Symposium to Develop a Comprehensive Strategy for IUD Repositioning

Venue: Hotel Taj Residency, Lucknow
October 3–4, 2007

Government of India ❖ Government of Uttar Pradesh ❖ United States Agency for International Development
State Innovations in Family Planning Services Project Agency ❖ Constella Futures ❖ Population Council
Family Health International

USAID
FROM THE AMERICAN PEOPLE

fhi Family Health International

In July 2011, FHI became FHI 360.

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

Visit us at www.fhi360.org.

Contents Page No.

Introduction and Objectives of the Symposium

The Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) program is a five-year, USAID-sponsored assistance agreement (2005-2010) with Family Health International (FHI). Through the CRTU program, FHI works with USAID, its missions, and other partners to expand the range and support the use and availability of safe, effective, acceptable, and affordable technologies that prevent unplanned pregnancy and sexually transmitted infections, including HIV. The CRTU will advance the achievement of the following results:

- New and improved contraceptive and reproductive health technologies developed, evaluated and approved
- Development, evaluation and regulatory approval for microbicides and microbicidal spermicides
- Optimal and expanded use of contraceptives, microbicides and reproductive health technologies

India is one of the focus countries where the CRTU program is currently being implemented. Collaborative research and promotion of evidence-based results constitute the foundation of Family Health International's CRTU work in India. In its mission to improve reproductive health, FHI/India is working with the Government of India, both at the national and state level, and nongovernmental organizations to improve reproductive health, increase access to family planning, and find new strategies for the prevention of HIV and other sexually transmitted infections.

The initiation of the project has begun from one state — Uttar Pradesh (U.P.). FHI is collaborating with the Ministry of Health and Family Welfare (MOHFW), Government of U.P., USAID, Population Council, the Indian Council of Medical Research, the Constella Futures Group, and SIFPSA for supporting the revitalization of Family Planning including IUD use in the state. The activities will include:

- Reviewing national family planning guidelines
- Examining factors that reduce access to services

- Designing interventions to increase the provision of family planning, especially IUD uptake
- Identifying effective strategies to increase the quality of information and counseling available to clients
- Providing technical assistance to providers to improve family planning services including the IUD
- Designing and implementing appropriate formative research on family planning and the IUD
- Conducting operations research on identifying effective family planning programs

With an objective to update knowledge and gain a consensus on how best to expand family planning services that include the IUD, FHI conducted a **Symposium to Develop a Comprehensive Strategy for IUD Repositioning** at Hotel Taj Residency in Lucknow, Uttar Pradesh from October 3 – 4, 2007.

Partners and Participants

Partners: The following partnered with FHI in the organization and conduct of the symposium:

- Ministry of Health and Family Welfare, Government of India
- Government of U.P.– Department of Medical Health and Family Welfare
- USAID
- Constella Futures
- Population Council
- SIFPSA

Participants – The symposium had a good representation (approximately 60) from the senior officials of the Ministry of Health and Family Welfare, the Government of India and Medical Health and Family Welfare Department, the Government of Uttar Pradesh, a few Chief Medical Officers, as well as representatives from SIFPSA. There were representatives from the funders and international organizations — USAID, JHPIEGO, Constella Futures, Population Council, Engender Health, Path International — as well as from national level NGOs like Family Planning Association of India and CORT. There were public and private practitioners, including members from organizations like FOGSI.

Proceedings of Day 1: October 3, 2007

Inaugural Ceremony

Dr. L.B. Prasad, Director General, Medical Health and Family Welfare, U.P., welcomed all the dignitaries present on the dais: Mr. A.K. Misra, Principal Secretary, Medical Health and Family Welfare, U.P.; Mr. Satyajit Thakur, Secretary, Family Welfare, U.P.; Dr. M. S. Jayalakshmi, Deputy Commissioner, Ministry of Health and Family Welfare, Government of India; Ms. Monique Mosolf, Chief RH Division, USAID; and Dr. Bitra George, Deputy Country Director, FHI. He also extended a welcome to the representatives from the national and international organizations present in the symposium along with the Chief Medical Officers from some districts of U.P.

In his address, Dr. Prasad mentioned that U.P., as well as India as a whole, is facing the problem of a growing population. Expressing concern towards reduction in the acceptability of limiting methods during the last few years, he said that sterilizing couples who have already produced three to four children would not make any dent in population growth. He added that birth spacing should be given priority. The acceptance of Copper T 380A and birth spacing has to be promoted by changing the mindsets and attitudes of people and providers. There is a need to build the skills of providers and for developing a proper package of behaviour change communication, which can go up to the grass roots level.

Dr. Nayara Shakeel, Joint Director, RCH, Directorate of Family Welfare, U.P., made a presentation on IUD Training Initiatives in Uttar Pradesh and highlighted the strategies of the Government of U.P., available opportunities and the challenges. Drawing the attention of participants towards three key objectives under NRHM (to be achieved by 2012), she mentioned that there is a need to focus on the third objective, Reduction of TFR to 2.8. By addressing TFR, MMR and IMR can also be addressed.

Some of the barriers to acceptance of IUD in the state include:

- Poor product image among clients

- Fears and myths associated with IUD
- Limited access to skilled providers and low insertion skills, resulting in complications that consequently lead to non-acceptance
- Lack of provider motivation and, as a result, clients who are not counseled to opt for IUD 380A
- General lack of knowledge about IUD 380A or its benefits.

Lessons learned from some of the training in IUD held during RCH I:

- Lack of proper planning, as the trainings were provided on a vertical platform (the implementation part was not focused on).
- Poor awareness among masses and insufficient efforts towards demand generation
- Limited opportunities for skill development by demonstration and practice
- Poor involvement of different level of functionaries
- Inadequate development of counseling skills
- Lack of monitoring
- Lack of reorientation training programs

Dr. Shakeel mentioned that the Government of U.P. proposes to reposition IUD 380A as it is one of the most effective long-acting reversible contraceptives. Those who are reluctant to opt for sterilization can choose IUD 380A for 10 years, followed by reinsertion for an additional 10 years. **The proposed strategy includes piloting of IUD training in three districts; namely, Bareilly, Gorakhpur and Lucknow, and orientation of CMO, CMS, PHN tutors, Medical College functionaries, FOGSI members, and private practitioners about IUD 380A.** Training will be conducted for Medical Officers, Staff Nurses, LHVs, and ANMs, as they can be helpful in monitoring, service delivery, and facilitative supervision. A training of Master Trainers has been conducted by the Government of India. A state-level workshop and the state-level Training of Trainers for district trainers have been completed. In U.P., Lady Medical Officers and Medical Officers (CHC/PHC-50/district), Staff Nurses and Lady Health Visitors (100/district), and ANMs (450-500/district) will be trained.

Other strategies and activities include:

- Contraceptive update seminars for health providers
- Monitoring progress, quality and utilization of services (a checklist will be provided for monitoring)
- Monitoring spacing services by Medical Officers and Lady Health Visitors.

Dr. Nayara further mentioned that efforts from the public sector alone are not sufficient to address community needs. Private and NGO sectors have an important role to play as two-thirds of doctors in the state work in the private sector.

The private sector can play a crucial role by providing services in underserved/unserved areas, mobilizing the community and improving access to more people. It is proposed that private nursing homes or hospitals be identified in each district for providing these services. The identified facility would be accredited for provision of services through a standard checklist in terms of infrastructure and skills required. It is expected that 50,000 IUDs could be performed in a year in all three districts. Accordingly, for the remaining months of 2007-08, a budget of Rs. 70 lakhs is proposed.

Mr. Satyajit Thakur, Secretary, Family Welfare, Government of U.P., mentioned that population stabilization is a huge challenge, as there is very low acceptance in society for IUD 380A. He said that as there is no dearth of availability of this contraceptive — and while manpower, resources and need all exist — efforts should be made to create mass awareness for this important program, and IEC should be strengthened. Also, he mentioned that fruitful discussions during this symposium would lead to important conclusions that can be replicated to make this program a success.

