STUDY REPORT

OF

IUCD EVALUATION IN KERALA

Submitted by

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Contents

Introduction : -

During the review meeting of RCHO, DPMs and DMOs., on 26th Dec 2009, it was found that there is a marked decrease in the IUCD services rendered in the State compare to the past three years. As the reason for the decrease could not be identified ;as each officers started giving different reasons for the decrease. In light of the above observation Mission Director, Dr. Dinesh Arora, IAS directed to conduct a all Kerala Survey for the same.

Based on the above, Dr. A. K. Radhakrishnan (ED, SHSRC), Dr. Remani (DMO Ernakulam), Dr. Parvathy (RCH officer, Ernakulam) & Dr. Reghu (RCH officer, Kottayam) were asked to form a team for carrying out the proposed survey. As such three teams were formed one under the leadership of RCH Officer, Tvm, the second by, DMO, Ernakulam and the third by ED SHSRC.

Southern districts survey was conducted by RCH Officer, Tvm, Mid zone by DMO, Ernkaulam and four northern districts by ED, SHSRC.

The survey was planned in such a way that one CHC, PHC, PP unit and a sub centre are selected in the district and one or two IUCD users were interviewed. Questionaire was developed for collecting data from IUCD service providers and users.

As there was lot of ongoing programmes like MDA, PPI, other trg programmes etc, the conduction of survey got delayed. General findings of the survey were :-

(A) Lack of training
(B) Lack of infrastructure
(C) Lack of IEC

Inspite of the busy schedule all RCH officers and DMO have taken great pain and found time to conduct the survey in such short time. Hence I am deeply indebted to them for their whole hearted cooperation.

Dr. A. K. Radhakrishnan
Executive Director, SHSRC

Findings

1. JPHNs providing IUCD services as per the old technique has stopped providing the services for lack of training in the new approach .
2. Institution-wise achievement for IUCDs and absence of fixed targets for the JPHNs has decreased their motivation for IUCD achievement.
3. Many health service providers and potential clients lack accurate up-to-date information about IUCD
4. Advantages of IUCD are under stated and disadvantages tend to be exaggerated.
5. Lack of supervision for achieving the target is observed.
6. There is no facility in many sub centres visited and lack of trained staff was also noticed. Due to this the patients have to go to PHCs / CHCs/ hospitals for this service. Because of lack of time on the part of the service providers (Doctors) these beneficiaries are not attended promptly. Many of them have to wait for hours for IUCD insertion as the Gynaec/doctors in these hospitals are busy and IUCD insertion tends to be their last priority.
7. Human Resources and infrastructure deficiency were seen at all levels of service providing centres like inadequate number of trained staff, lack of privacy, furniture, equipments and instruments.
8. Lack of communication among family members leading to non acceptance and discontinuation of this method.
9. Poor involvement of other staff members in the hospitals.
10. Problem of missing strings, increased bleeding with CU 380A was reported?
11. IUCD insertion was not according to felt need.
12. No proper maintenance of register
13. Incentives not properly disbursed.
14. IEC activities for promotion of IUCD are observed to be very poor and many areas they are practically NIL.
15. Lack of co-ordination amongst ASHA/Anganwadi workers and other section of the service providers.

In one district, the fixation of target was found to be not correct. Eg : _____,

Total population	3177554
Eligible couple	450202
TC1	9190
TC2	233538

There is disparity in TC1 & TC2, hence data collection to be updated periodically and supervised by the superior officers before sending to higher centres.

Regarding training one district there was no TOT, hence no training is being conducted.

