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Family Planning Initiative
Addressing unmet need for postpartum family planning

PPIUCD (Copper IUCD) as another PFP choice in Kenya

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Training Advisor, Jhpiego Kenya*

Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health



FROM

Map not to scale:
Rough scale 1cm : 45km

see [Road Travel Times](#)

(c) www.shoortravel.com



OBJECTIVES

To share:

- **Experiences in revitalizing PPIUCD in Kenya**
- **Challenges during the implementation period of the program**
- **Lessons learned**

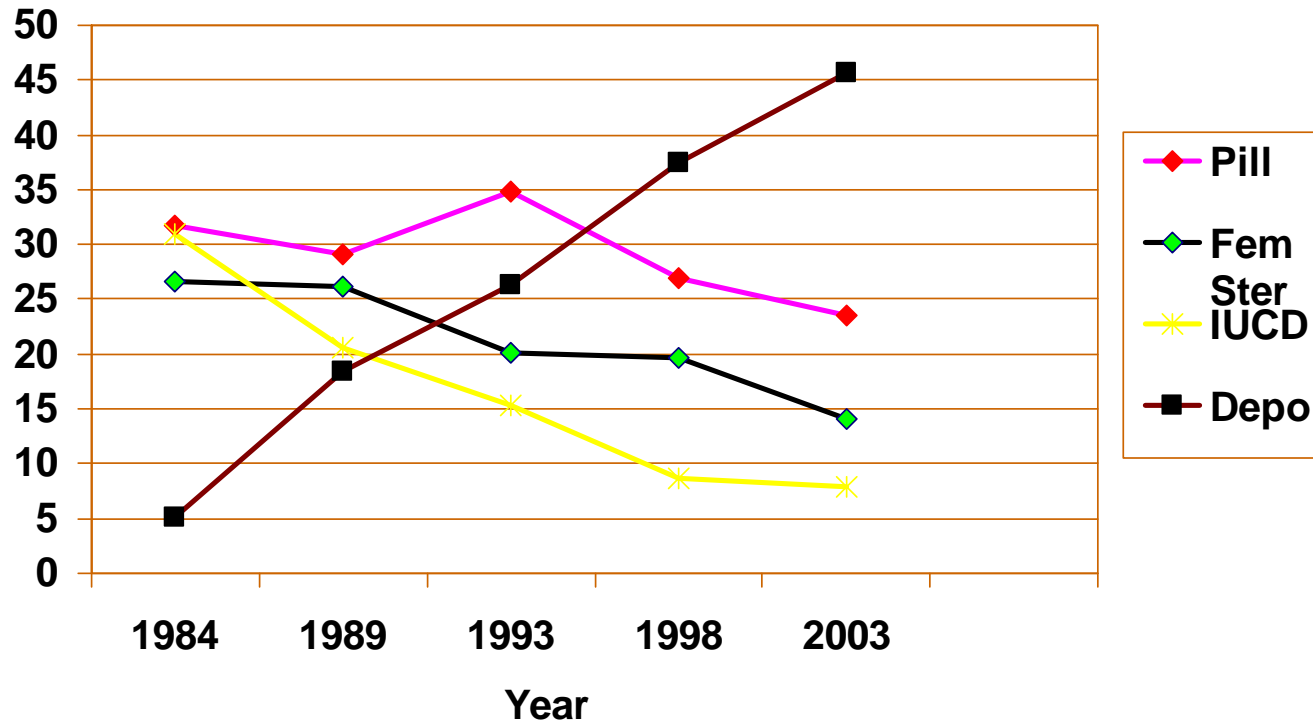


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Trends in the FP method mix: Kenya, 1984-2003 (Modern methods)



*Slide adapted from “The Challenges of Reproductive Health in Kenya” presentation by Dr. Helton Jilo,



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Background / Context

- **Kenya MOH seeks to expand the FP services by improving access to a wide selection of FP methods**
- **Contraceptive use among women in Kenya - 41%**
- **Discontinuation of FP within 12 months: 38%**
- **ACCESS-FP: reduce unmet family planning needs among postpartum women**



