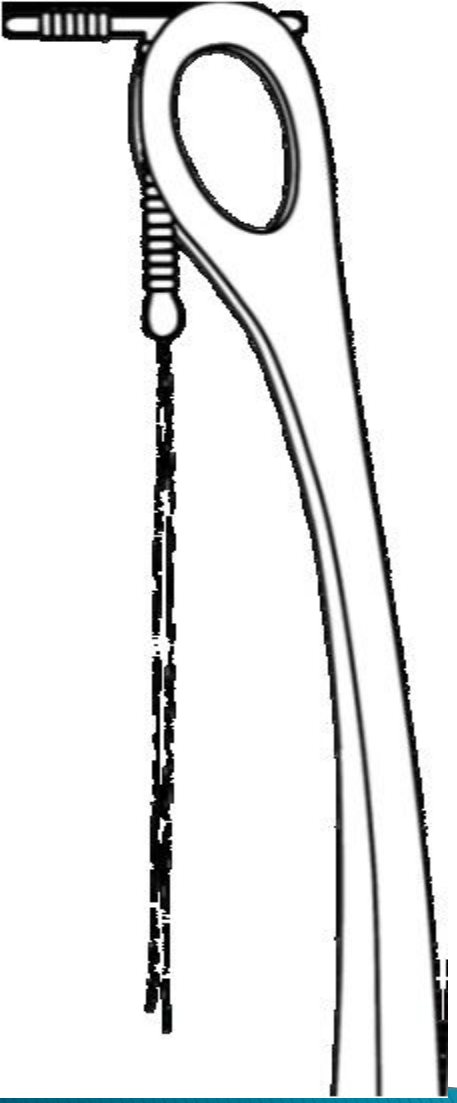


A study on Assessment of PPIUCD Trainings in Panchkula & Ambala (Haryana)

Submitted by :
Dr. Mukhmeet Kaur

TABLE OF CONTENT

INTRODUCTION

- Postpartum intrauterine contraceptive device

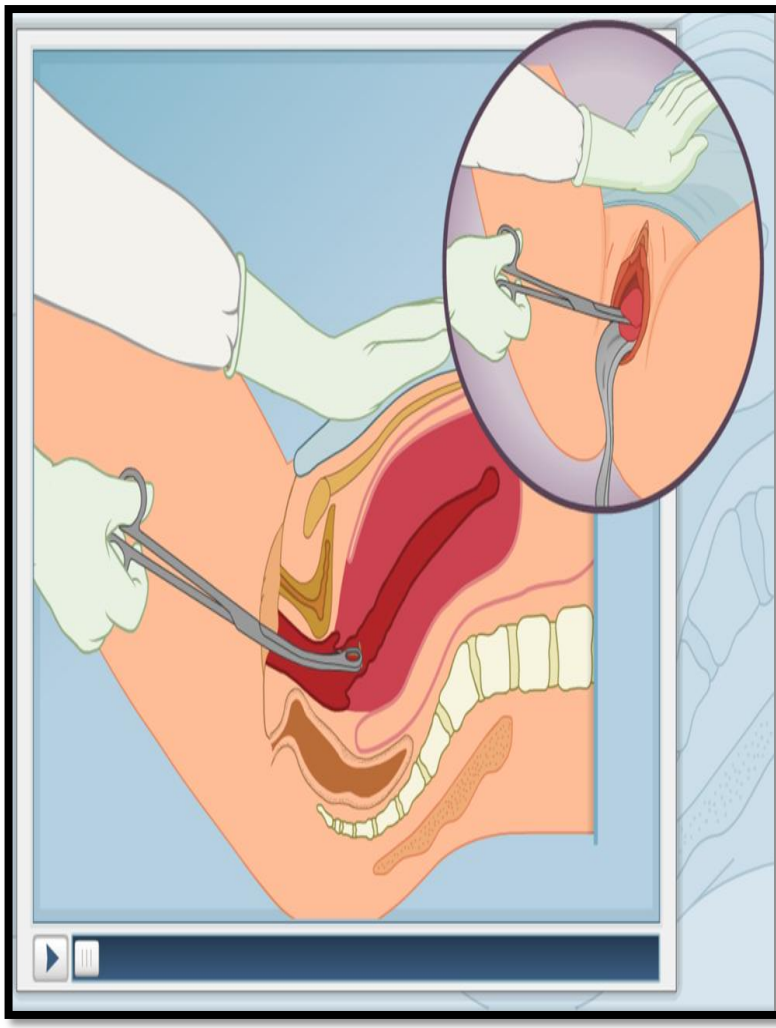
Timing of IUCD insertion:

1. Immediate post partum IUCD insertion
2. Post abortion IUCD insertion
3. Extended postpartum/Interval IUCD insertion

Immediate postpartum IUCD insertion

1. Postplacental IUCD insertion
2. Intracesarean IUCD insertion
3. Within 48 hrs after delivery

- STANDARDS FOR PPIUCD INSERTION :
  - Counselling about PPIUCD before insertion.
  - Women must be screened for PPIUCD.
  - Kellys forcep with “No touch technique”.



RATIONALE :

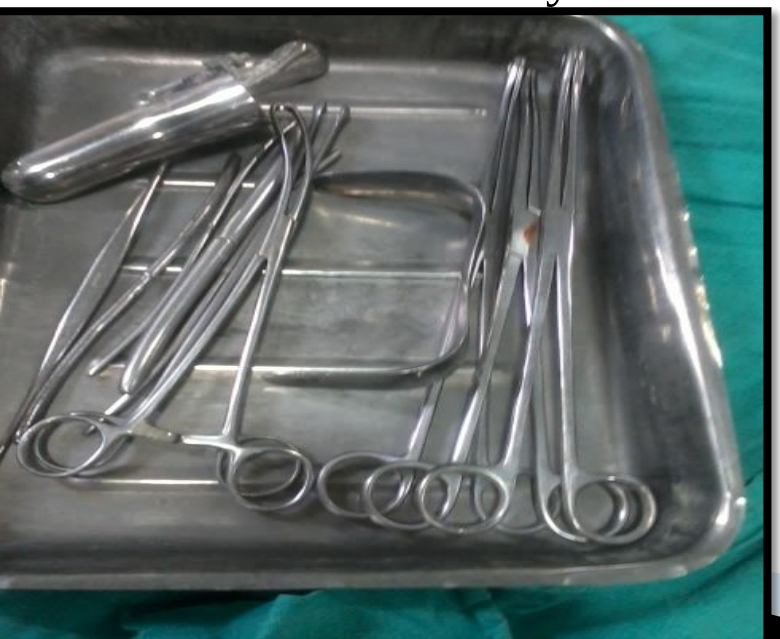
- In Haryana (Jan 11- March 13) : Proportion of PPIUCD acceptors : 9%
  Follow up rates : 33%
- High expense on PPIUCD trainings : 18 lakh per district still the unmet need has not been met.
- Study will help to enhance positive factors, remove negative factors that influence PPIUCD use and to make PPIUCD trainings more effective.

OBJECTIVES:

- To understand the provider perspective with respect to PPIUCD trainings, service delivery, and counselling provided by them.
- To learn about women's experience with PPIUCD insertion, counselling provided, follow up and satisfaction from service provider.
- To identify the gaps in performance of providers by comparing their knowledge and insertion procedure with standard guidelines .

GH 6 Labor room

PPIUCD insertion tray



PPIUCD Records

AREA FOR DATA COLLECTION

Panchkula		Ambala	
1	General Hospital	1	General Hospital –Ambala city
2	CHC Kalka	2.1	SDH - Ambala Cant
2.1	PHC Pinjore	2.2	SDH - Naraiangarh
2.2	PHC Nanakpur	3	CHC Mullana – PHC Saha
3	CHC Raipurrani	4	CHC Shahzadpur – PHC Ambli
3.1	PHC Barwala	5	CHC Chaurmastpur – PHC Naggal
3.2	PHC Kot		

- In Panchkula all service delivery points covered.
- In Ambala GH, SDH and all CHC covered.
- Under each CHC, 50 % of PHC (PPIUCD service delivery points) chosen randomly were covered.

METHODOLOGY

Type of study : Descriptive cross-sectional

Type of sampling : Systematic sampling

Assessment of PPIUCD service (MO,SN, Gynaecologist) (trained & untrained)	Perspective
Knowledge assessment	Provider perspective (single insertion past 3 months)
Skills Assessment	Beneficiary experience (One-half to 12 months)

STUDY POPULATION COVERED

PANCHKULA:-

Beneficiaries : 30

Providers : 30 + 2 counsellors

Gynaecologist : 5

	Trained in PPIUCD	**Not trained in PPIUCD**
MO	4	5
SN	6	10

AMBALA :-

Beneficiaries : 30

Providers :30+2 counsellors

Gynaecologist : 5

	Trained in PPIUCD	**Not trained in PPIUCD**
MO	6	4
SN	3	15

DATA COLLECTION TOOLS

Assessment of PPIUCD services	Perspective
Knowledge- Questionnaire	Provider- Interview schedule
Skills-checklist –1.Postplacental PPIUCD insertion	Beneficiary-Interview schedule
2.Immediate PPIUCD insertion	
3.Intracesarean PPIUCD insertion	
4.Counsellor skills checklist	

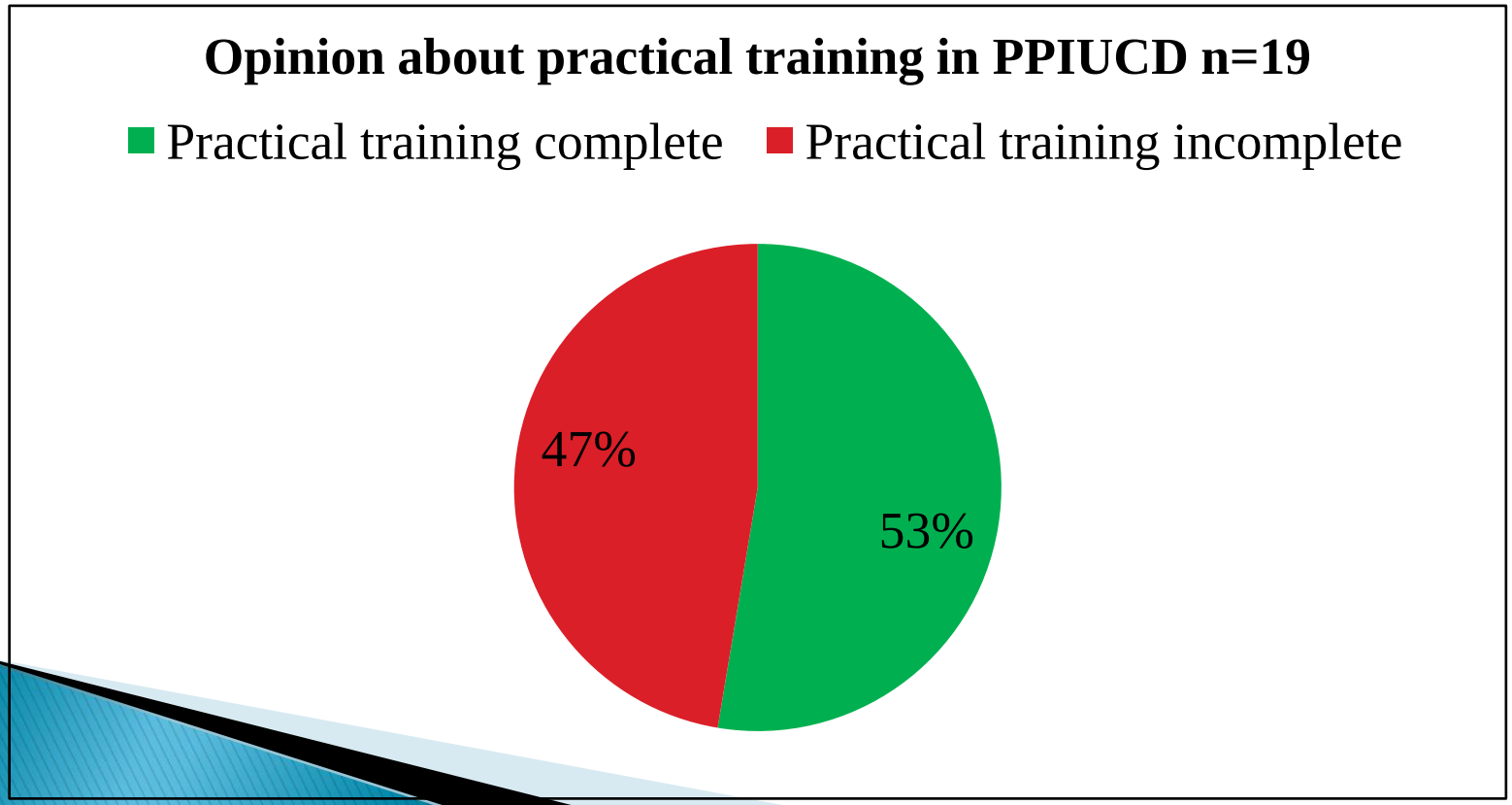
Tools were pretested at GH, Panchkula and necessary corrections were made.