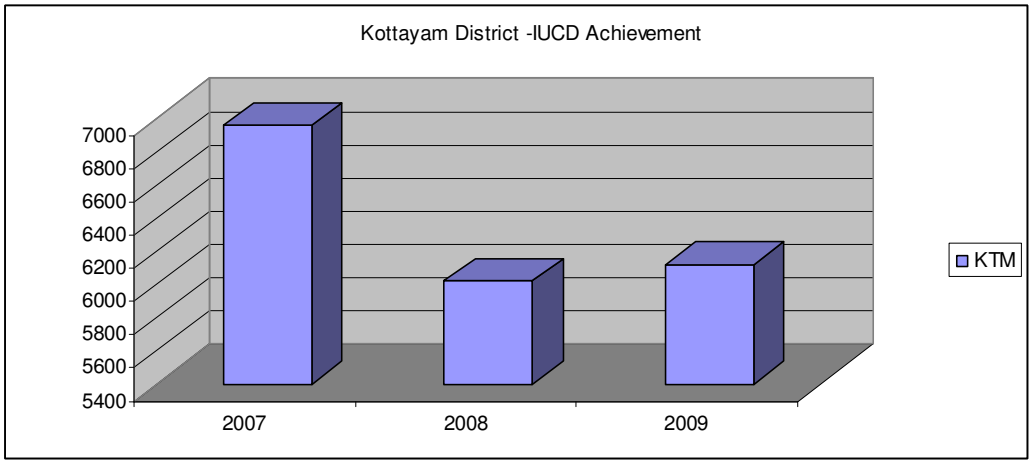
Collateral Observations

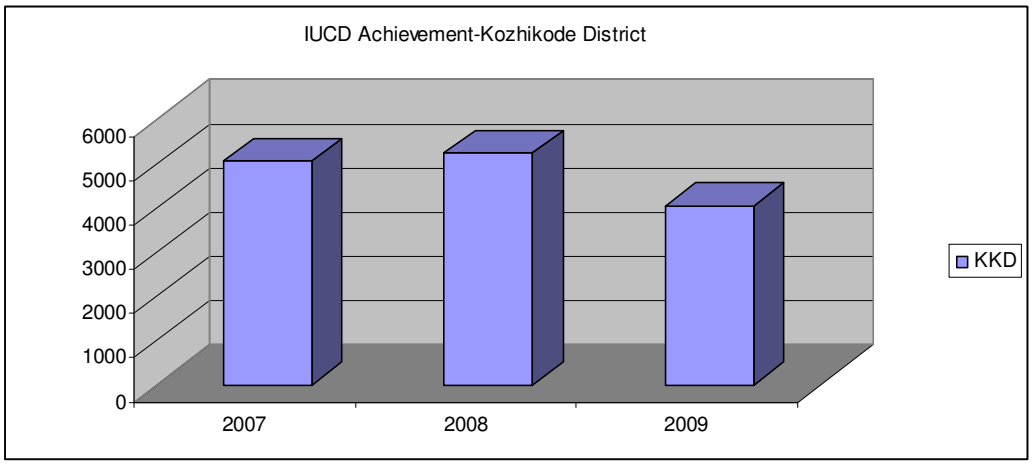
The survey also reveals some of the defects in certain centres as well as some positive steps taken by our staff. We find remarkable decrease in the achievement of training part in the northern districts due to the outbreak of chikungunya. In Mepady primary health centre of Wyanad district we could set a separate RCH Ward which seems to be an innovative steps from the PHC administration which was not seen in anywhere.

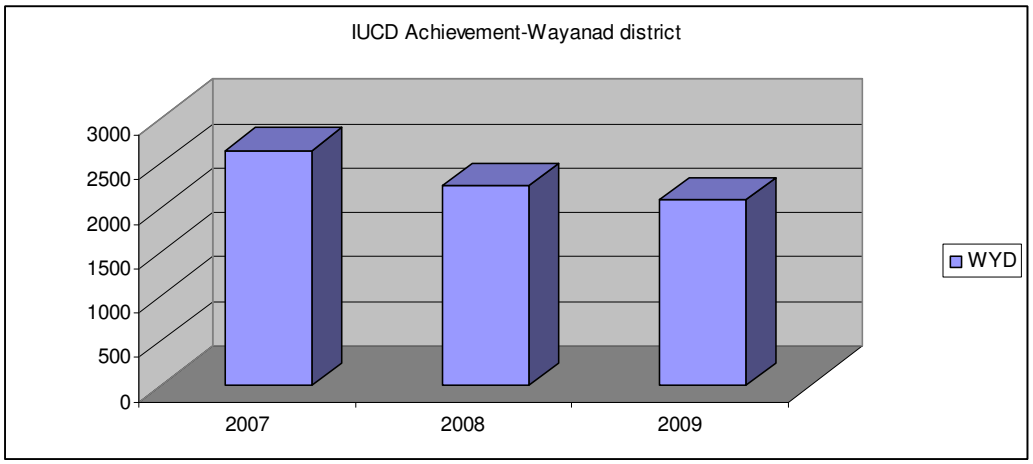
Neeleswaram CHC of Kasargod district there are about 12 Mini PHCs. Even though service of Gynacologist is not there Maternity ward with 24 hour delivery service is going on. We could see a very dynamic lady MO who could manage the PHC very nicely. About 25lakhs of NRHM civil works completed till date. The Medical Officer I/c of Neeleswaram CHC request for a bifurcation of CHC in two for administrative betterment. Also in Malappuram District, ie in CHC Kondotty 24 hour maternity service even though no Gynacologist in that centre about 55 to 60 deleveries per month

