Number of women interviewed	Number of women counselled on PP contraception	Number of women who were counselled on PPIUD	Number of women consented for PPIUD	Number of PPIUD insertions	Number of women with complications immediately after insertion
Excel data	2014	36775	3064	2922	1940	1794	1601	12
Excel data	2015	54290	28879	27463	24359	2621	2264	12
Commcare	2016	83844	61913	58492	37292	3507	3206	4
<b>Cumulative</b>		<b>174909</b>	<b>93856</b>	<b>88877</b>	<b>63591</b>	<b>7922</b>	<b>7071</b>	<b>28</b>

\*The current rate for PPIUD insertion from total deliveries in 18 hospitals from January to September 2016  
3.934%

#### **Monitoring**

1. FIGO management team visits every year and monitor the proceedings and work carried out by the Sri Lanka Team at SLCOG
2. FIGO Finance team conducts their annual audit and visit to monitor and evaluate the budgets and finances handled by the Sri Lankan team and documentations.

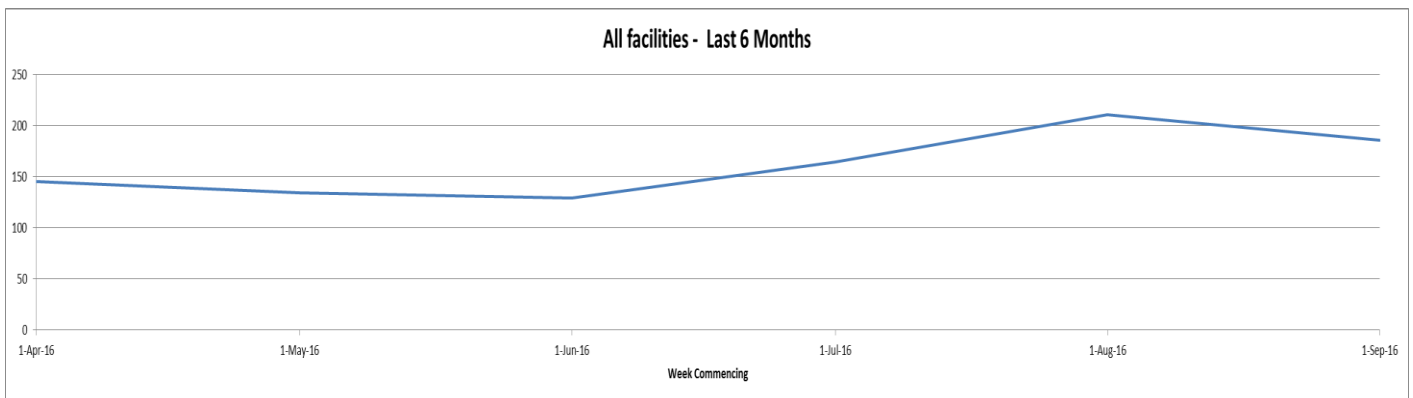
#### **Trainings**

1. Inauguration & 1<sup>st</sup> Round of Awareness programmes have been completed in 18 Hospitals.
2. Doctors training on PPIUD insertion held in 18 hospitals.
3. In-House trainings -Doctors training on insertion-on going
4. Refresher trainings held for Peripheral and Hospital staff for Colombo Hospitals, Badulla, Polonnaruwa, Batticaloa, Homagama & Chillaw.
5. A review meeting with FHB representative/MOMCH/midwife/nursing officers data collection officers held in 2015 at SLCOG

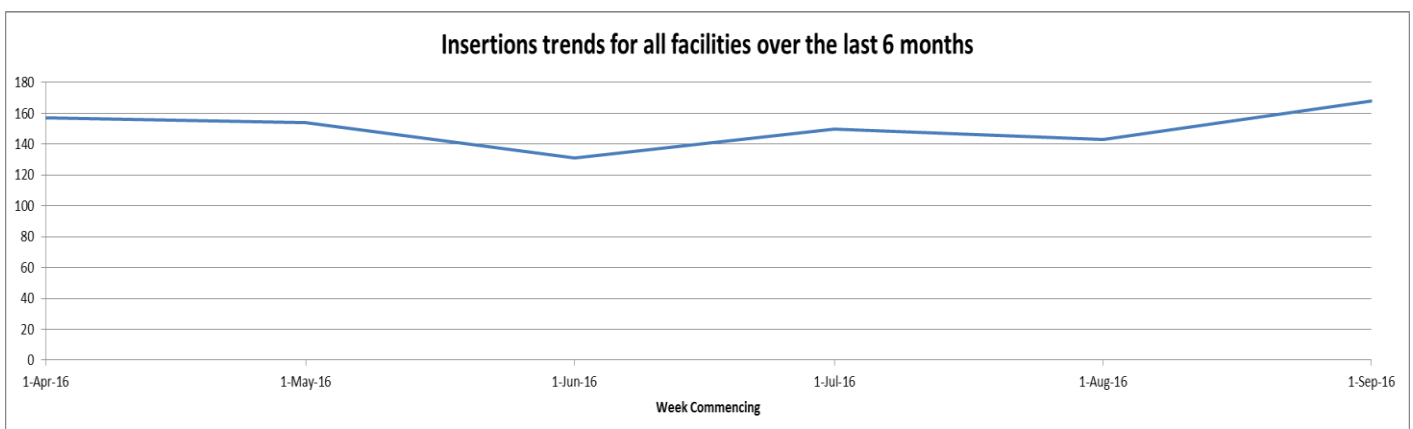
## Coordination

1. Prof. Hemantha Senanayake as the National Coordinator from 2013-2015
2. Dr.Gamini Perera as the National Coordinator for 2016.
3. Under the National Coordinator Facility coordinators (18 and now has been changed to 46) a manager, Data Officer/Analysts/Accounts Executive/General clerck & 39 Data entry clercks are coordinating this Project
4. Advisory Board has been formed in 2016 to advise and take the necessary decision on the project.
5. Harvard Research Team with Principal Investigator Prof.Hemantha Senanayake and Co Investigator Prof.Athula Kaluarachchi, Mr. Ranjith de Silva Reaserach Scientist and his team.

### A & B Group Hospitals (Insertion Trends)



### C Group Hospitals (Insertion Trends)







The PPIUD offices are now at SLCOG premises. The SLCOG revenue from the project has increased as most of the coordinators are donating the allowance to SLCOG.

**Diffusion-** FIGO is promoting diffusion of PPIUD to other Hospitals. The training Models and Kelly's Forceps could be provided and the initial training could be arranged. Balapitiya, Point- Pedro, Telippalai and Kilinochchi have already started.

**Nationalization** – Ultimate aim is for the PPIUD to be accepted as a method in the National Family Planning programme for the whole country, which will provide low cost, reliable, reversible and long-term family planning service.

**Challenges/ improvements** – 1.management of intrauterine [“ Missing”] thread – flow chart prepared and threads retrievers available. 2.Place of long inserter with longer thread ( Pregna IUD) – study planned, will make the insertion easy and Kelly forceps unnecessary 3. Insertion on Day 2 under ultrasound guidance using the normal IUD inserter as practiced in Navalapitiya 4. An independent Data and Safety Monitoring Committee is planned and will start functioning from January 2017