DATA ANALYSIS : Both Quantitative as well as Qualitative component

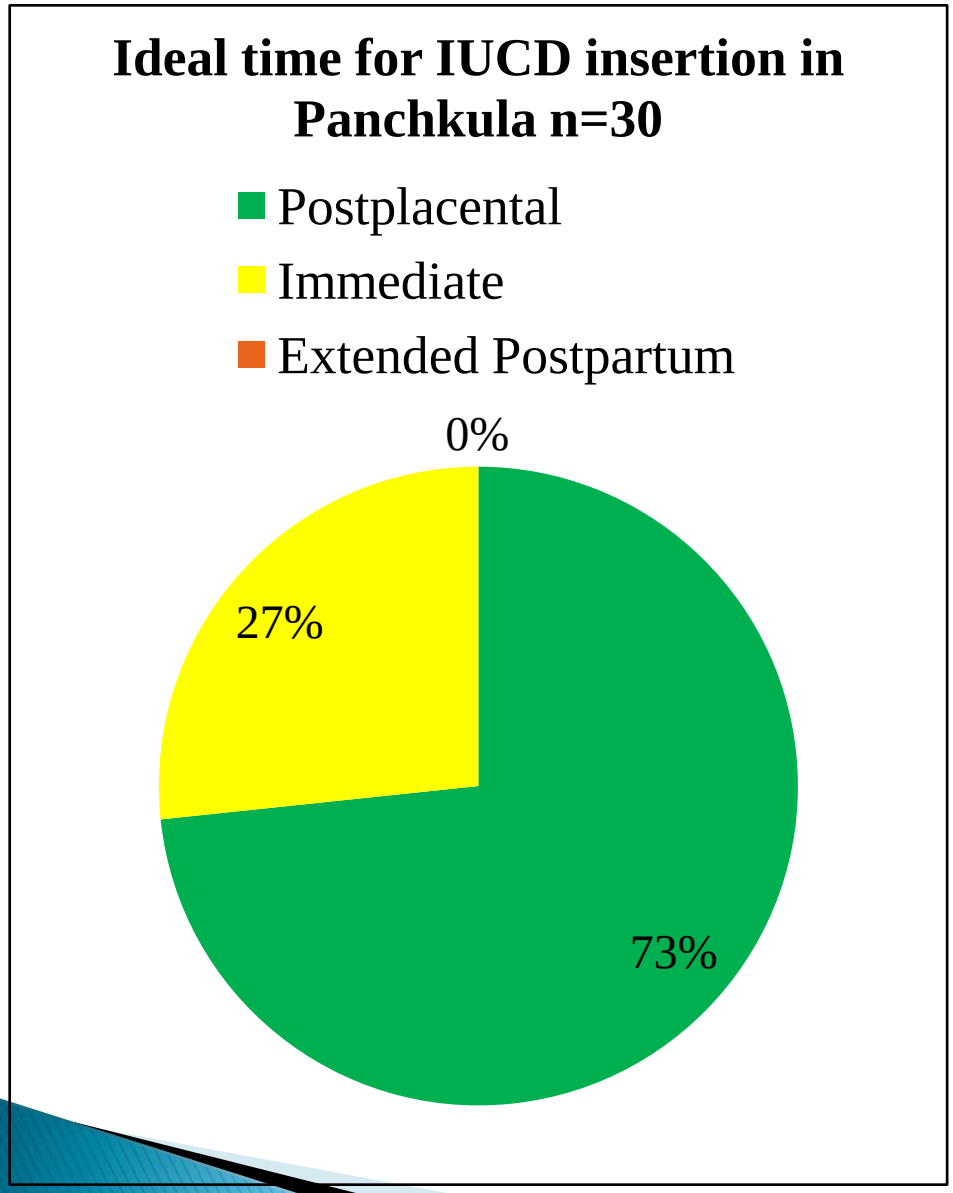
1. **PROVIDER PERSPECTIVE :**

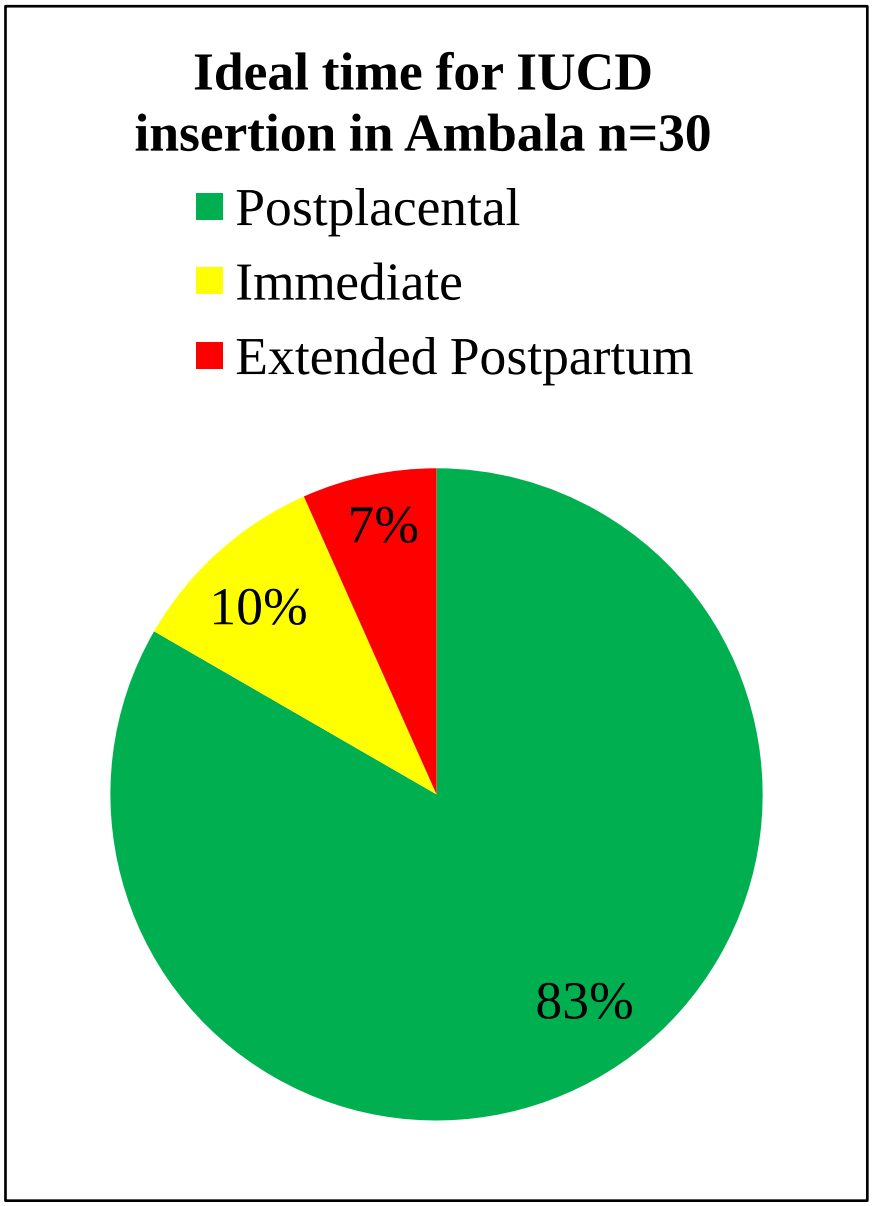
PPIUCD Training:

- 100% trained providers agree that training received in PPIUCD was useful in dispensing their routine clinical services.



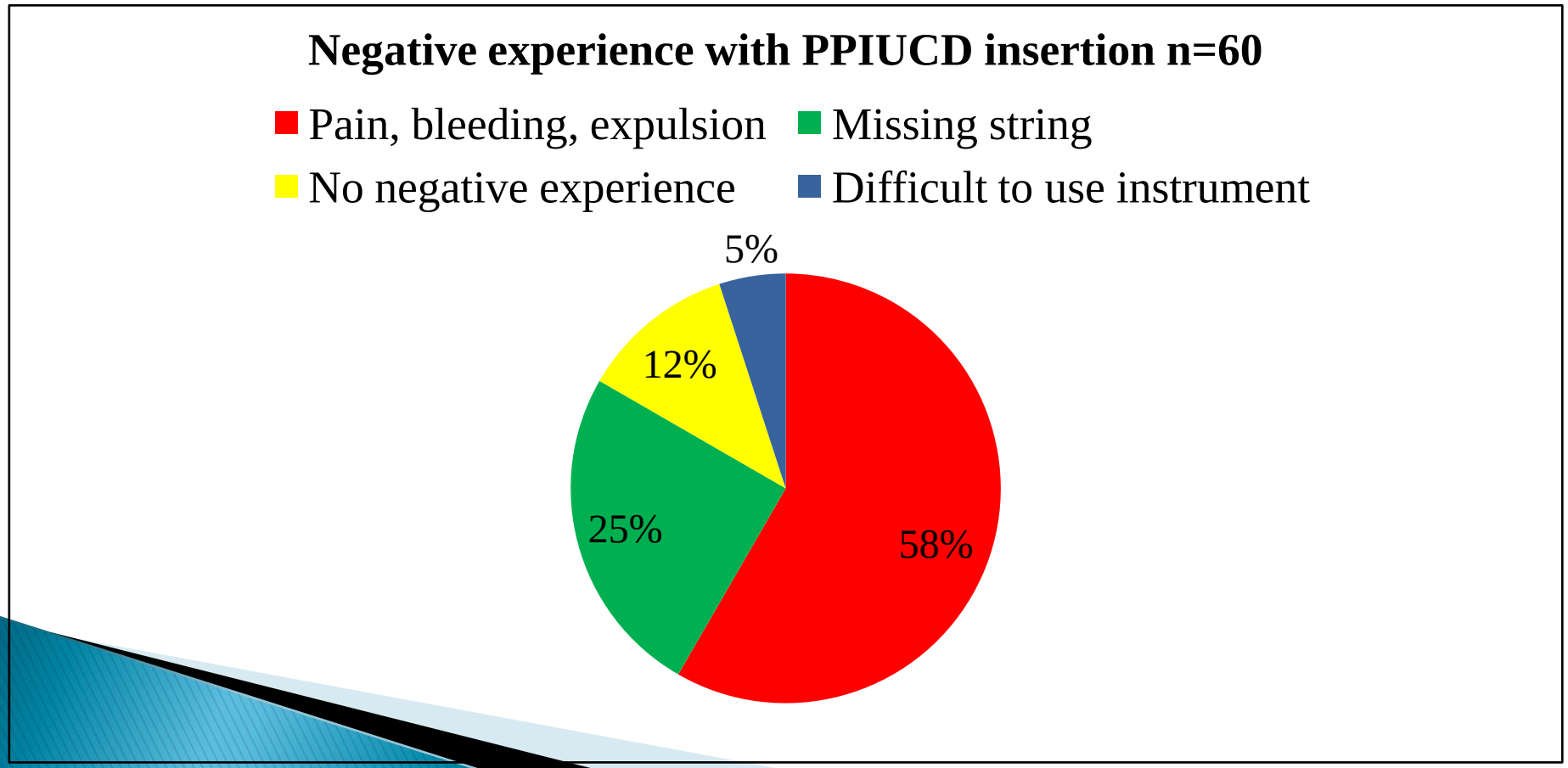
SERVICE DELIVERY :