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MIDWIFE FOCUS PPIUCD TRAINING

- **More likely to do the deliveries –**
- **At primary health centres**
- **Doctors only at tertiary level of health care**



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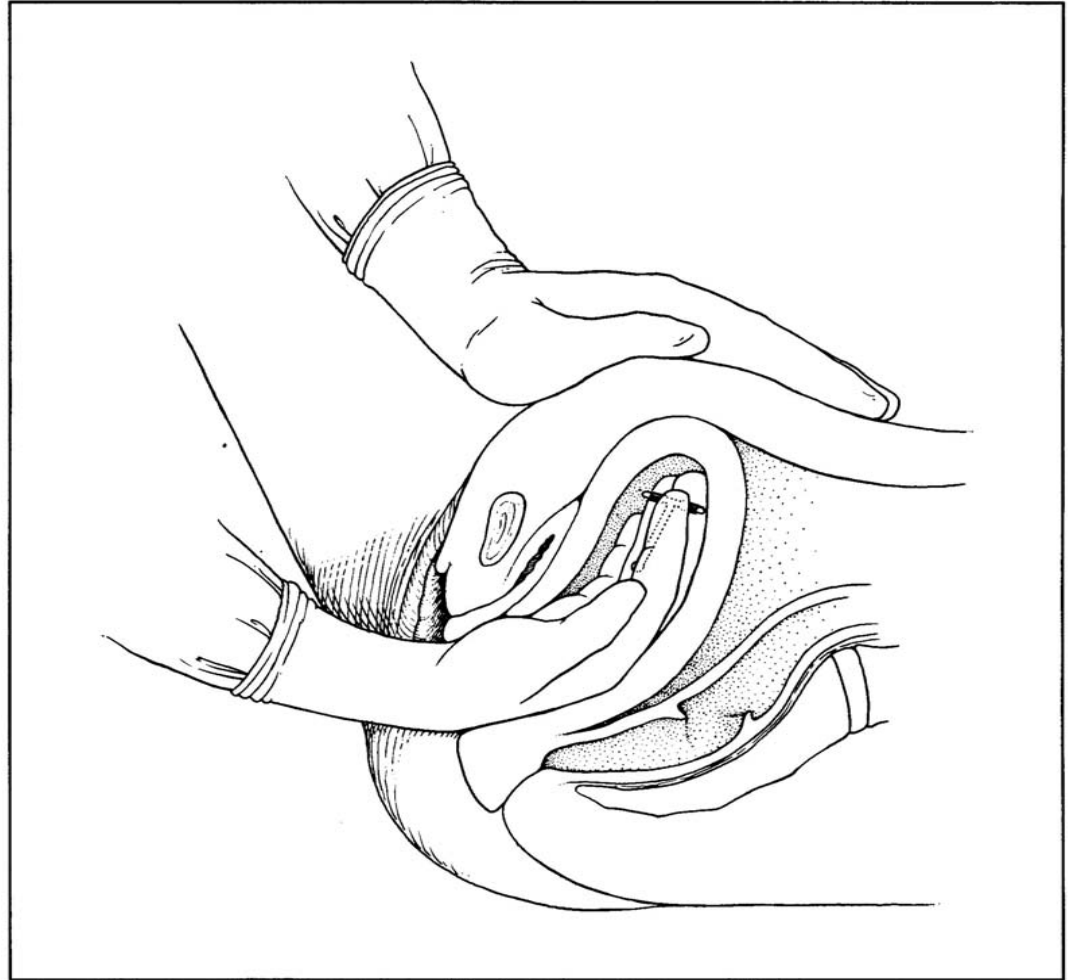
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Program Achievements



- **20 PPIUCD trainers developed in Embu District**
 - 18 PPIUCD trainers – Coast
- **70 Service providers trained on PFP, PPIUCD insertion, AMTSL, IP, Manual and Instrumental**
- **34 CHW trained on RH including PPIUCD**
- **Pre-tested PPIUCD manual Engenderhealth/Acquire**
- **Increased interval IUCDs**