Dr. M. S. Jayalakshmi, Deputy Commissioner, Family Planning Division, Ministry of Health and Family Welfare, Government of India, began her address by sharing the conceptualization process of this symposium. About 7-8 months ago, the Government of India and the Government of U.P., as well as international agencies like USAID, FHI and Constella Futures, reexamined methodologies to reposition family planning and IUD in

India. Today's symposium is the result of the brainstorming that took place 7-8 months ago. She thanked the Government of U.P. for taking a lead and FHI for holding the symposium.

Dr. Jayalakshmi mentioned that the Government of India introduced two very important programs, NRHM and RCH II, in April 2005, both of which aim to achieve population stabilization. The National Population Policy 2000 also mentions achieving both population stabilization and population replacement. The country aims to achieve population replacement by 2010 and population stabilization by 2045. However, the rate at which India is progressing makes stabilization possible at roughly 1.7 billion people by around 2060. Stabilization of population is a matter of great concern for the Government as well as other key stakeholders, such as international agencies, national organizations, NGOs, and industry.

The unmet need for family planning, both in U.P. and in India as a whole, is quite high. As per NFHS I, II and III data, there has not been much of a change in the unmet need. A huge number of people — out of 1.4 billion, 17% is the eligible couple — want contraception, and they are not getting it. The program has always been one sided; it has been a limiting method-oriented program, and out of the 56% of the CPR, around 85% is contributed by limiting methods, and 10% by spacing methods.

Dr. Jayalakshmi said that a large proportion of women of reproductive age are in the younger age group, requiring spacing methods rather than limiting methods. It has been shown worldwide that spacing pregnancy between three to five years has a major impact on maternal and infant mortality and morbidity.

In the last two years, acceptability to both spacing and limiting methods has decreased sterilization by 10%, and IUD by 3%. This is an area of great concern. We have very limited choices for spacing methods. From a client's point of view, IUD is the easiest method, as it provides independence to the woman. This method also requires fewer inputs in terms of programmatic interventions.

In 2002, at the National Family Welfare Program, the Government of India introduced IUD 380A, thereby replacing the earlier CuT 200. IUD 380A is a much more effective method, has fewer side effects and is a cost-effective method. It is a reversible contraceptive method, effective for 10 years with a failure rate of less than 2%, and can be easily used as an alternative to sterilization. However, there has been no increase in the acceptance of IUD in the country, and the use of IUD has remained static at 2% since 2000. The major reasons for continuation of low acceptance are:

- Limited number of skilled providers
- Low insertion skills among the providers in screening the client (infection prevention procedures not followed, resulting in higher complications, thus leading to non-acceptance and low retention by acceptors)
- Poor counseling skills (providers lack interpersonal communication skills)
- Pre-existing conceptions, myths and fears about IUD

The Government of India has planned to repackage and reposition IUD in the country, and the two major issues of Quality Services and IEC will be addressed. In order to achieve this goal, the main strategies being adopted by the Government of India include:

- Improving provider skills in insertion, and increasing the number of service providers in the public sector. This will involve the adoption of alternative methodology in IUD training using pelvic models and scaling up training of service providers including Medical Officers, staff nurses and Female Health Workers. This training has been initiated by the Government of India as a pilot project in 12 states, in one district each. USAID and the Johns Hopkins Institute assisted the Government of India in conducting the training of trainers for these 12 states. Emphasis will be placed on monitoring, with complete documentation of the training utilizing pre- and post-evaluation.
- Scaling up IEC on IUD. This involves another major strategy to propagate the message of its 10 years of use, and also removes strong hesitation among acceptors due to incorrect beliefs. The Government of India is in the process of preparing Prototype IEC material on all contraceptives in audio, visual and print media,

including advocacy kits and decision-making tools that could be adopted by the states in their regional languages.

- Involving the private sector in IUD 380A propagation is being addressed through increasing the involvement of FOGSI. Currently, 52% of IUD insertions in India are provided by the private sector.

Dr. Bitra George, Deputy Country Director, FHI/India, thanked Dr. Jayalakshmi from the Government of India, Mr. A. K. Misra, Principal Secretary, Medical Health and Family Welfare, and other senior officials from the Government of India and the Government of U.P. for their support in this partnership. He also thanked USAID India, Constella Futures, and Population Council in making today's event possible.

Dr. George said that there is a need to collectively focus our attention on the issue of contraceptive choices and efforts that can be made to increase the basket of choices for women in the reproductive age group. India's Family Planning program currently offers five modern contraceptive options: three spacing methods (oral contraceptive pills, condoms and the intrauterine device) and two limiting methods (female and male sterilization).

Uttar Pradesh is the fifth largest and most populous state of India, with a population of 166 million. The state has a high unmet need of 21.9% for contraception. Of this, 9.3% is the unmet need for spacing methods. Even though IUD is a very safe and effective spacing method, its use is highly underutilized globally, nationally, as well as in Uttar Pradesh.

To help improve India's reproductive health indicators, USAID, State Innovations in Family Planning Services Agency (SIFPSA), and Constella Futures are implementing Phase 2 of the Innovations in the Family Planning Services Project. FHI, in collaboration with partners, seeks to build on the IFPS 2 program to help revitalize the IUD program in India. The IUD program is the first of FHI's activities that aims to update knowledge and develop a revitalization strategy for the state. He said that the two-day symposium would deliberate on a range of issues, such as program initiatives in repositioning the method, global and national experiences for strengthening the IUD program, and technical sessions on post-partum

insertion. FHI's intervention in Uttar Pradesh seeks to increase the uptake of IUD in the state and leverage support for IUD provision among policymakers and other stakeholders.

In his address, **Mr. A. K. Misra,** Principal Secretary, Medical Health and Family Welfare, Government of U.P., emphasized the idea not to reposition IUD as a method for controlling population explosion, but to reposition TFR. No country can prosper if it has to deal with 1.4 billion or 1.7 billion people. The natural resources cannot support this kind of a population. No country can survive with such a large group of people who are so poor and who are so unattended and under-serviced.

The Principal Secretary showed concern over the pace at which improvement has been made in the TFR of the country. Over a period of six years, there has been only 0.3% improvement, or 0.05% per year. He said that at this rate, in 20 years time, we would be able to come down to a TFR of 2.8. For reducing TFR at the desired level, there is a need to talk about the gamut of choices for spacing methods. He said that repositioning at various levels is required, including the Government of India as well as at the state level.

Mr. Misra mentioned that India has the advantage of a higher acceptability of limiting methods. Eight-five percent of control is made through limiting methods, and in our efforts we should not lose what we have incidentally earned in the last 30 years.

Mr. Misra said that there is tremendous scope for promoting a contraceptive like IUD 380A, as it is effective for a long period of time; it has a direct visible effect and immediately measurable outputs. He urged participants to promote this method through the private sector. On the part of the state of U.P., some initiatives have already been taken. He cited the example of "Suvidha" (brand of IUD) being repositioned by SIFPSA, for which they have a budget of Rs.50 Lakh.

Mr. Misra stressed the fact that besides training and communication, implementation has to be very seriously monitored. It has to be ensured that the IUDs are actually used and not thrown away. He suggested that a part of the symposium be devoted to discuss how to

reposition TFR and how to reposition family planning at the national level. Last, he thanked FHI for organizing this symposium and hoped that there would be some sensible decisions that could be implemented in the state of U.P. and then passed on at the national level.

Ms. Monique Mosolf, Chief RH Division, USAID, said that at its current growth rate, India would exceed the population of China by 2015. At its current rate, U.P. will not reach replacement level fertility until 2025. While the practical use of family planning is low, there are many couples who wish to utilize it. She said that more than one-third of couples would like to use family planning, but for various reasons — lack of services, commodities, and counseling that addresses the misperceptions and fears about family planning — they are not accepting it. This is something that must be addressed.