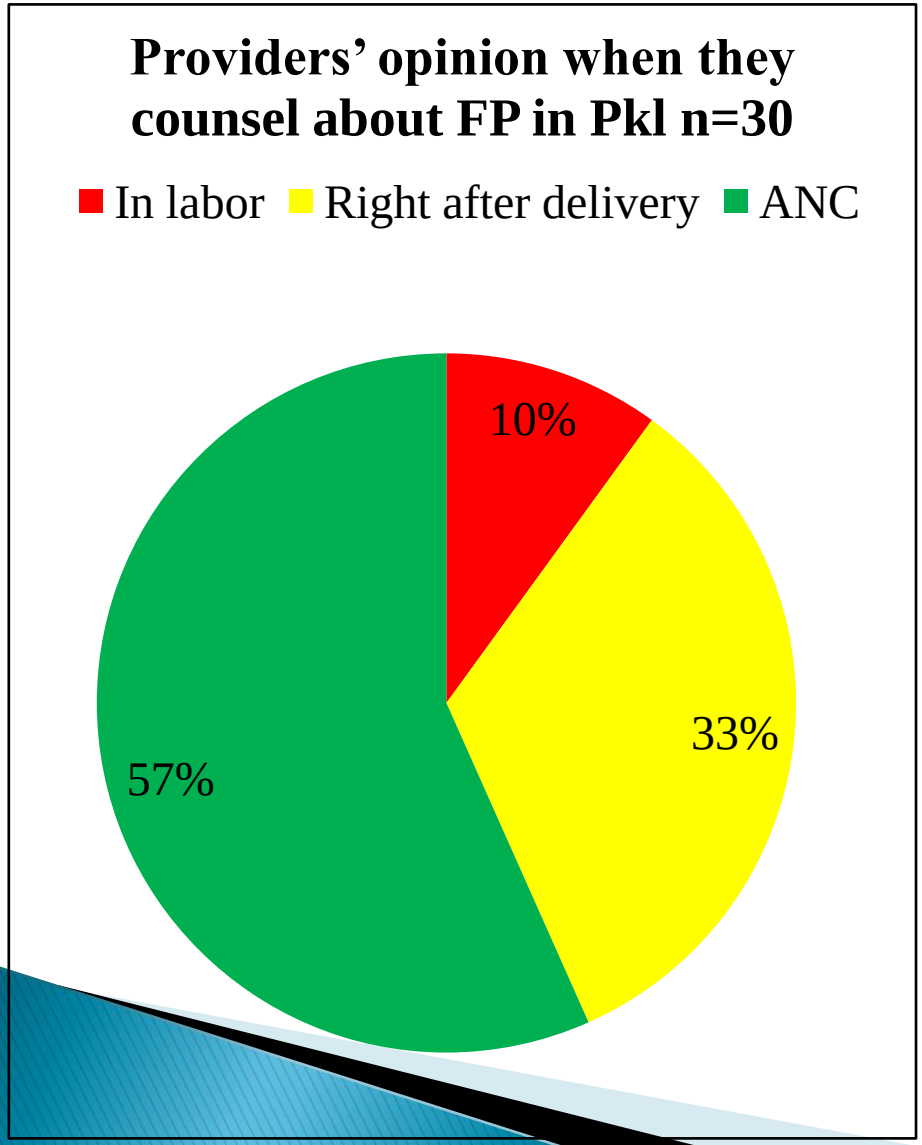
Preference for PPIUCD insertion		
	Instrumental	**Manual**
Panchkula n=30	80%	20%
Ambala n=30	70%	30%

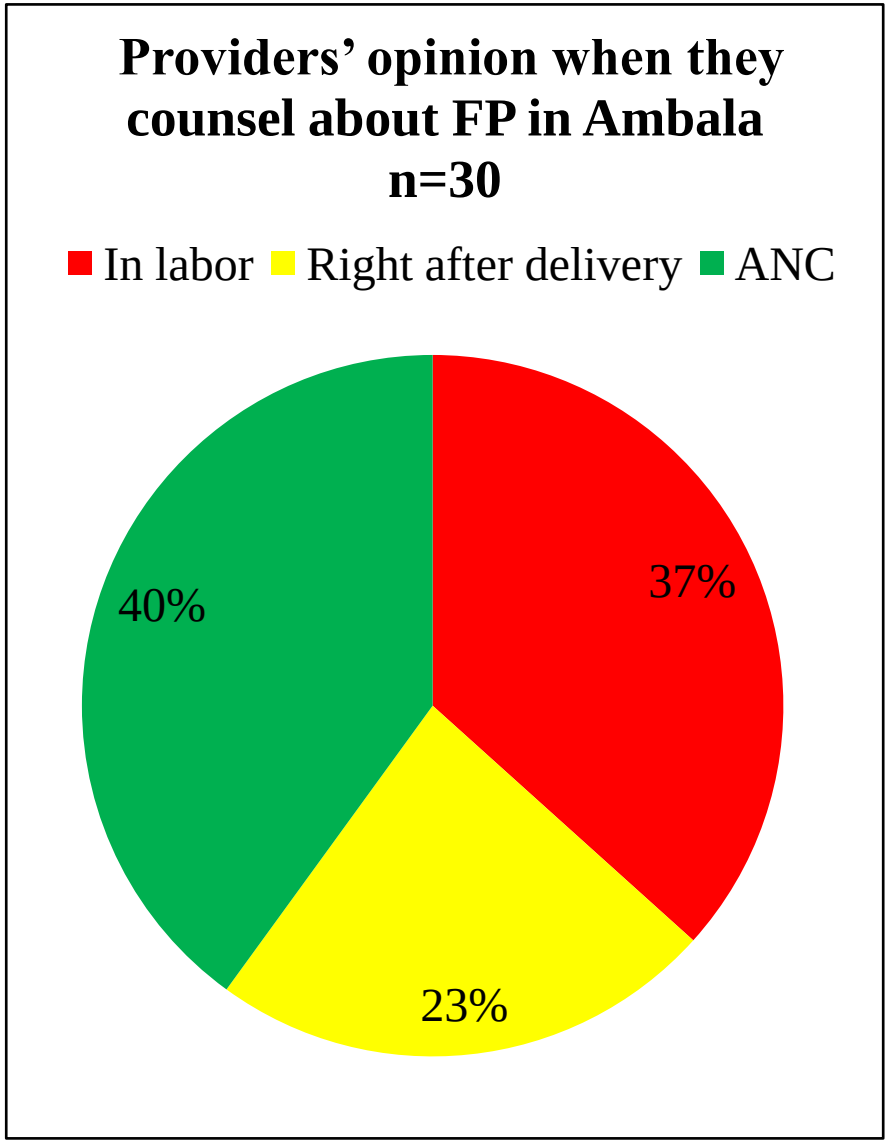
In Panchkula, 4 providers seen doing manual insertion, said instrumental



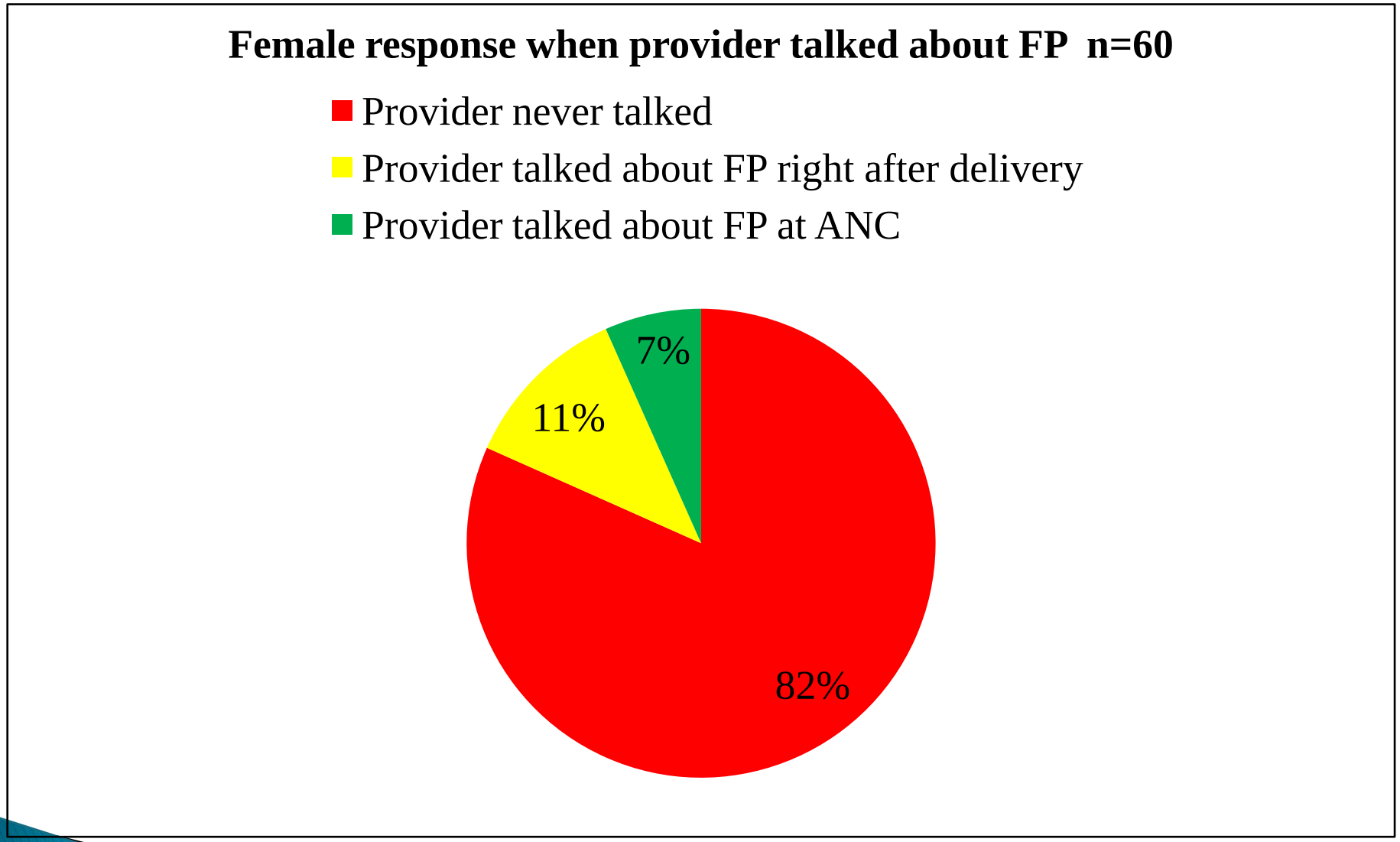
Family Planning counselling

- Average of number of times provider counsel female regarding PPFP method – In Panchkula its 3 and in Ambala its 5.





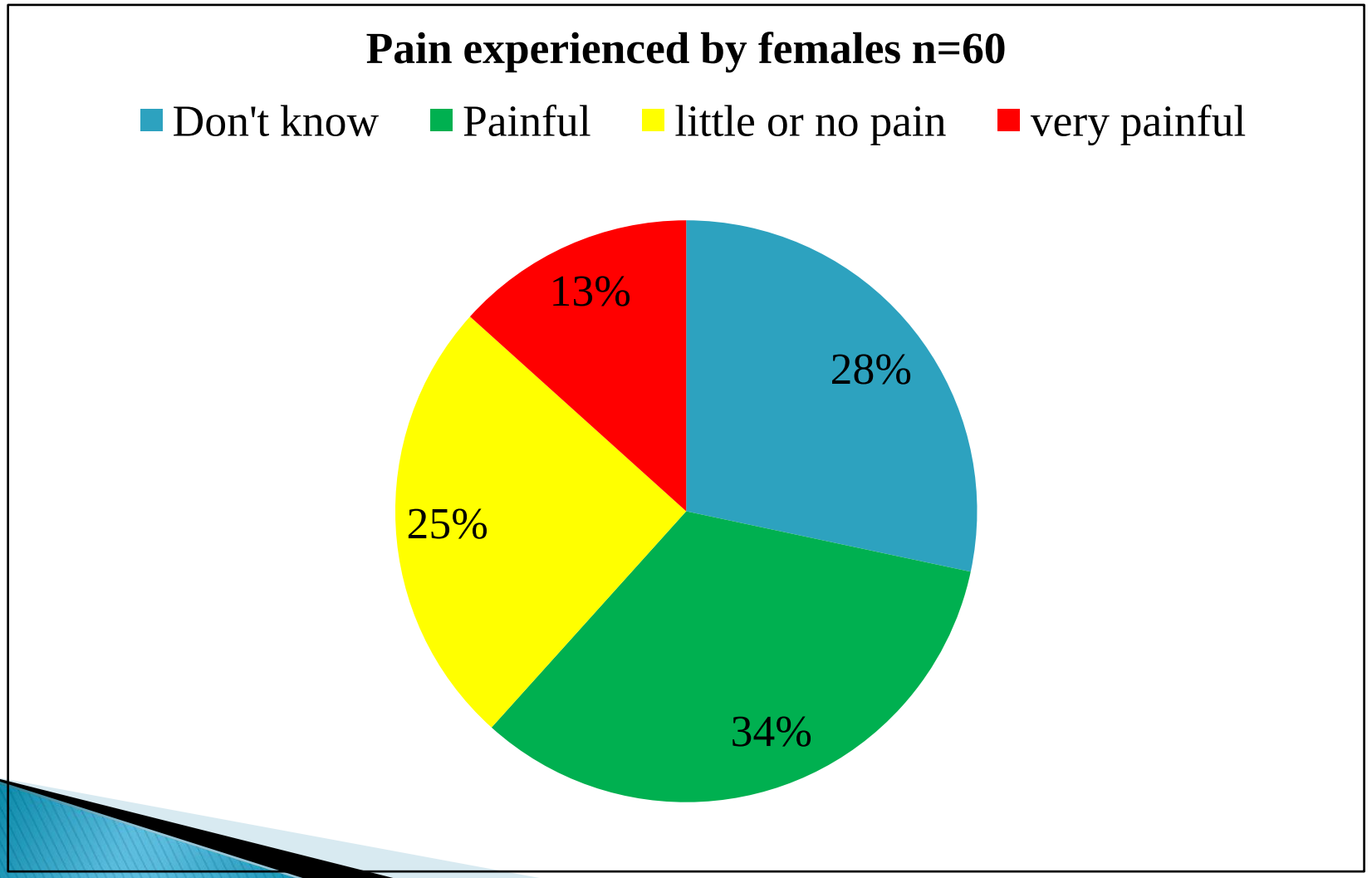
- In contrast


Female response when provider talked about FP n=60
Provider never talked
Provider talked about FP right after delivery
Provider talked about FP at ANC
7%
11%
82%

Provider viewpoint on clients' satisfaction

- Pain experienced by client during and after insertion was asked, only 3% providers said its very painful, rest all said it cause little or no pain.