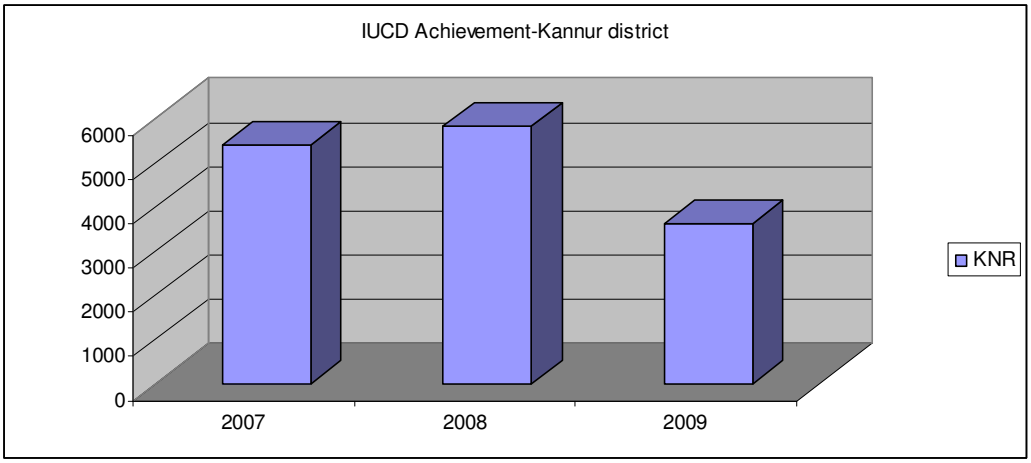
District wise achievement

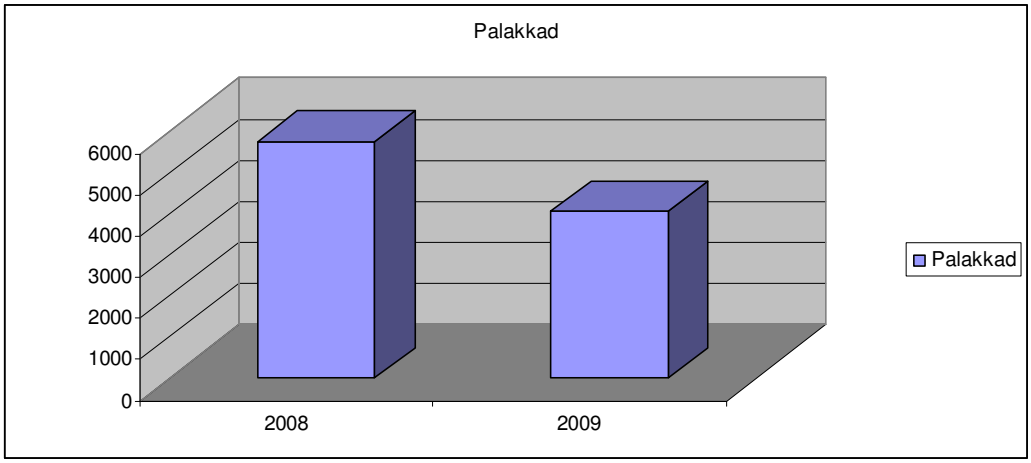
There is a marked decreasing trend seen in the current year (2009)