In U.P., IUD is the least used method. Although IUD is a good method — it is effective, long -acting (for 10 years), and safe — women are not using it, so there is a need to learn why women are not using it. Also, there is a need for convergence of all our skills and thoughts to discuss the increase of IUD uptake in U.P., meaning that a comprehensive approach needs to be developed, including:

- Television spots or radio spots to generate demand for IUDs
- Follow up to ANMs that have been trained
- Provision of proper facilities where IUD can be inserted, involving private sector for insertion of IUDs

Ms. Mosolf urged symposium participants to create a buzz around IUD as it has been created for I–Pill. During these two days, there is a need to take big steps forward in order to increase the use of family planning, including IUD in U.P.

The inaugural ceremony ended with a **vote of thanks** given by **Dr. L.B. Prasad**.

Session 1: Program Initiatives

Chairperson: Mr. Satyajit Thakur, Secretary (Family Welfare), Government of U.P.

Discussant: Dr. Jyoti Bajpayee, Country Director, EngenderHealth

Speakers: Dr. M. S. Jayalakshmi, MOHFW, Government of India
Dr. Nisha Gupta, Associate Director, CRTU, FHI
Ms. Shaheen Khan, Asst. Project Coordinator, SIFPSA

Mr. Satyajit Thakur addressed the participants, saying that that there is a need to identify the problems and gaps that have so far caused hurdles to achieving the desired results. On the one hand, there is a lack of natural resources, and on the other hand, there is a big population, and whatever efforts are being made for the development and progress of our people are getting neutralized. He mentioned that there is a need to motivate and educate people and make them understand the importance of family planning so that they may adopt these methods willfully.

Dr. M. S. Jayalakshmi: Repositioning IUD 380A in the National Family Welfare Program of India

Dr. Jayalakshmi explained the trends in contraceptive use by method as per NFHS 1, 2 and 3, and focused the participants' attention on the static performance of IUD over the past seven years. Some of the reasons mentioned she offered for low use of spacing methods are:

- Very early entry into marriage and child birth
- The persistence of socio-cultural pressures to produce a child immediately after marriage
- Lack of complete knowledge
- Myths and misconceptions
- Family planning has become a taboo word
- Limited methods are available in the National Family Welfare Program
- Lack of good quality IUD service provision
- Low skill provision in IUD trainings due to low case loads
- Higher side effects due to improper selection of cases
- Infection prevention precautions not followed
- IEC including IPC has been low, leading to continuation of the myths and fear of IUD
- Poor counseling skills among the providers

She further added that awareness about the introduction of this effective method (IUD 380A) in the program is still low among the acceptors as well as providers.

Dr. Jayalakshmi mentioned the strategies planned for scaling up IUD usage that include strengthening training in IUD, scaling up IEC for IUD, involving private sector providers, and ensuring quality care in IUD service. She also gave feedback on the State Training of Trainers in alternative training methodology in IUD.

Dr. Nisha Gupta: IUDs in India — How Can We Change History?

Giving a brief about the trends in contraceptive usage over the years, Dr. Gupta mentioned that in 1970, sterilization (male and female) accounted for 49% of the method mix. By 2005, over two-thirds of contraceptive users chose sterilization. Seeing these trends, some questions arise:

- How can we break free of this historical trend and generate interest in contraceptive use for delay and spacing?
- How can we reposition or revitalize the IUD as the method of choice?

Dr. Gupta said that low use of the IUD is attributed to lack of accurate information and poor services. It is more likely to be accepted by the urban, educated, high-income clients. She stressed the fact that training of service providers must be paired with creating demand. Mentioning the Guiding Principles for IUD Revitalization in India, she said that the aim is to develop and implement a strategy in collaboration with partners that is evidence-based, includes strong monitoring and evaluation and operations research, and leads to quality services and increased IUD use. The strategy should include basic principles and lessons learned from other country experiences, and should lead to:

- Creation of a supportive policy environment
- Contraceptive security assurance
- Expanded services in rural areas
- Maintenance of pool of trained providers
- Provision of essential, accurate information to people
- Engagement of the private sector

- Implementation of comprehensive approaches
- Documentation for sustainability and scale-up

Ms. Shaheen Khan — Branding IUDs

After sharing the data related to awareness levels of contraceptive methods in U.P., Ms. Khan shared the SIFPSA experience of branding IUD 380A by the name of "Suvidha." SIFPSA aimed to develop a BCC campaign that would effectively address the prevailing myths and misconceptions. The program would also provide a re-launch platform for the contraceptive method and promote IUDs as a trouble free, reversible and reliable clinic-based method of spacing contraception, providing protection from unwanted pregnancy for 10 years.

After some qualitative research about the preference of names and logos among the target audience, SIFPSA decided upon the name "Suvidha," with the punch line, "easy protection from unwanted pregnancy" (Garb se Surakhsha ka Saral upay). "Suvidha" means convenience. The logo design of the two flowers and two leaves was found to be very appealing and connoted "Khushali," or a feeling of well being to the target groups.

The main objectives of Suvidha campaign were to change the attitudes and behavior of the target group with respect to IUDs, as well as to provide method-specific information to address fears and misconceptions. Other objectives included promoting IUDs as a limiting method for those who have achieved the desired family size, and as a spacing method for those desirous of having another child in the near future. Also, publicizing and ensuring presence of trained ANMs at sub centers counted as another objective.

The target audience in this campaign included married women with one or more children in the age group of 20 to 44 years with an unmet need for contraception (as a spacing method for 20 to 30 years old women and as a limiting method for women aged 30 to 44 years). Key family influencers included husbands and mothers-in-law of eligible women, as well as service providers from government and non-government sectors. The strategy adopted by SIFPSA in this campaign was:

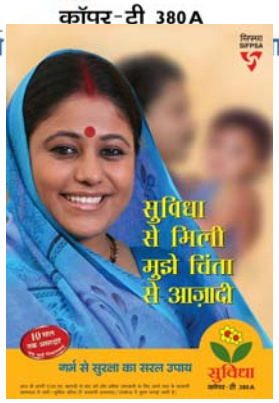
- Method-specific communication to address myths and misconceptions by giving specific information
- Testimonials by satisfied clients
- Upgrading of the IPC and counseling skills of the service providers
- Specific job aids and ANMs as spokesperson/facilitator.

The package included reaching the target audience through mass media through radio and television, putting up boardings, posters, tinplates, banners, and wall paintings, upgrading the IPC skills of service providers, and using folk media. Two different posters were designed for the rural and urban target groups. Posters were developed for addressing the myths and misconceptions related to IUD and for explaining 15 easy tips for IUD insertion by service providers. A follow-up card has also been designed by SIFPSA.

Five television spots/radio ads have been developed by SIFPSA in which IUD 380A has been shown as both a spacing method and a limiting method; ANMs, Mothers-in-law and, husbands have all been shown as spokespersons.

During the **discussion**, the following issues were highlighted:

- There is a need to make more efforts in rural areas.
- There is a need to mention side effects of IUD.
- Zoe models are good, but they are not clients. Trainees need to practice on clients also, for which a good client load is needed.
- The Government of India involves IEC personnel and program managers in the trainings. Counselling is a very strong component in the trainings. The medical students are being trained in IUD insertion and the Government of India is providing Zoe models to the various medical institutions, including government medical institutions

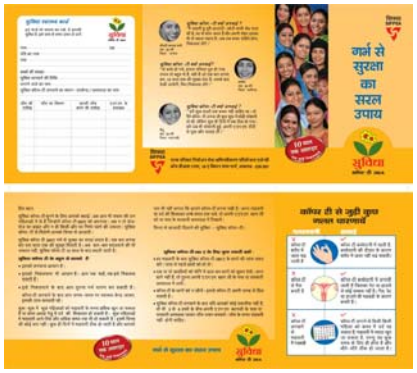


For rural settings

For urban settings

Addressing myths and misconceptions related to IUD

15 Easy tips for IUD insertion



Followup card

Session 2: Global and National Experiences for Strengthening the IUD Program

Chairperson: Ms. Monique Mosolf, Chief RH Division, USAID

Discussant: Dr. Sandhya Barge, Associate Director, CORT

Speakers: Dr. Pouru Bhiwandi, Consultant, Family Health International;
Dr. Rinku Srivastava, Asst. Project Coordinator, SIFPSA; Dr. Sulbha Swaroop, Consultant, Constella Futures:
Dr. Sitanshu Kar, Program Officer, Population Council