In contrast, **female response** :

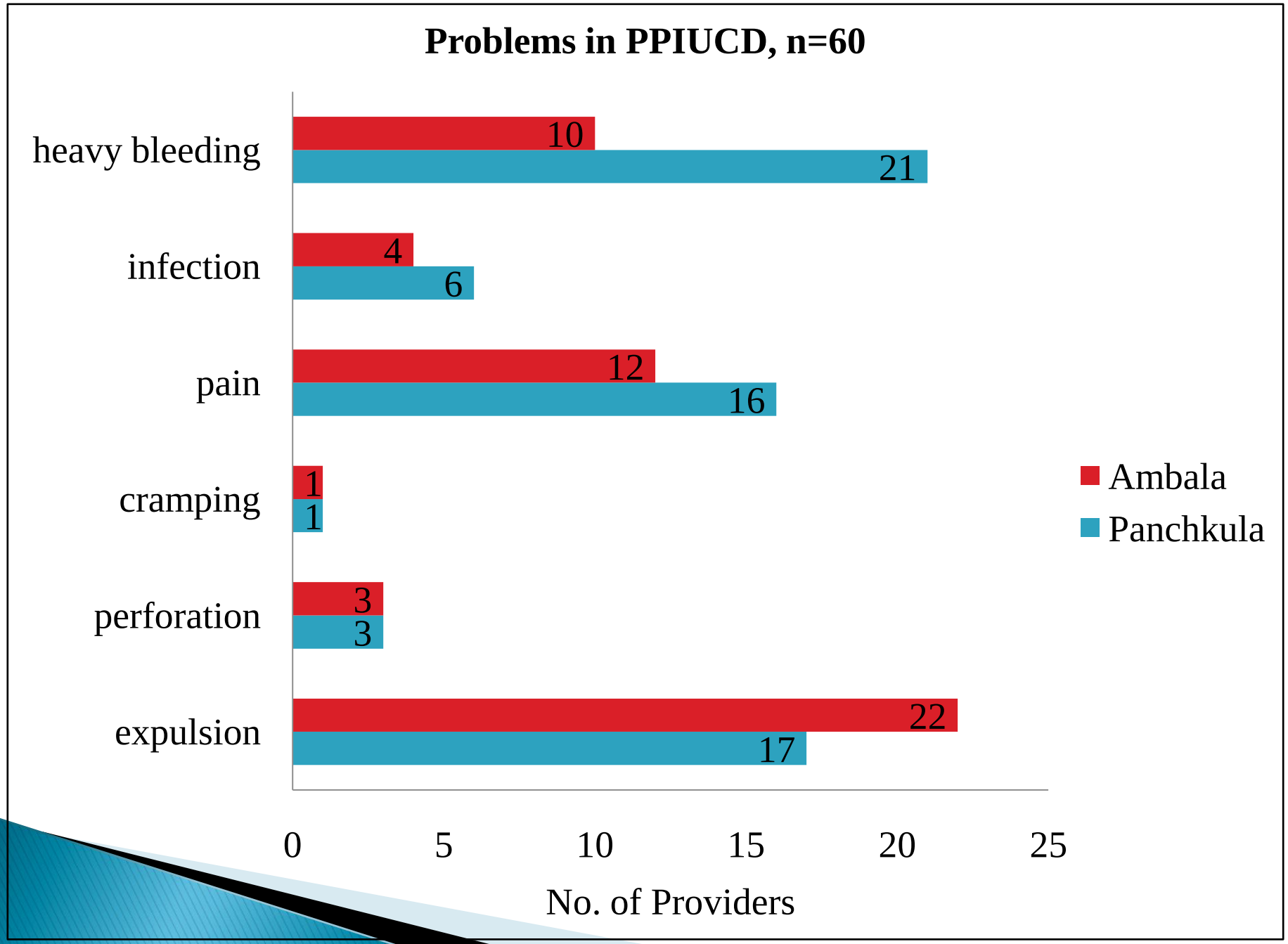


	Females satisfied with PPIUCD	Females not satisfied with PPIUCD
Provider response	73%	27%
Female response	43%	57%

- Provider response- Most of them satisfied – Patients properly counselled.
- Unsatisfied -Improper technique, psychological mind set of patients.

Provider see any problems in PPIUCD insertions :13% said no problems present, 87% say yes problems present.

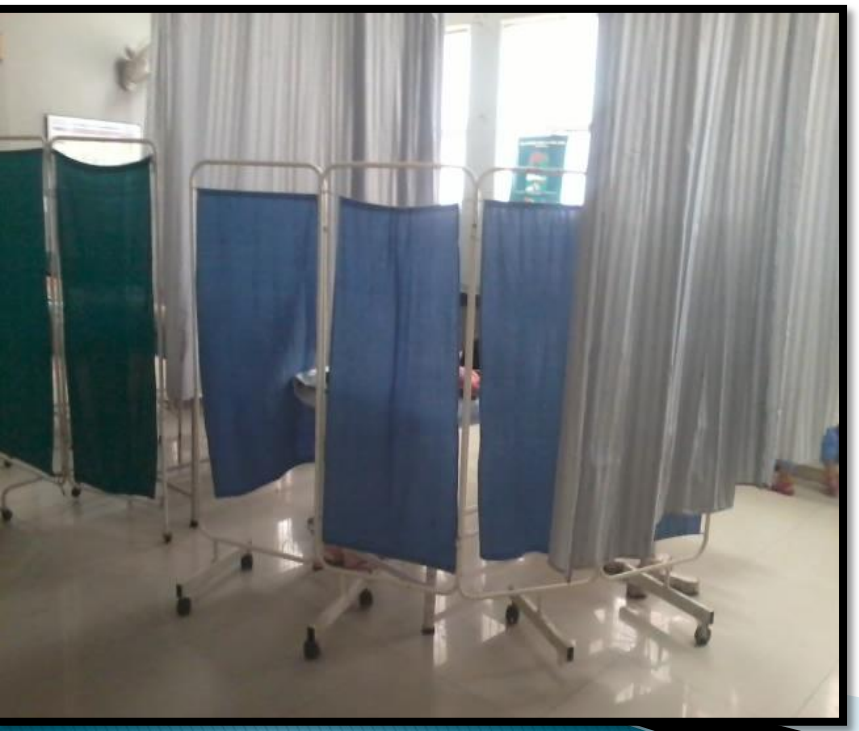
- Reasons for problems: Due to poor hygiene, and psychological mind set.
- Improper technique – Not following “No touch technique and improper counselling.


Problems in PPIUCD, n=60
heavy bleeding
infection
pain
cramping
perforation
expulsion
10
21
4
6
12
16
1
1
3
3
22
17
Ambala
Panchkula
0
5
10
15
20
25
No. of Providers

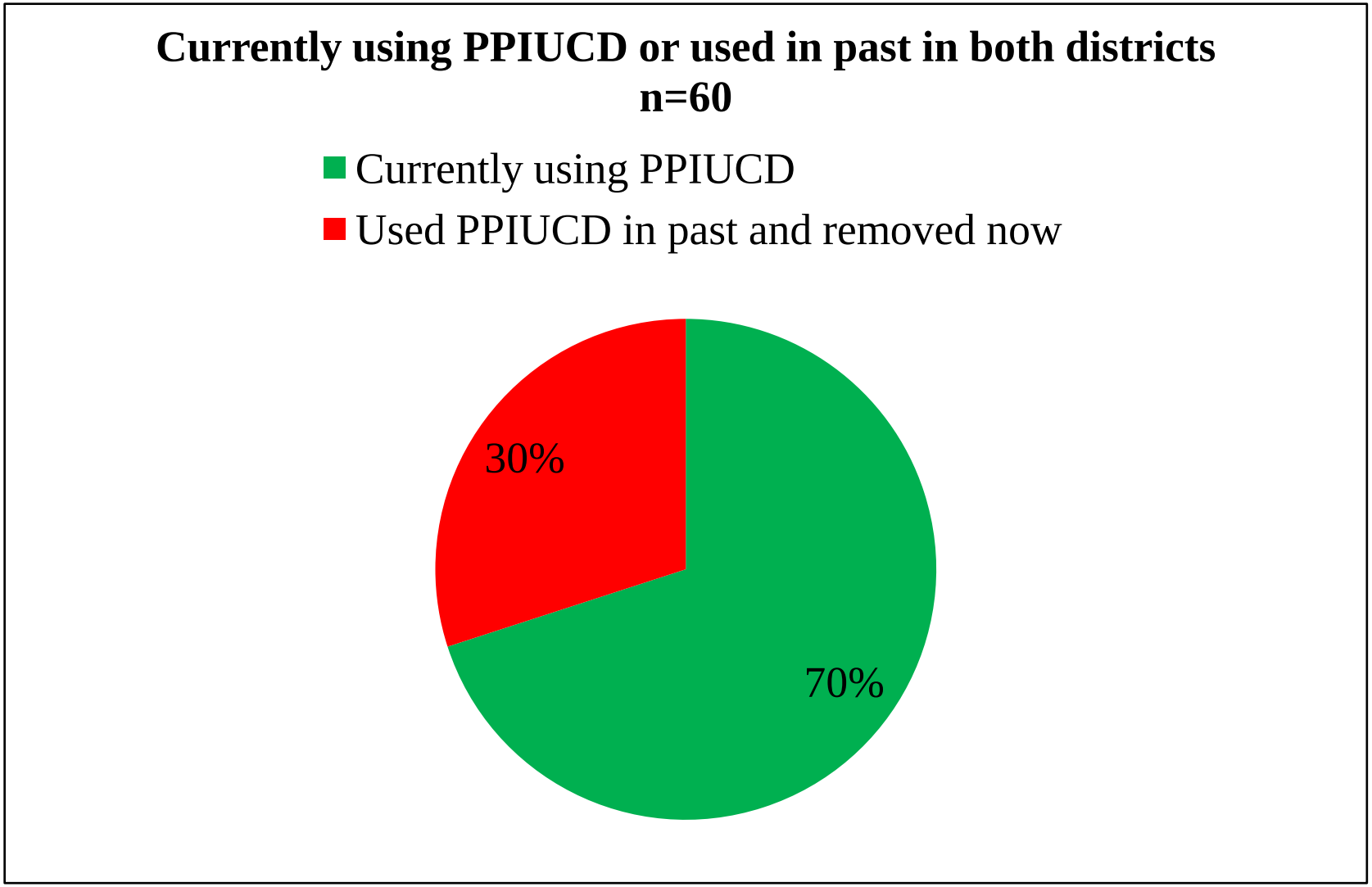
PANCHKULA & AMBALA: Information by Providers