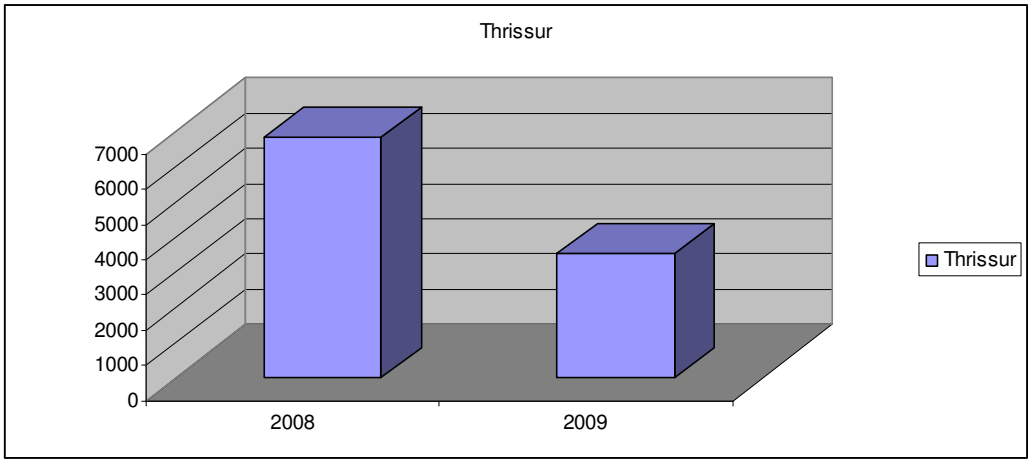


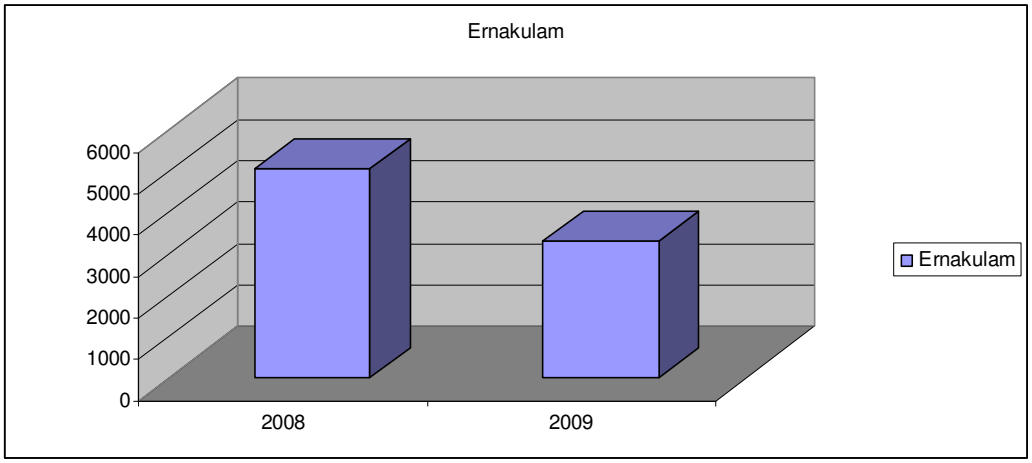




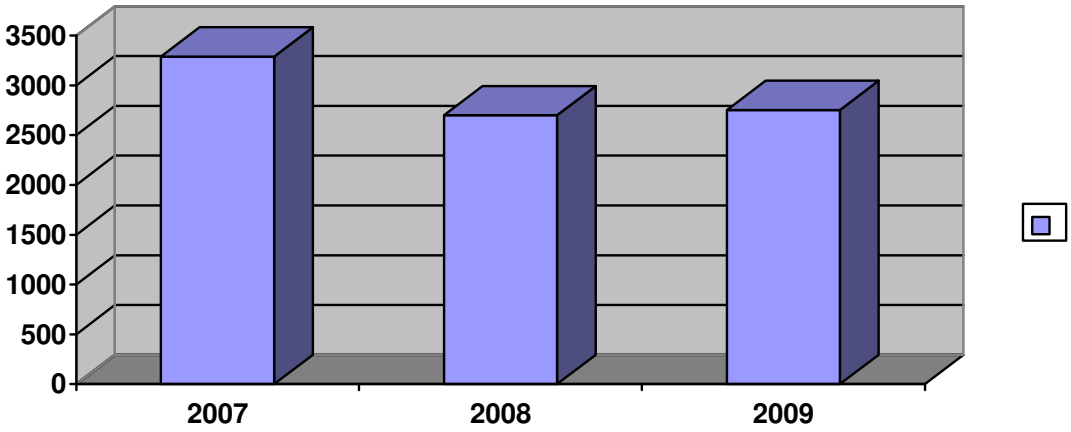

IUCD Achievement-Kannur district
6000
5000
4000
3000
2000
1000
0
2007
2008
2009
KNR