Dr. Pouru Bhiwandi — IUDs: The Global Context

Giving data on the current use of IUDs worldwide, Dr. Pouru mentioned the programmatic interventions made by different countries (Pakistan, Bangladesh, Jordan, Turkey and Kenya) to address barriers to IUD use. Some of the interventions are:

- Engaging the private sector for providing IUD
- Expanding cadres (training the nurse-midwifes)
- Making available medical and surgical kit boxes which contain all required items for insertion
- Enlisting religious leaders, Islamic scholars, etc.
- Holding national multimedia campaign to involve men in family planning
- Adopting a holistic and multi-partner approach
- National and provincial-level advocacy/consensus-building
- Updating national guidelines; improving service delivery in pilot sites

Dr. Rinku Srivastava and Dr. Sulbha Swaroop — Building Technical Capacities of Providers: Lessons Learned from SIFPSA

Dr. Srivastava shared the experiences of trainings provided by SIFPSA during IFPS I and II, which were mostly related to family planning and RCH. Focusing on the trainings related to IUD, she said that this was the first time when in-service IUD training was initiated for ANMs and LHVs. A comprehensive approach was adopted during these trainings. Zoe model

and hands on training was introduced. IUD kits along with consumables provided to all ANMs. Refresher trainings were provided during follow up.

The trainings included:

Counseling skills training

Clinic Based Family Planning Training (CBFPT)

Refresher Training

Inter personal Communication Training.

The processes involved training need assessment, standardizing training package, strengthening of sites, training of trainers, training of LHVs and ANMs, and two follow ups, each done after one month of training and six months of training, respectively. The curriculum included a contraceptive technology update, counseling, infection prevention, IUD insertion, and RTI/STI/HIV screening. Ninety-one percent of the trained ANMs/LHVs received first follow up, and 86% were found Performing to Standard (PTS). Seventy-three percent of trained ANMs/LHVs received a second follow up after six months of training, and 95% were found PTS. Those ANMs who were not performing to standard were given refresher training.

Dr. Srivastava also talked about holding two IUD Pakhwaras (fortnight) in the months of June and September 2002. Eighteen districts were covered in this project. Twenty ANMs were selected per district (those who were performing to standards). IEC support was provided and there was a component of verification at different levels. Mentioning some of the constraints, she said that the impact of the training in terms of increased insertion was not covered, there was lack of continuous supply of consumables to providers, and the IUD day declared by the Government of U.P. still needs to be institutionalized.

Dr. Sitanshu Kar — Operations Research in IUD: An Experience from Gujarat

Dr. Kar shared the experience of an operations research project titled, “Increasing the accessibility and use of IUD in Gujarat.” The project aimed to increase use of IUD among women by strengthening behavior change communication and improving access to quality

IUD services. The interventions included training (reorientation of technical skills, counseling techniques) and the holding of IEC campaigns at the community level by ANM/LHV, male workers, and Anganwadi workers. IEC material/counseling aids developed included two leaflets (one each for client and provider), two job aids for correct steps of insertion and removal of IUD, one counseling aid, two posters to be displayed at various health facilities, and one checklist to rule out pregnancy and STIs before insertion. All IEC materials and counseling aids were field-tested. The mid-term evaluation of the quality of IUD care showed positive results in terms of enhancement in the cases of IUD uptake in urban areas, pre-insertion counseling, and use of IEC material during counseling. There was a sharp decline in over reporting of IUD cases.

Session 3: Role of Private Sector in Promoting IUDs

Speakers: Dr. Suneeta Mittal, Vice President, FOGSI
Dr. Kalpana Apte, Asst. Secretary General, FPA India
Dr. Ravi Anand, Program Manager, Abt. Associates

Dr. Sunita Mittal — Role of FOGSI in IUD Promotion

She mentioned that FOGSI has 21,000 members, out of which around 2000 are working in academic institutions. Three major initiatives of FOGSI include prevention of maternal mortality, a 12 by 12 initiative targeting eradication of adolescent anemia, and Save the Girl-child. She said that there is no specific program targeted for IUD promotion, but the committee will be happy to support the Government of India. Explaining the role of FOGSI members, she said that practicing gynecologists are the major providers of contraception, including IUD (62%). Besides Multi-load, which is the most popular brand, several other brands are being used. IUD insertion is routinely combined with abortion services. Also, since the majority of the members are not aware of the free supply of IUD by the Government of India, sensitization and training of FOGSI members is needed to ensure active involvement in repositioning family planning in the country. Consequently, medical students should be trained in IUD insertion, and pelvic models need to be made available in medical colleges. Dr. Mittal suggested that different models of IUD should be added to the program, not just 380A.

Dr. Kalpana Apte — Role of IUD in Meeting the Unmet Need: FPA India Perspective

Dr. Apte mentioned that FPA India, through its 37 RHFP clinics in 40 branches, provides a full range of high quality services. In 17 branches, outreach services are also provided that include essential packaging of contraceptive and sexual and reproductive health services, including referrals. FPA India works with rural and marginalized groups, including the poor, adolescents, PLHIV, and geographically isolated groups.

FPA India had started using IUD 380A from 1995 onwards, before public sector inclusion through the social marketing initiative. For repositioning IUD, Dr. Apte stressed the need for training and enhancing counseling skills among providers. She said that counseling should be done by an expert/counselor. Otherwise, the myths about IUD will perpetuate.

Dr. Ravi Anand — Sharing of Personal Experience: IUD is Like a *Gehna* (Ornament)

Sharing her experience of dealing with clients, Dr. Anand said that couples usually do not come for contraception; it is the doctor who has to initiate the talk about family planning with the couple. The concept of IUD as a hassle-free contraceptive method was very appealing to the clients, but they got very scared when they saw the nurse walking with a tray full of equipment.

While counseling her clients, Dr. Anand tried to demystify the IUD by comparing it with a "gehna," an ornament. She counseled the clients by comparing the IUD to an ornament, because when clients get their nose and ear pierced and wear ornaments to look more beautiful, similarly, IUD will also make them look more beautiful. That is, IUD will help clients to have optimum spacing between children and also have fewer children. She continued to talk to the clients during IUD insertion and addressed their fears related to IUD traveling to other parts of the body, and various other misperceptions. She also told them about the side effects. Dr. Anand feels that continuation rates are higher when clients accept IUD knowingly.

After a brief discussion, **Dr. Jayalakshmi** concluded the day's proceedings, saying that the sessions have brought a large number of factors where action has to be taken. There is a need

to have very specific directions and very specific strategies. All the three partners — the government, as well as the private and public sectors — need to come together.

Proceedings of Day 2: October 4, 2007

Session 4 - Post Partum IUD Insertion: Experiences and Recommendations

Chairperson: Dr. M. S. Jayalakshmi, Deputy Commissioner, MOHFW

Discussant: Dr. Pouro Bhiwandi, Consultant, FHI

Speakers: Dr. Vinita Das, Head of the Department, Obstetrics and Gynaecology
CSM Medical University, Lucknow
Dr. Jeffery Smith, Regional Technical Director, Asia, JHPIEGO