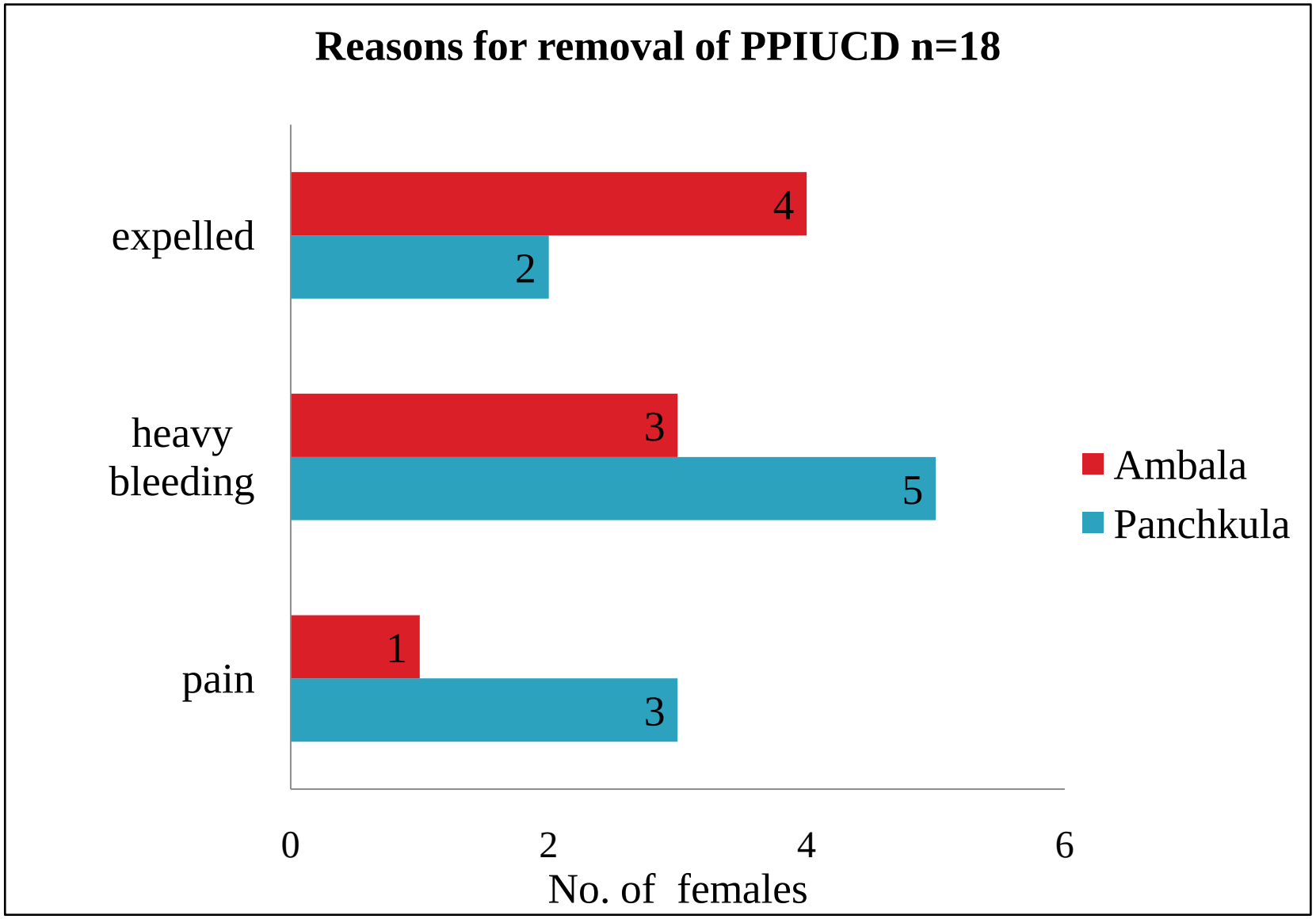
- ASHA play important role.
- PID-due to manual insertions.
- At lower level IUCD removal high.
- Doing manual insertions and reporting instrumental.
- Pain-Psychological mind set.
- No informed consent before insertion.

GH Labor room

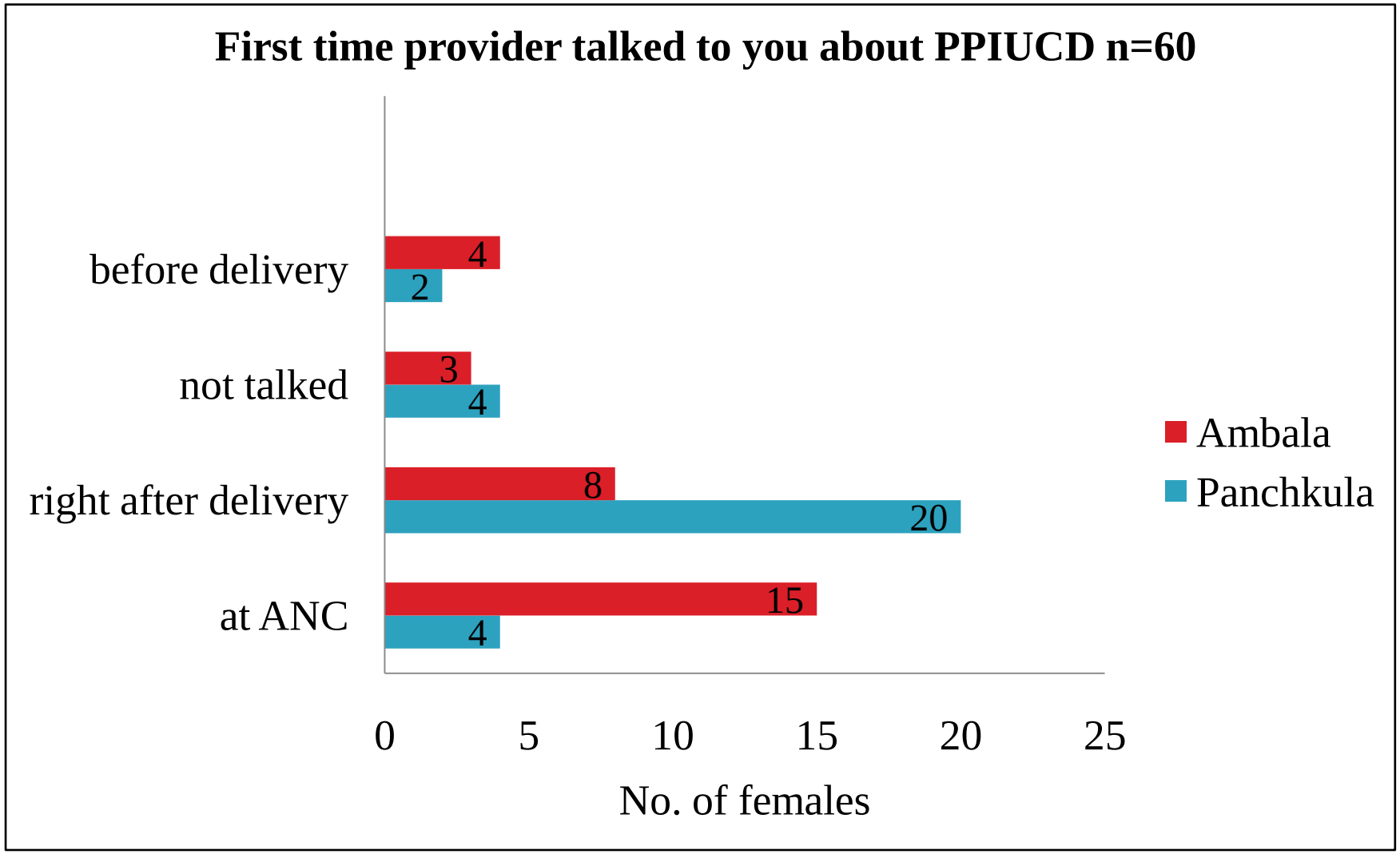


BENEFICIARY PERSPECTIVE



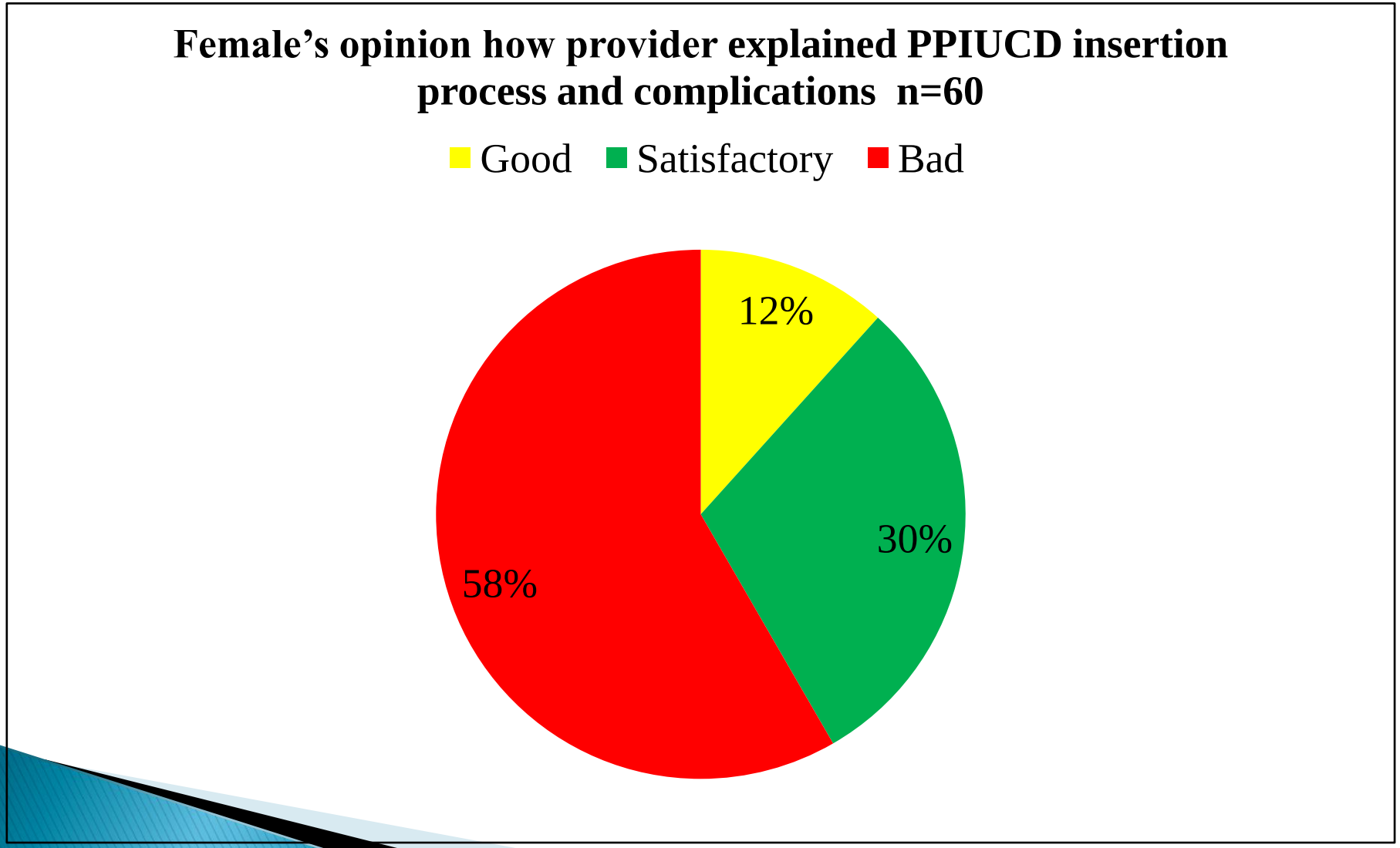


IUCD follow up : More than half of females (58%) were informed about PPIUCD follow up.