Palakkad
6000
5000
4000
3000
2000
1000
0
2008
2009
Palakkad

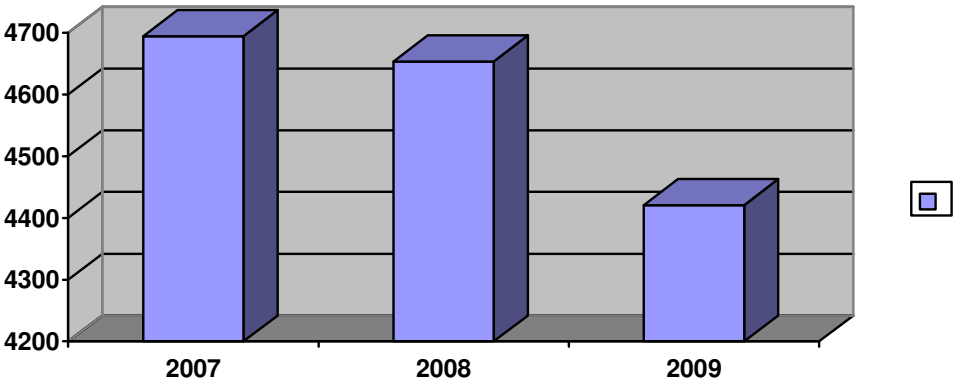

Thrissur
7000
6000
5000
4000
3000
2000
1000
0
2008
2009
Thrissur



Kollam



Pathanamthitta



Recommendations

- Training in IUCD should be increased.
- First preference to be given to JPHN / LHI / LHS who are not trained but where service providers in the old method.
- Training to all doctors
- Training schedule should be revised in such a way that hospital visits for IUCD insertion is kept in the morning from 9:00 AM to 12:00 Noon, so that more patients are seen during these visits. The theory and SOE practice can be kept in the afternoon.
- Training to all staff concerned and ASHA workers can be included.
- Camp mode of IUCD insertion can be tried.
- Fixed day camp at fixed institution, area wise, preferably on Wednesday as mothers will come for immunisation of their children.
- Fixed day IUCD services at Sub centres
- Need felt IUCD insertion to be followed
- Co-ordination among all staff in PP unit and also co-ordination among JPHN, ASHA and AWWs to be ensured.

Infrastructure

- The centre should have adequate clean space for providing the services
- The centre should have an area where counselling can be done in privacy
- The centre should have instruments and equipment to provide IUCD Services
- The centre should have sufficient supplies of IUCDs
- The centre should have infection prevention supplies and record keeping and reporting materials to provide family planning services
- There should be running water available in the clinic
- The use of antiseptics for skin and /or mucous membranes as per the standards should be made available.

III. IEC

Client focused IUCD materials to be develop in the form of informational posters , panels , flip charts
Locality specific IEC materials have to be developed . Media advertisement have to be utilised keeping in mind the cultural factors. Experience sharing with IUCD accepters can be done. CD preparation to be done at the State

level. Post natal counselling to be strengthened using leaf lets on IUCD / Contraception. IEC materials to be used in institution through print and electronic media. Services of cine artists can also be utilised.

IV. Incentives to be increased as it will have a positive effect on the achievement.

1. for client - Rs. 100/-
2. Provider – Rs. 75/-
3. Promoter – Rs.50/- (ASHA , AWW, JPHN, JHI, etc.,)

V. Reporting

Regular and correct reporting with all necessary details including failure and complications to be sent. Nil report is a must.

VI. Review

Frequent review on IUCD services may be done at all level

VII. Identify private institution in inaccessible areas to provide IUCD as per guidelines.

VIII. IUCD Register

Name:

Age:

Address:

Parity :

LCB, Last menstrual period :

Pregnancy test :

Date of insertion/ Name of the provider:

Name of promoter:

Batch no, Date of Expiry :

Follow up dates

1st	2nd	3rd	4th

Complication/ Failure :

Date of Removal :

Details of incentive –to the client, provider and promoter:

Remarks :

Avoid delay in attending complications / failure . Free and prompt services to be provided at all levels . MO in-charge of PP unit will be responsible for the smooth handling of such cases.

Supervision

To be strengthened at all levels. Right from planning, implementation and follow up. A definite percentage of acceptors and non acceptors to be seen by the supervisors.

Physical Requirement

Equipment and Supplies recommended for IUCD insertion

- Examination table with clean cover
- Drape Linen / cloth to cover the woman's pelvic area
- Cheatle's forceps
- Sponge holding forceps
- Sim's / Cusco's speculum
- Anterior vaginal wall retractor
- Volsellum/ Allis forceps
- Uterine sound
- Long Sharp cutting scissors(Preferably curved 7-8" ling)
- Long artery straight forceps (for IUCD removal)
- Kidney tray
- Stainless Steel(SS) tray with cover
- Gloves(high-level disinfected surgical gloves or examination gloves)
- Dry gauze or cotton swabs
- Stainless Steel Bowls-2
- Antiseptic solution (chlorhexidine or providone iodine)
- Plastic bucket for decontamination
- Clean sanitary pads
- Autoclave/Sterilise/Boiler/Container with lid for boiling
- Light source sufficient to visualize cervix(e.g., flashlight)
- IUCD(in an unopened, undamaged, sterile package that is not beyond its expiry date and has been stored in a cool dry place)

IUCD Follow up Card

Name of Centre: _____ Sl.No._____

Name:

Age(years) :

Husband's Name:

Address:

Contact no(if any):

Obstetric status : LMP _____ LCB _____

Date of insertion:

S.No.	Date	Remarks	Name / Signature of staff
1 st visit			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Date of removal:

Reason for removal: desire for pregnancy / pain / bleeding / others