Dr. Vinita Das — Postpartum IUD Insertion: Experiences and Recommendation

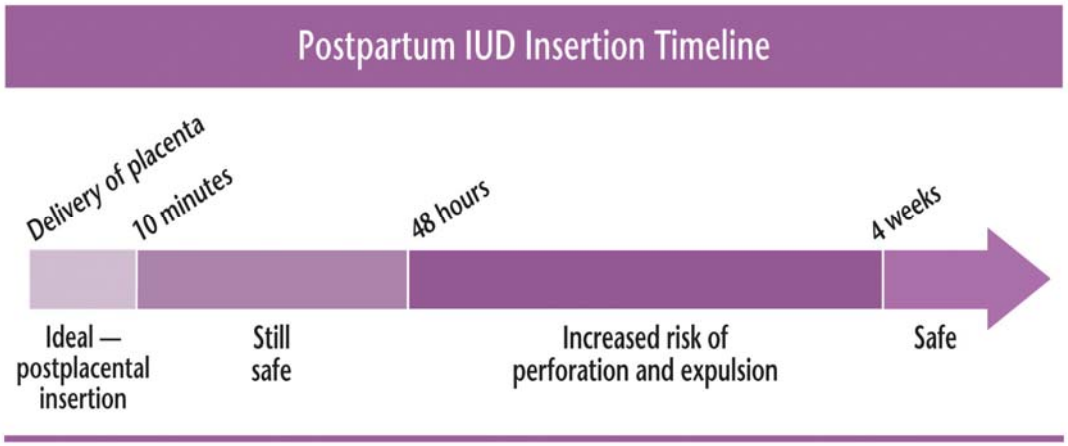
Explaining about postpartum IUD insertion, Dr. Das said that it is best done post-placental (within 10 minutes after placental delivery), but can be done up to 48 hours after delivery (by a trained provider); otherwise IUD insertion should take place after four weeks postpartum (or any time thereafter). She also explained about IUD insertion during Post Abortion: first trimester, second trimester, and immediate post-septic abortion. She said that expulsion is greater after the second trimester abortion, as compared to the first trimester abortion. Insertion of IUD immediately after post-septic abortion may substantially worsen the condition, and should not be inserted. IUD can be inserted within 48 hours after birth, but it requires special training. IUD can also be inserted after four weeks of childbirth, but the provider must be reasonably certain that the client is not pregnant.

Dr. Jeffery Smith — Postpartum IUD

Defining postpartum family planning, Dr. Smith described it as the initiation and use of family planning methods during the first year after delivery. The best time for discussing postpartum Birth Spacing Options is during ANC. Explaining about optimum birth spacing, he said that intervals greater than 36 months are associated with reduced risk of perinatal and neonatal mortality, preterm, low-birth-weight babies, and maternal mortality.

Comparing typical effectiveness of contraceptive methods, Dr. Smith said that IUD was one of the most effective methods, a one-time procedure with nothing to do or remember. He also explained the best time for counseling and giving IUD with the help of a life cycle diagram starting from adolescence to the postpartum period.

Timing of insertion of IUD postpartum



Dr. Smith mentioned some of the advantages of postpartum IUD insertion: It is a very effective, reversible, long-term method; it is safe, convenient, and there is no increased risk of perforation or bleeding; it does not increase the risk of infertility; and it does not affect the quantity or quality of breastmilk. Postpartum insertion also has some limitations: slightly higher rate of expulsion — about 8-14% (meaning 86-92% retention), and it requires special training of providers. During the follow-up at the time of the postpartum exam (three to six weeks), there is a need to counsel the client to return if there is a late period, prolonged or excessive bleeding, abdominal pain or pain with intercourse, or the IUD strings are not palpable. Clients should also be informed about dual protection (condoms) and infection exposure.

During the discussion, the following issues were highlighted:

- Post-placental IUD insertion is good, but it requires special training.
- An example of the Truth Campaign of Kenya was cited, which has very compelling messages, and the actual beneficiaries of IUD are on the posters and radio spots.

- The national- and state-level master trainers can learn through CDs.
- Insertions of IUDs immediately after abortion can be promoted through private practitioners, FOGSI members and NGOs.
- The paramedical and medical staff need to be trained in counseling skills.
- There is a need to link up childcare, mother care and family planning.

Group work and Presentations

For the group work, participants were divided into four groups, and each group was assigned one topic: Service Delivery, Human Resource, Behaviour Change Communication, and Public-Private Partnership. The groups were asked to identify issues that need to be overcome, and strategies that will be employed to overcome these issues. The groups had extensive discussions, and each made presentations. It was decided by consensus that the presentations of all the groups would be merged into one summarized presentation that highlighting all the issues and strategies, and this presentation would be made before the Honorable Health Minister during the concluding session.

Reviewing of Folder

Ms. Jennifer Wesson, Senior Research Associate, FHI, apprised the participants about the material given to them in the folder that contained a CD of IUD Toolkit, several research articles, a training manual, and booklets giving important facts and details about IUD.

TV Spots developed by SIFPSA

Ms. Shaheen Khan, Asst. Project Coordinator, SIFPSA, showed the five television spots on **Suvidha** developed by SIFPSA. These television spots address two to three issues related to IUD 380A, placing IUD as a spacing as well as a limiting method. In these spots, ANM has been promoted as a service provider, a husband has been shown as a satisfied client, and a mother-in-law was portrayed as a promoter of this method. The importance of girl-child is also stressed in the spots. These spots are being aired by SIFPSA through the radio. To establish a link, same faces have been used on pamphlets giving information about Suvidha.

Concluding Session

Mr. Anant Kumar Misra, Honorable Minister for Health, Uttar Pradesh, was the Chief Guest during the concluding session of the Symposium. After extending a warm welcome to him and to Mr. Satyajit Thakur, Secretary, Family Welfare, Government of U.P., **Dr. Madhu Sharma,** Asst. Director (RCH), Directorate of Family Welfare, U.P.**,** apprised him about the purpose and the proceedings of the symposium. She mentioned that representatives from various national and international organizations — USAID, FHI, Constella Futures Group, Population Council, CORT, Path International, JHU, JHPIEGO, SIFPSA — were present. Various strategies had been discussed during the group work for repositioning IUD in the country, and a comprehensive presentation of all the group works would be made to the Honorable Minister.

Dr. Nayara Shakeel, Joint Director, RCH, Directorate of Family Welfare, U.P., made a presentation on **Development of Strategy to Revitalize IUD Services: Recommendations of Technical Symposium on Repositioning IUD 380A.** The four issues related to low acceptance of IUD included Service Delivery, Human Resources, Behavior Change Communication, and Public-Private Partnership. Her presentation highlighted all the important points brought out by the participants during the group work.

Five T.V. spots on Suvidha developed by SIFPSA were shown to the Minister.

Overview by Dr. M. S. Jayalakshmi

Besides showing concern towards the unmet need for contraception, high TFR, and the question of reaching population stabilization and population replacement level, she also talked about the two programs launched by the Government of India, NRHM and RCH II. She said that for stabilizing population, maternal and child health needs to be improved, and maternal as well as infant mortality needs to be reduced. There is a need to address the young women who need spacing methods. Two areas which the Government of India is addressing are increasing the skills of the service providers and increasing the number of service providers.

Address by Mr. Satyajit Thakur

The Secretary, Family Welfare, congratulated the participants of the symposium for discussing all-important aspects of this program. He showed concern towards the insensitive attitude of doctors towards their clients. According to Mr. Thakur, medical ethics make patients the first priority. In order to make a program successful, one should have conviction, commitment, enthusiasm, and concern. He urged that there is a need to remove all obstacles and bottlenecks, as the IUD program is very challenging; it is stationery and is not making any improvements. He further added that the problem of population needs to be arrested and quality of life improved. People should know that IUD 380A is available free of cost and also available in all Government centers. He suggested that both IEC and IPC have to be improved and intensified.

Address by Mr. Anant Kumar Misra, Honorable Minister for Health, Uttar Pradesh

He congratulated and thanked all the participants for being here for a cause. He felt that awareness generation activities should be carried out at a village level, amongst those who are actual beneficiaries of the program. He mentioned that ASHA workers and ANMs have to be trained for providing improvised facilities. He said that every mother giving birth to a child in JSY (Janani Suraksha Yojana) should get Rs. 1400/- in rural areas and Rs. 1000/- in urban areas. He also said that everything requires generosity, hard work and one's conscience.

Mr. Misra thanked all the international donors for their technical and financial support in this exercise. He also thanked the Government of India for their active support. He concluded his speech with an assuring statement that with whatever infrastructure they have in the health department, he will monitor and see that the program is implemented to the best.

Next Steps were presented by **Dr. Sulbha Swaroop**. She mentioned the formation of a strategy working group that will prepare the IUD revitalization strategy for the state.