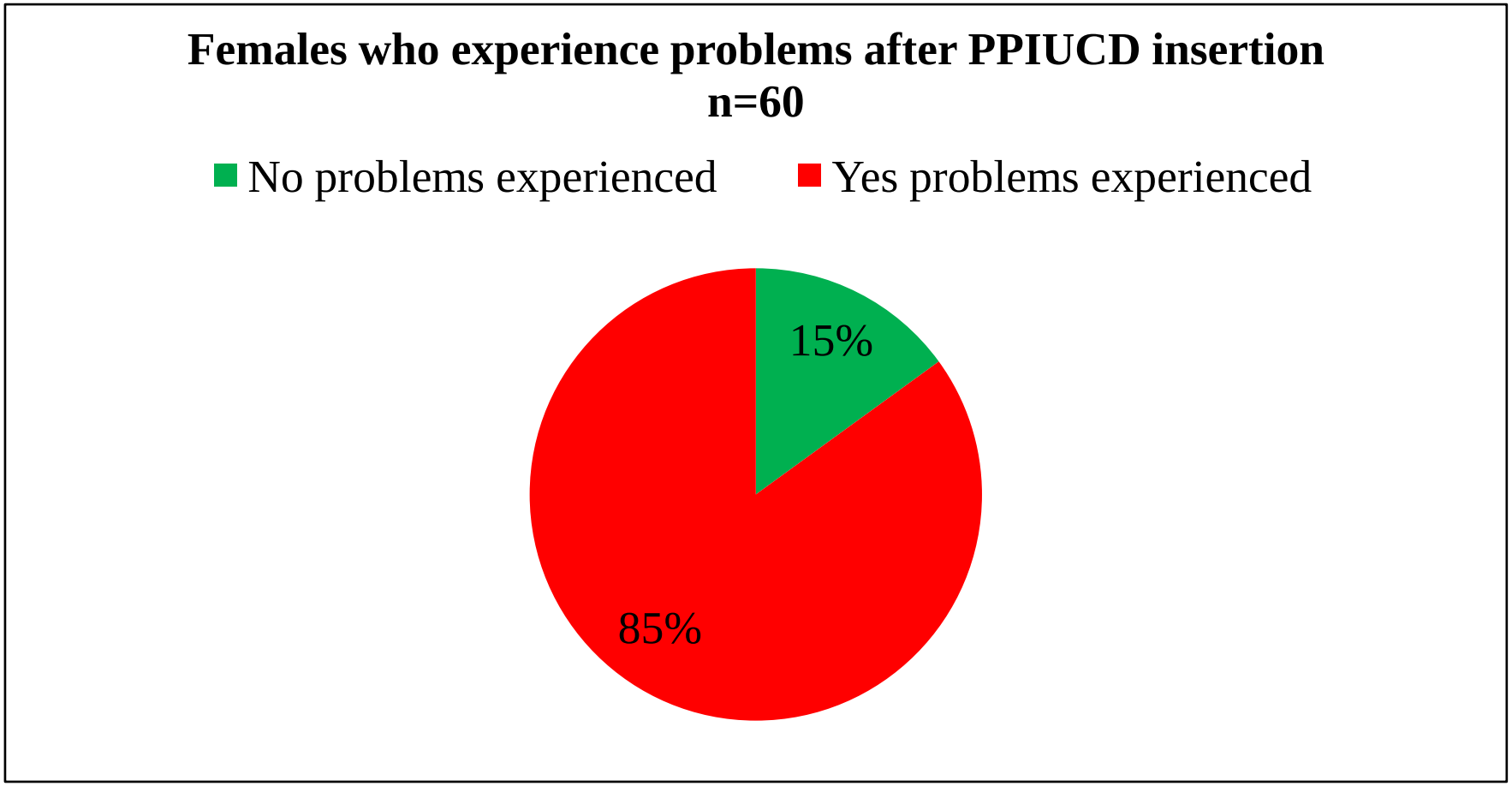


- In contrast, providers in Pkl replied they counsel females right from ANC, 3 times.
- Around 43% in Pkl and 33% in Ambala discussed either with their husband or mother-in-law. Showing family played important role in their decision.

- In Panchkula 23% were satisfied with counselling received in PPIUCD & in Ambala the count is double 47% were satisfied.
- Females wanted to know : Problems and benefits of PPIUCD before insertion.

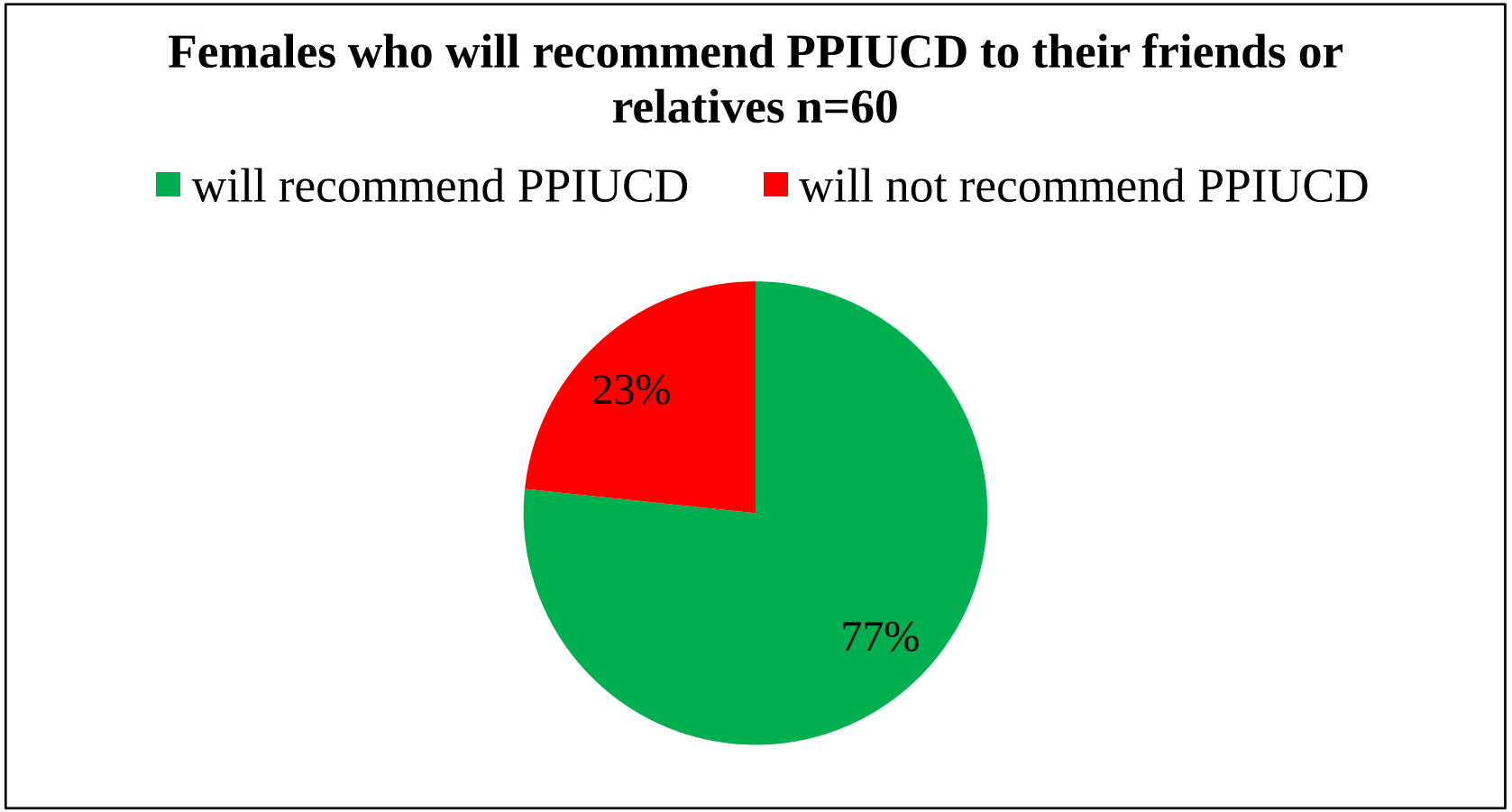


Problems after PPIUCD :



Problems females had : Majority complained of watery discharge, burning sensation, heavy or irregular bleeding due to which got anaemic.

- No problem : Pain normal and common after child.
- When and why did it happen? The answer was after Cu-T insertion



Reasons for not recommending PPIUCD :

- One of female said her body was not well after Cu-T “sharer khraab ho gaya” ,removed IUCD, she is pregnant 2 months “bacha thahar gaya”.
- Majority said its problematic, baby is ignored not good choice.

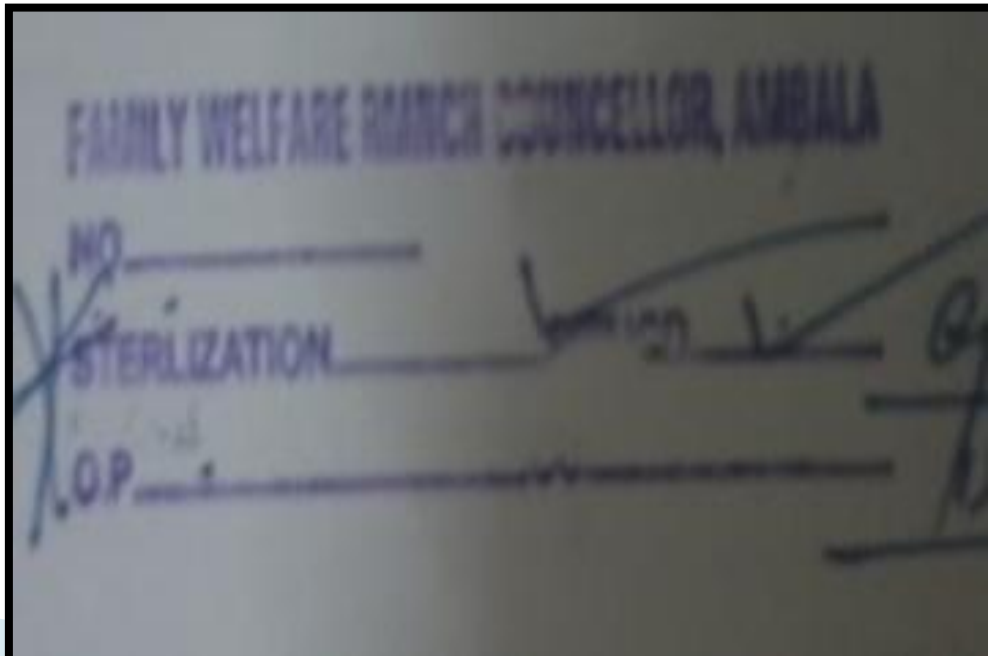
Reasons for recommending PPIUCD : Due to its benefits and avoiding operation.

PANCHKULA & AMBALA-Information by females

- At lower facility patients motivated and satisfied from provider
- Counsellors put stamps on patient cards
- ASHA workers : PPIUCD not very successful, lot of problems.
- Patients were being told after PPIUCD insertion - government orders.
- Lot of myths in both district that “Cu-T will go up in abdomen or head.”