A **Vote of thanks** was given by **Dr. Nayara Shakeel.** She thanked the Honorable Minister for his blessings and for giving his views on the issue. She also conveyed thanks to Dr.

Jayalakshmi and all the participants for giving so much time and input during the symposium. In the end, she conveyed thanks to all those who worked behind the scene to make this program successful.

Issues and Strategies for Repositioning FP/IUD

Repositioning of family planning including IUD is required at various levels, at the Government of India level as well as the state level. Family planning is the need of the hour, but it is necessary to reach people who most need it. There is a need to motivate, educate and make people understand the importance of family planning so that it is adopted willfully.

Besides training service providers and facilitative providers, implementation has to be seriously monitored. Efforts should be made to garner support for implementers to enable them to provide services effectively in the state. Logistics and regular supply should be maintained for effective and uninterrupted services. Quality of services should be ensured at each level of health care delivery (sub centers, PHCs, CHCs, and District hospital). **It has to be ensured that IUDs are actually used and not thrown away, and there is no false reporting.**

Uptake of FP methods including IUD is affected by Service Delivery, Human Resources, Behavior Change Communication, and Public-Private Partnership. The issues related to these four areas are being discussed below, along with proposed strategies that can help in addressing these issues.

A) Service Delivery

Service providers have limited opportunities for skill development by demonstration and practice. There is also an issue of inadequate development of counseling skills of providers. The system of quality of care is not adequate to meet the provision of FP and IUDs, specifically. The current system of monitoring favors over-reporting of IUD insertions. There is lack of provision of proper facilities where IUD can be inserted. Other opportunities for service provision have not been sufficiently exploited (e.g., postpartum provision). The strategies for addressing the above issues are:

- **Improving provider skills in IUD insertion and increasing the number of service providers** through adoption of alternative methodology in IUD training using pelvic models and scaling up training of service providers, including Medical Officers, staff

nurses and Female Health Workers. Training is to be comprehensive in nature, and the trainees will be from the public as well as the private sector, including private practitioners, members from FOGSI, and NGOs.

- **Strengthening the system of supervision and management**, or providing training in supervision skills to those involved in the supervision work at various levels. They will be trained in doing facilitative supervision. Besides the service providers, the program managers/officers also need to be trained. Multiple means of verification are required, and for this the present District Quality Assurance Committee (QAC) is being linked to service delivery.
- **Implementing performance-based recognition system to include quality and logistics reporting.** This involves providing certificates and/or logos to those service providers who are providing quality services.
- **Promoting post-placental insertion**. Post-placental insertion is convenient with no increased risk of perforation or bleeding. It does not increase risk of infertility, and it does not affect the quantity or quality of breast milk, but it requires special training of providers. Janani Suraksha Yojana (JSY) provides a great opportunity for provision of IUD in the immediate post-placental period. There is also a need for enhancing provision of proper facilities and infrastructure where IUD can be inserted.

B) Human Resources

There is poor involvement of different levels of functionaries in the FP program that makes the number of trained and qualified providers inadequate. Skills for FP and IUD in pre-service education are minimal for MO, staff nurses, and ANMs. So, besides service provision, IEC activities also suffer. This leads to the perpetuation of myths and fears related to IUD, which negatively affects the IUD uptake by clients. Involvement of people at all levels is required to make this program a success. Some of the proposed strategies for increasing human resources in FP program are:

- **Involving other service providers and training them in FP/IUD insertion/ counseling skills/IEC campaign**. Presently, FP/IUD services provision is shouldered predominantly by the ANM. For enhancing the number of skilled providers, services of the staff nurses and MOs could also be utilized. They can be trained in providing

these services, creating awareness, counseling the clients, and in carrying out IEC campaigns effectively.

- **Training in FP/IUD insertion, to be provided during pre-service education of ANMs, Staff Nurse, and Medical graduates.** Pelvic models should be made available in medical colleges/training centers to help the trainees practice IUD insertion.
- **Enhancing the involvement of those who facilitate services** (e.g., paramedical staff in the field, the male workers, anganwadi workers, ASHA). They can create awareness and generate demand for FP/IUD by appropriate counseling, not only of the clients, but also of their spouses and in-laws. They can take up IEC campaigns and help to eradicate prevailing myths and misconceptions by referring clients to the appropriate facilities.
- **Comprehensive training to be provided to all categories of providers.** Training should be competency-based, skill-focused and humanistic based on behavior modeling. It should focus on clinical aspects, IEC issues, communication and counseling skills, supervisory skills, monitoring, and evaluation skills. The processes may involve training need assessment, developing standardized training packages after reviewing the existing training curricula and guidelines, strengthening of sites, training of trainers, training of MOs, LHVs, ANMs, and two follow-ups. The latter should be done after one month of training and after six months of training, respectively, to ensure that skills are transferred into practice.

C) Behavior Change Communication

The overall community lacks correct information about IUDs. Information on introduction of the more effective IUD 380A in the program is still low among acceptors as well as providers. As a result, people are not aware of the benefits of this method. IEC, including IPC, has been low, leading to the continuation of myths related to the IUD. Well-designed community awareness campaigns are needed. Providers' communication and counseling skills have to be enhanced, as these are major contributing factors in FP/IUD acceptance. Some of the strategies that can address these issues include:

- **Customizing the communication models to the audience's needs**. Method-specific communication to address myths and misconceptions by giving specific information and testimonials by satisfied clients will help the target audience gain correct information about the method.
- **Scaling up IEC on IUD**. IEC material/counseling aids need to be developed, which should include leaflets for clients as well as providers, job aids that explain correct steps of insertion and removal of IUD, counseling aids to be used by service providers and other grassroot level functionaries during counseling sessions, posters for being displayed at various health facilities (different posters can be designed for the rural and urban target groups), and developing a checklist for screening clients to rule out pregnancy and STI before insertion so that the side effects caused due to improper selection of cases can be reduced. All IEC materials and counseling aids need to be field-tested.
- **Reaching the target audience through various means to create awareness as well as to generate demand for FP/IUDs**. For example, this can be done through radio and television ads, putting up hoardings, posters, tinplates, banners, wall paintings, and by using folk media.
- **Involving other grass roots functionaries for community behaviour change** such as ANM/LHV, Male workers, and ASHA/Anganwadi workers, for taking up IEC campaigns at the community level and upgrading their IPC and counseling skills through proper training.

D) Public-Private Partnership

Efforts from the public sector alone are not sufficient to address the community need. There has been less involvement of the private sector in the national FP program. FP service provision is not seen as lucrative by the private service providers. Even after keeping a provision of Rs. 75 for them for providing IUD, the uptake of IUD has remained low. According to the Reproductive Health Indicator Survey, in U.P., a majority of IUD users depend on private sources. However, urban users depend even more on private sector sources as compared to rural users. Hence, to enable contraceptive choice and increase access to IUD, it should be made available to both the public and private sectors. To enhance the

involvement of the private sector in the provision of FP methods, including IUD, the following strategies are proposed:

- **Accrediting identified private nursing homes/hospitals**. The private sector can play a role by providing services in underserved/unserved areas, mobilizing the community and improving access to more people. It is proposed that private nursing homes or hospitals be identified in each district for providing these services. The identified facility will be accredited for provision of services through a standard checklist in terms of infrastructure and skills required.
- **Building awareness of FP/IUD through multiple channels and associations** (e.g., IMA), so that the private service providers are aware about free supply of IUD by the Government of India, and awareness is created among the eligible couples for selecting this method.
- **Engaging FOGSI in the training and quality improvement of private providers.** The private sector involvement in IUD 380A propagation is being addressed through increasing the involvement of FOGSI (52% IUDs are provided by the private sector in the country). For FOGSI's involvement in the repositioning of family planning, including IUD, sensitization and training of FOGSI members is needed.
- **Developing a strong monitoring and evaluation system.** This will ensure that the IUD insertions done by these private providers may not go unnoticed and/or unreported.
- **Exploiting the model of social franchising (HLFPPT) to increase FP/IUD services.** This will help in increasing the accessibility and affordability of FP/IUD services, keeping in view the minimum quality standards.
- **Studying factors that motivate the private sector involvement in FP/IUD services.** Efforts need to be made to identify and promote the factors that can help in sustaining the motivation of the private sector in the provision of FP/IUD services.