Counsellor room at GH 6,Pkl

Stamp used by counsellors at GH Ambala



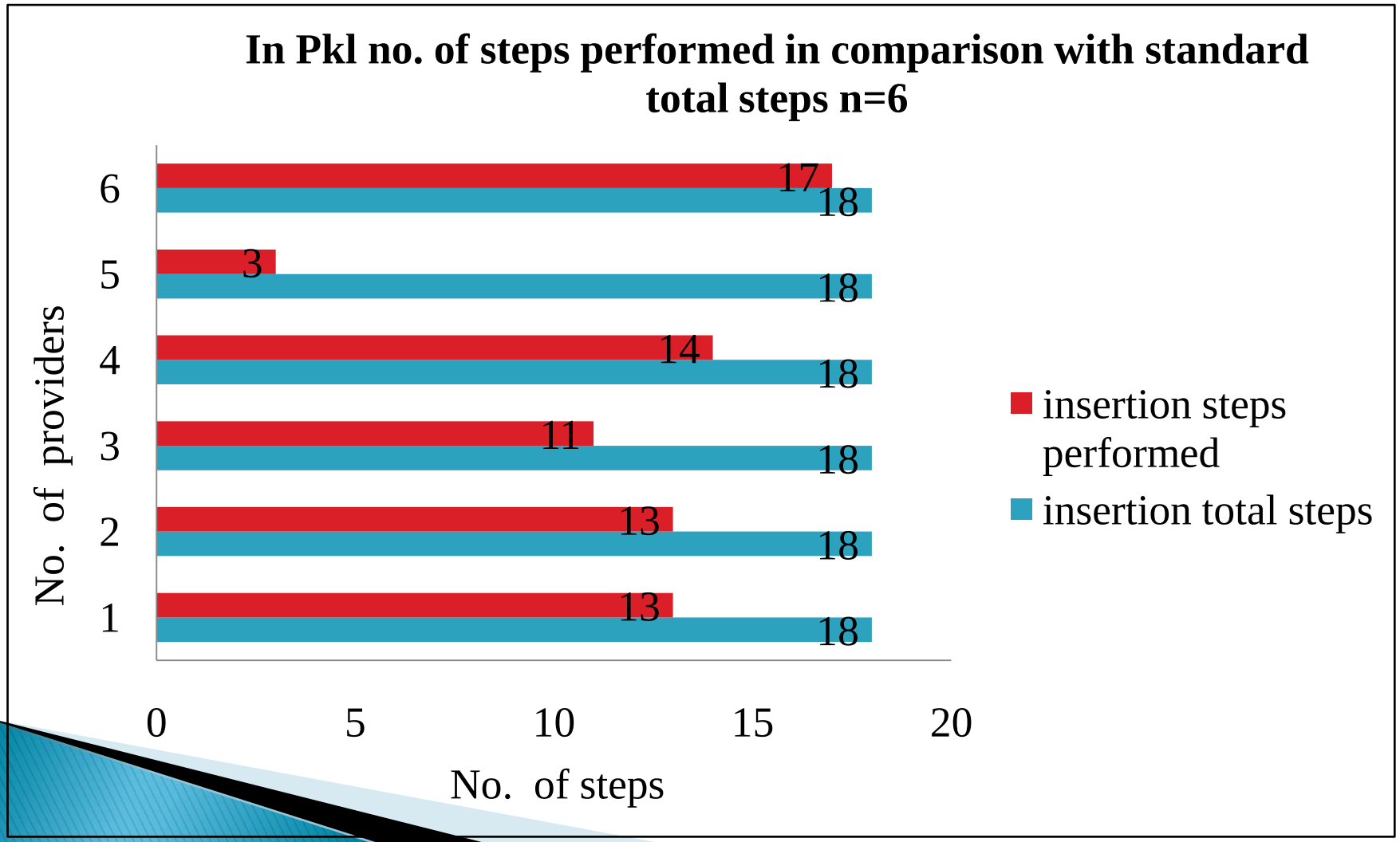
ASSESSMENT OF PPIUCD SERVICES

1. **KNOWLEDGE ASSESSMENT :**

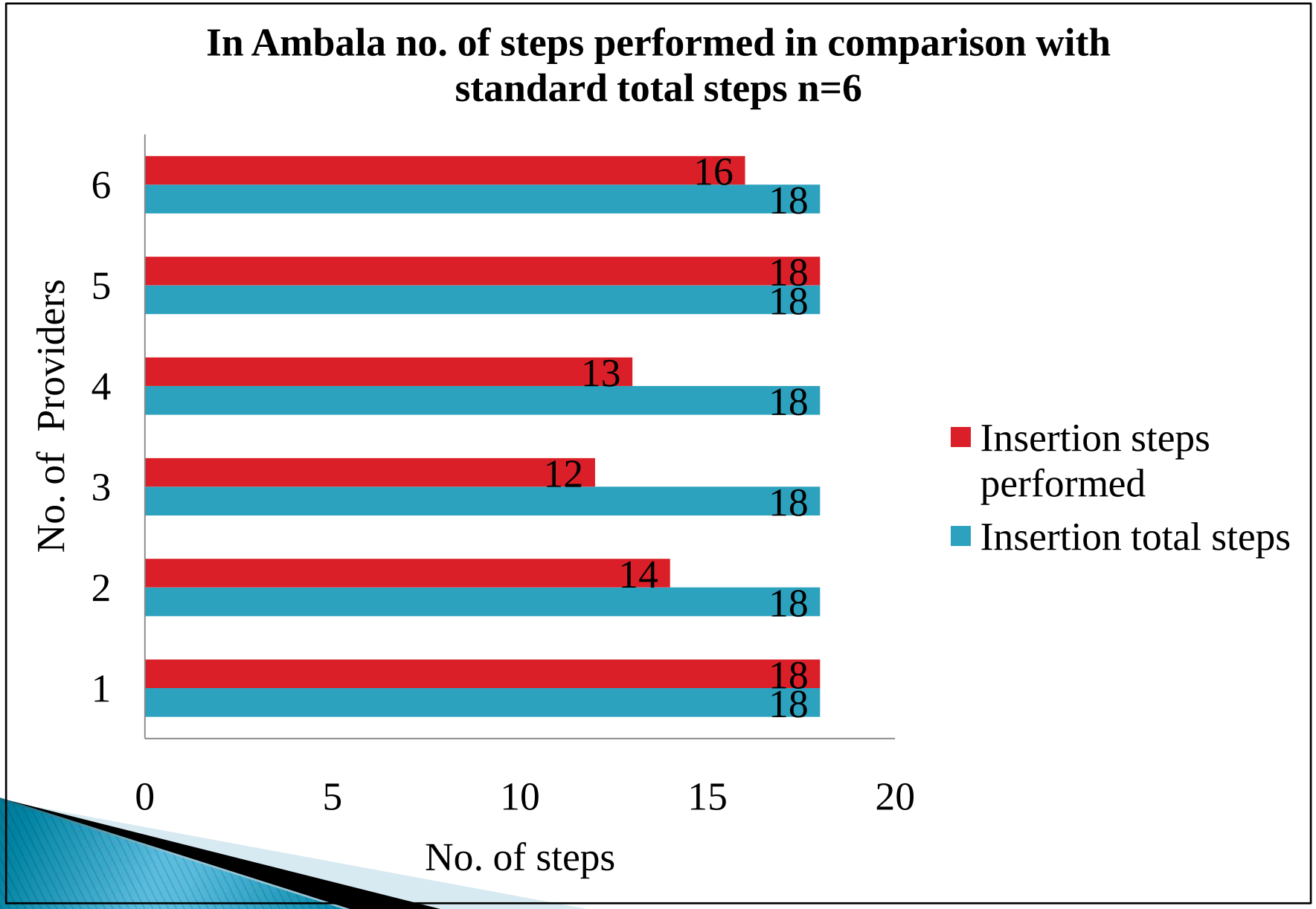
- Panchkula : Average score obtained by service providers is 16.83.
- Ambala : Average score obtained by service providers is 17.43.
- Not much difference in knowledge has been found in both districts.
- Among both trained and untrained staff knowledge level of providers at Panchkula is better than in Ambala.

SKILLS ASSESSMENT : All trained in PPIUCD

1. **Postplacental IUCD Insertion-** Panchkula : 5 MO and 1 SN.
   Ambala : 1 MO, 5 SN (all PPIUCD trained)

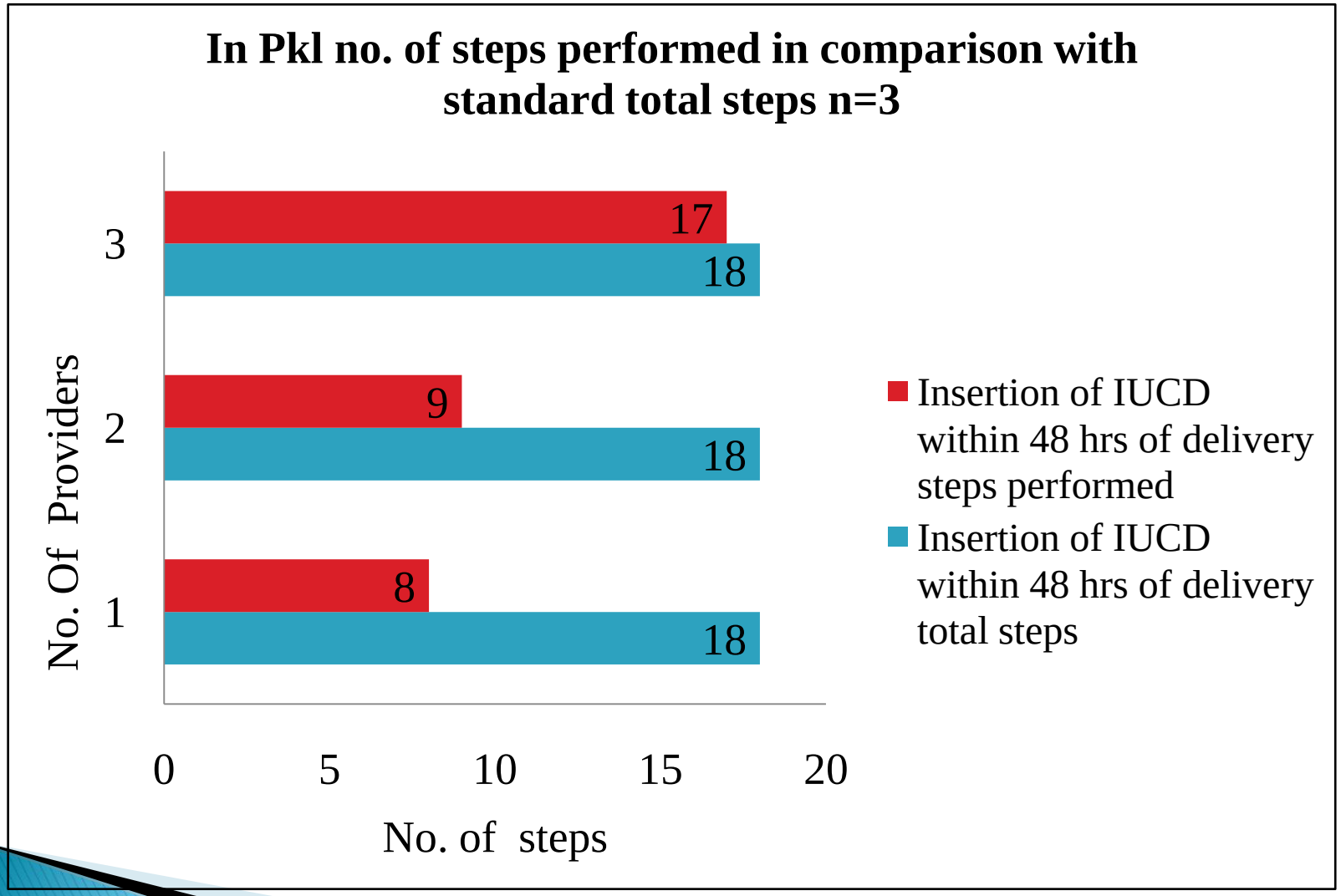


- Insertion Steps :

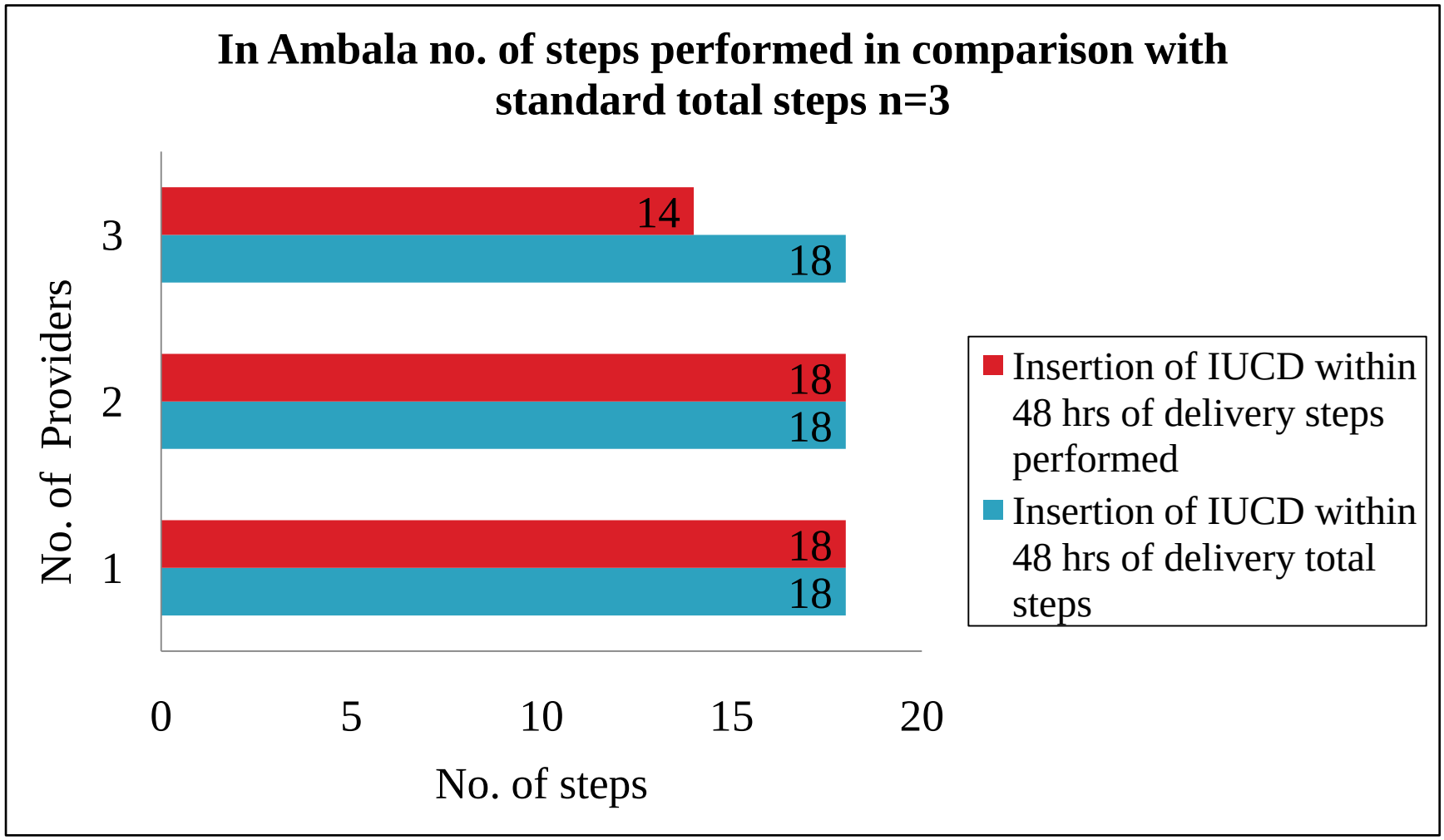


2.Immediate IUCD insertion -

Panchkula : 2 MO, 1 SN (all PPIUCD trained)