Way Forward

For repositioning family planning, including IUD, there is a need to develop and implement strategies that are evidence-based, include strong monitoring, evaluation and operations research, and lead to quality services and increased IUD use. These strategies should include basic principles and lessons learned from other country experiences and should lead to:

- Creation of a supportive policy environment
- Contraceptive security assurance
- Expanded services in rural areas
- Maintenance of a pool of trained providers
- Provision of essential, accurate information to people
- Engagement of the private sector
- Implementation of comprehensive approaches
- Documentation for sustainability and scale-up

A strategy working group has been formed that consists of one representative each from the Government of India, Government of Uttar Pradesh, USAID, FHI, JHUCCP, and Constella Futures. The group will prepare an IUD revitalization strategy on the following issues:

- Service Delivery
- Human Resources and Training
- Behaviour Change Communication
- Public-Private Partnerships

The following comprise the members of the working group:

- Dr. Jayalakshmi, MOHFW, Government of India
- Dr. Nayara Shakeel, Government of U.P.
- Dr. Loveleen Johri, USAID
- Dr. Nisha Gupta, Associate Director, CRTU, FHI
- Ms. Geetali Trivedi, JHUCCP
- Dr. Sulbha Swaroop, Consultant, Constella Futures

The strategy will be presented to the Government of Uttar Pradesh for consideration and implementation, and also for being fed into a national level strategy for IUD revitalization.

FHI's contribution in repositioning family planning, including IUD in U.P., will include stakeholder engagement and political support, and technical review of policies/guidelines/curricula — the national guidelines have already been reviewed, and the same will be done for state-level service delivery guidelines — and will partner with the Government Medical College to review their training curricula. FHI will also be responsible for formative and/or operations research on effective IUD interventions in the Indian context, and will work with service delivery implementers to design such research. Where needed, FHI will provide technical assistance for interventions, such as sensitization workshops, developing or adapting job aids, and assisting with BCC efforts. Finally, FHI will undertake a formal evaluation of these IUD revitalization activities. This research will produce information for subsequent scale up and will add to global knowledge, as there is a significant contribution that India can make in this area.

Annexure A

"Symposium to Develop a Comprehensive Strategy for IUD Repositioning"

Venue: Hotel Taj Residency, Lucknow

October 3 – 4, 2007

Day 1: Wednesday, October 3, 2007

9.30-10.00 am	**Registration**
10.00-11.30 am	**Inauguration**
10.00-10.05 am	*Lighting the lamp by Chief Guest Mr.A.K. Misra Principal Secretary, Health and Family Welfare, Government of U.P.*
10.05-10.15 am	*Welcome by Dr. L.B. Prasad, DG Medical and Family Welfare, Government of U.P.*
10.15-10.35 am	*Initiatives of the Government of UP to promote the IUD- Challenges and Opportunities- Dr. Nayara Shakeel, Program Officer RCH, Government of U.P.*
10.35 -10.45 am	*Address by Mr. Satyajit Thakur, Secretary, Family Welfare, Government of U.P.*
10.45-10.55 am	*Address by Dr. M.S. Jayalakshmi, Deputy Commissioner, Family Planning Division, MOHFW*
10.55-11.05 am	*Address by Dr. Bitra George, Deputy Country Director, Family Health International*
11.05-11.15 am	*Address by Ms. Monique Mosolf, Chief RH Division,*

	USAID
11.15-11.25 am	*Address by Mr. A.K. Misra, Principal Secretary, Health and Family Welfare, Government of U.P.*
11.25-11.30 am	*Vote of Thanks by Dr. L.B. Prasad, DG, Medical Health and Family Welfare, Government of U.P.*
11.30-11.45 am	**Tea**
11.45 -1.00 pm	**Program Initiatives** **Chairperson- Mr. Satyajeet Thakur, Secretary (FW) Government of UP** **Discussant- Dr. Jyoti Vajpayee (Country Director, EngenderHealth)**
11.45-12.05 am	**Repositioning IUD 380 A in the National Family Planning Program-** *Dr. M.S. Jayalakshmi, DC, Family Planning Division, MOHFW, Government of India*
12.05-12.20 am	**IUDs in India- How can we change history? –** *Dr. Nisha Gupta, Associate Director, Family Health International*
12.20-12.40 pm	**'SUVIDHA'- Branding TCu 380 A and SUVIDHA mass media awareness campaign in UP, SIFPSA's initiative-** *Ms. Shaheen Khan, Assistant Project Coordinator (IEC) SIFPSA*
12.40-1.00 pm	**Discussion**
1.00-2.00 pm	**Lunch**

2.00- 3.30 pm	**Global and National experiences for strengthening the IUD program** **Chairperson- Ms. Monique Mosolf, Chief RH Division, USAID** **Discussant- Dr. Sandhya Barge, Associate Director, CORT**
2.00- 2.20 pm	**Initiatives for repositioning IUD: Global experience** - *Dr. Pouru Bhiwandi, MD, MSPH, FACOG, Family Health International*
2.20-2.40 pm	**Building technical capacity of providers- lessons learnt from SIFPSA**- *Dr. Rinku Srivastav (SIFPSA), Dr. Sulbha Swaroop, Consultant Constella Futures*
2.40-3.00 pm	**Strengthening IUD program in Gujarat: Observation from an operations research**- *Dr. Sitanshu Kar, Population Council*
3.00-3.30 pm	**Discussion**
3.30- 3.45 pm	**Tea**
3.45- 5.00 pm	**Role of Private Sector in promoting IUDs: Panel Discussion** **Chairperson – Dr. Nayara Shakeel, Joint Director (RCH), Directorate of Family Welfare, Government of U.P.** **Discussant – Dr. S. Krishnaswamy, General Manager, SIFPSA**

3.45-4.00 pm	*Presentation by FOGSI (Dr Suneeta Mittal)*
4.00-4.15 pm	*Presentation by FPAI (Dr. Kalpana Apte)*
4.15-4.30 pm	*Presentation by Dr. Ravi Anand, PsP – One, Abt. Associates*
4.30- 5.00 pm	*Discussion*
5.00- 5.15 pm	**Wrap Up –** Dr. Jayalakshmi
7.30-9.30pm	**Dinner**

Day 2: Thursday, October 4, 2007

10.00- 11.00 am	**Postpartum IUD insertion: Experiences and Recommendation - Panel Discussion** **Chairperson- Dr. M.S. Jayalakshmi, DC, MOHFW** **Discussant- Dr. Pouru Bhiwandiwala, FHI**
10.00 - 10.15 am	Presentation by Dr. Vinita Das –HOD KGMU
10.15-10.30 am	Presentation by Dr. Jeffrey Smith- JHPIEGO
10.30-11.00am	Discussion
11.00-11.15 am	**Tea**
11.15-12.15 pm	**<u>Group Work</u>:** **Identifying the Issues and Strategies related to -** 1. *Service Delivery* *2. Human Resource* *3. Behaviour Change Communication*

4. Public private partnerships

12.15-1.15 pm **<u>Presentation of working groups</u>:**

Chairperson- Dr. M.S. Jayalakshmi, MOHFW
Dr. Jeffery Smith, JPHIEGO

Issues and Strategies -
1. *Service Delivery*
2. Human Resource
3. Behaviour Change Communication
4. Public private partnerships

Discussion

1.15-2.15 pm **Lunch**

2.15 – 3.30 pm **Running through the Folder** – Ms. Jennifer Wesson, FHI
Screening of TV spots on IUD 380A developed by SIFPSA
Discussion

3.30 - 4.30 pm **Concluding session**
Chief Guest – Mr. Anant Kumar Misra, Honorable Minister for Health, Uttar Pradesh

3.30 – 3.35 pm Welcome by Dr. Madhu Sharma, Asst. Director, RCH, Directorate Family Welfare, U.P.

3.30 - 3.40 pm Comprehensive Presentation of Group Work by Dr. Nayara Shakeel

3.40 - 3.50 pm Overview by Dr. M. S. Jayalakshmi, DC, MOHFW

3.50 – 4.05 pm Address by Mr. Satyajit Thakur, Secretary, Family Welfare, Government of U.P.

4.05 – 4.20 pm	Address by Mr. Anant Kumar Misra, Honorable Minister for Health, Uttar Pradesh
4.20 - 4.25 pm	Next Steps by Dr. Sulbha Swaroop
4.25 - 4.30 pm	Vote of Thanks by Dr. Nayara Shakeel

Moderators:	**Dr. Nisha Gupta, FHI** **Ms. Sohini Roy Chowdhury, Population Council**
Rapporteur:	**Ms. Nandini Johri, Consultant, FHI**

Annexure B

List of Participants

Government of India – Ministry of Health and Family Welfare

Sl no.	Name	Designation	Organization	Email
1.	Dr. M. S. Jayalakshmi	Deputy Commissioner, Family Planning Division	MOHFW	jaya.ms@nb.nic.in
2.	Dr. S.K. Sikdar	Assistant Commissioner, Family Planning Division	MOHFW	sk.sikdar@nic.in
3.	Dr. Keerti Malaviya	Assistant Commissioner, Family Planning Division	MOHFW	keertimalviya@yahoo.com
4.	Dr. Jayalal Mohan	Consultant	MOHFW	

Government of Uttar Pradesh

Sl no.	Name	Designation	Organization	Email
5.	Mr. A.K. Misra (**Chief Guest)**	Principal Secretary	Medical Health and Family Welfare, Govt. of U.P.	
6.	Mr. Satyajit Thakur	Secretary, Family Welfare	Directorate of Family Welfare, Govt. of U.P.	
7.	Dr. L.B. Prasad	Director General	Medical Health and Family Welfare, Govt. of U.P.	
8.	Dr. C B Prasad	AD, NRHM	Medical Health and Family Welfare, Govt. of U.P.	
9.	Dr. Suresh Thahraini,	Joint Director (FW)	Directorate of Family Welfare	
10.	Dr. Nayara Shakeel	Joint Director (RCH)	Directorate of Family Welfare, Govt. of U.P.	nayarashahid@yahoo.com

11.	Dr. Madhu Sharma	Asst. Director (RCH)	Directorate of Family Welfare, Govt. of U.P.	
12.	Mrs. Santhamma Nayar	PHN Tutor	ANM Training Centre	
13.	Dr. A K Shukla	CMO, Lucknow		
14.	Dr. Samyukta Dube	Deputy CMO Lucknow		
15.	Dr. R P Verma	CMO Gorakhpur		
16.	Dr. Sultana Aziz	Sr. Consultant	Distt. Women's Hosp. Barabanki,	
17.	Dr. Shikha Srivastava	Asst. Director	UPHSDP	
18.	Smt. Jyoti Rana,	Tutor	Baba Nursing School, Deva Road Chinhat, Lucknow	

Funder

Sl no.	Name	Designation	Organization	Email
19.	Ms. Monique Mosolf	Senior Population Advisor, PHN	USAID (India)	mmosolf@usaid.gov
20.	Dr. Loveleen Johri	Senior RH Advisor, PHN	USAID (India)	ljohri@usaid.gov

SIFPSA

Sl. no.	Name	Designation	Email
21.	Dr. S. Krishnaswamy	General Manager (Private Sector)	skswamy123@gmail.com
22.	Mr. B. B. Goel	General Manager (Training)	bbgoel@sifpsa.org
23.	Dr. M.K. Sinha	DGM	mksinha@sifpsa.org
24.	Ms. Priti Gupta	Programme Coordinator IEC	priti_gupta04@rediffmail.com
25.	Dr. Rinku Srivastava	Asst. Project Coordinator	dr.rinku.srivastava@gmail.com
26.	Ms. Shaheen Khan	Asst. Project Coordinator	shaheen19@rediffmail.com

International organizations

Sl no.	Name	Designation	Organization	Email
27.	Dr. Pouro Bhiwandi	Consultant	FHI	bhiwandi@bellsouth.net
28.	Ms. Jennifer Wesson	Senior Research Associate	FHI	jwesson@fhi.org
29.	Dr. Bitra George	Deputy Country Director	FHI	bgeorge@fhiindia.org
30.	Dr. Nisha Gupta	Associate Director	FHI	ngupta@fhiindia.org
31.	Dr. Sitanshu Kar	Program Officer	Frontiers Program, Population Council	skar@popcouncil.org
32.	Ms Sohini Roychowdhary	Regional Communication Officer	Population Council	sroychowdhury@popcouncil.org
33.	Ms. Moumita Sarkar	Technical Resource Officer	Institute of Reproductive Health	sarkar_moumita@yahoo.com
34.	Dr. Jyoti Vajpayee	Country Director	EngenderHealth	jvajpayee@engenderhealth.org
35.	Ms. Suchorita Bardhan	Program Officer/ BCC Advisor	JHU-CCP/ ITAP	sbardhan@jhuccp.in
36.	Ms. Geetali Trivedi	Program Officer	JHU-CCP / ITAP	geetali06@yahoo.com
37.	Mr. Anuj Bhatia	State Representative	(ITAP), Constella Futures Group	anbhatia@constellagroup.com
38.	Mr. Nitin Dutta	State Advisor	Constella Futures Group	nitin@constellagroup.com
39.	Mr. Louis Massey	Admin and Finance Associate	Constella Futures	lmassey@constellagroup.com
40.	Dr. Sulbha Swaroop	Consultant	Constella Futures	drsulbhaswaroop@gmail.com
41.	Dr. Monica Tripathi,	NGO Advisor	Constella Futures	mtripathi@constellagroup.com
42.	Mr. Pramod Kumar Tripathi	Manager CB	Constella Futures Group	ptripathi@constellagroup.com
43.	Dr. Nidhi Chaudhary	Senior Program Specialist	Constella Futures Group	nchaurdhary@constellagroup.com
44.	Dr. Ravi Anand	DIMPA Program Manager	Abt Associates USAID	ranand@sancharnet.in
45.	Dr. Jeffrey Smith	Regional Technical	JHPIEGO	jsmith@jhpiego.net

		Director, Asia		
46.	Ms. Shilpa Nair	State Coordinator, U.P.	Path	shilpa@pathindia.org
47.	Mr. Dana Ward	Director, Family Health Program	Population Services International	dana@psi.org.in
48.	Mr. Sanjeev Dham	State Director	Population Services International	sanjeev@psi.org.in
49.	Dr. Dharmendra S Panwar	KTP Advisor	Intra Health Intl.	
50.	Ms. Nandini Johri	Consultant	FHI	nandinijohri@yahoo.co.in

Public / Private Practitioners

Sl no.	Name	Designation	Organization	Email
51.	Dr. Vinita Das	HOD (Obstetrics and Gynaecology)	CSMMU, Lucknow	das_lko@yahoo.com
52.	Dr. Manju Shukla	Professor	CSMMU, Lucknow	shukladrmanju@rediffmail.com
53.	Dr. Manju Tandon		Mother Care Hospital, Hardoi Road, Lucknow	

NGOs

Sl. no.	Name	Designation	Organization	Email
54.	Dr. Kalpana Apte	Asst. Secretary General	FPA India Hqs., Mumbai	kalpanaapte@fpaindia.org
55.	Mr. A.K. Shome	Branch Manager	FPA India, Lucknow	fpailko@yahoo.com
56.	Dr. Suneeta Mittal	Vice President	FOGSI	sunita.mittal@gmail.com
57.	Dr. Sandhya Barge	Associate Director	CORT, Baroda	cort10@satyam.net.in

Media

58.	Mr. Gopi Rastogi	Journalist
59.	Ms. Kumud Srivastava	Journalist
60.	Ms. Ruby Singh	Journalist
61.	Mr. Rajesh Kumar Singh	Journalist