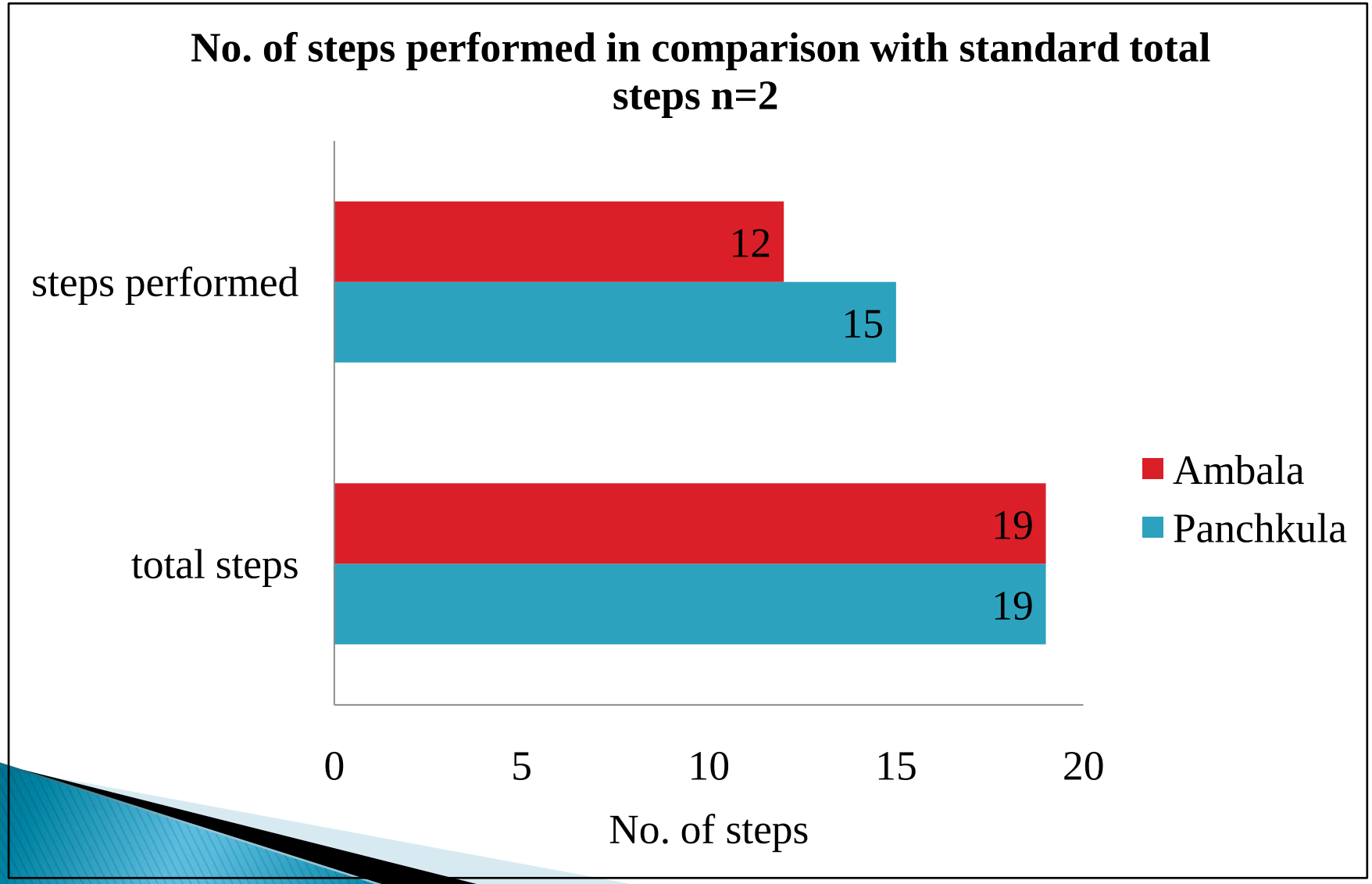


- Ambala : 2 MO, 1 SN (all PPIUCD trained)



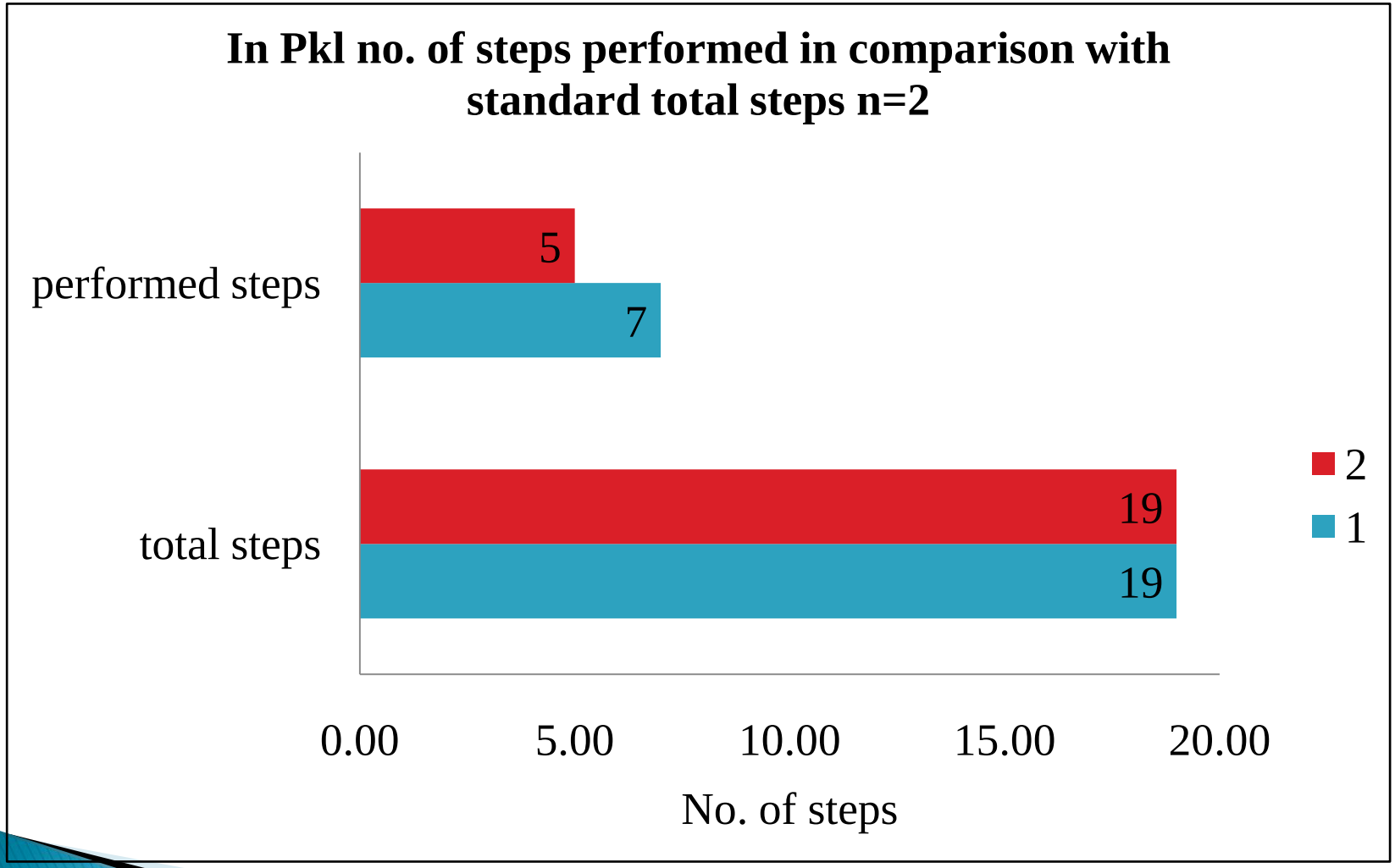
- In Ambala most of newly trained SN have been found performing insertions under supportive supervision.

3.Intracesarean IUCD Insertion



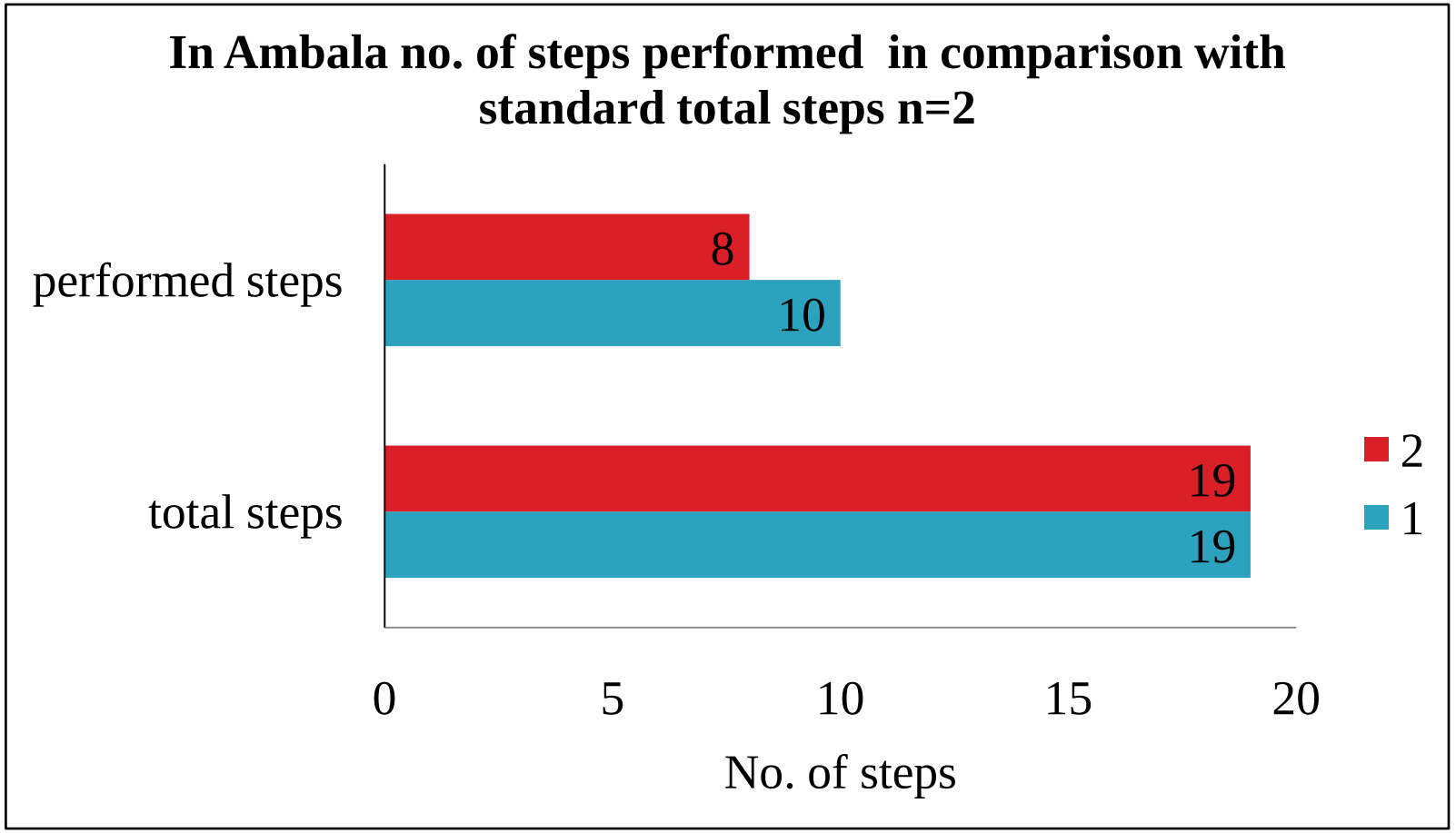
4. Counsellor Skills : GATHER: Counsellor 1 : Correct steps : 5

Counsellor 2 : Correct steps 7



Ambala : Counsellor 1 : Correct steps : 10

Counsellor 2 : Correct steps 8



- Family members involvement in counselling not found in both districts.

CONCLUSION & SUGGESTIONS

- There exist lack of practical training provided. Those who were trained not able to perform all the steps correctly and with confidence. Lot of contradictory statements on counselling and satisfaction about PPIUCD was present among providers and beneficiaries. Counselling part lacking according to female experience. Females facing problems related to PPIUCD like pain, bleeding etc. Providers have knowledge about these problems but many relate it with psychological pain. There is need to respect voluntary choice of a female about PPIUCD.

Suggestions :

- Need to strengthen counselling from ANC & involve family members.
- Supportive supervision to newly trained staff .
- Monitoring is required for every insertion, GoI standards need to be followed.
- Need to change the attitude towards patient complaint.
- Work in coordination with ground level health worker.
- Limitations: Skills of not all providers were assessed.


THank
YU!