Modified glove and manual Insertion



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PPIUCDs inserted during last 18 months

Facility	Average Monthly deliveries	Postplacental manual	Immediate instrumental	Intra-C/S	Totals insertions
PGH Hospital	500	109	69	5	183
Primary Health Center (PHC)	15-20	24	30	0	54
Total		133	99	5	237



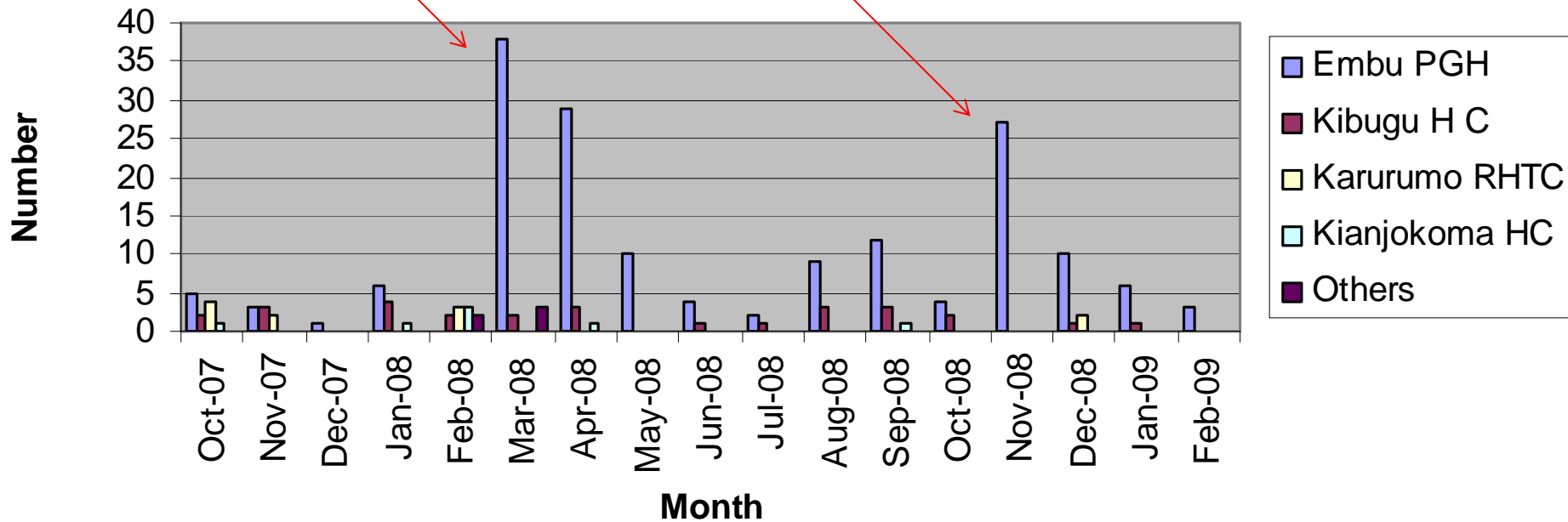
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Surges of PPIUCD during trainings

PPIUCD Inserted Oct 07-Mid Feb 09



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Barriers to provision of PPIUCDs

- Lack of physician commitment reflected in very small intra-caesarean PPIUCD insertion numbers
- Lack of pre-service/in-service training for medical officers and interns who perform almost all of the cesarean sections
- Midwife/nurse shortages--trained staff are reassigned
- Counseling on IUCD time intensive
- Cultural beliefs/misconceptions
- High demand for DMPA and Implants



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Lessons learned

- **“Champion Midwives” who promote PPIUCDs to colleagues and clients**
 - Midwives at PHCs offering PPIUCDs
- **Infection prevention training as part of PPIUCD training**
- **Physicians should be included in trainings especially for the intracesarean insertions**
 - Specialized training to emphasize intracaesarean, IP, and counseling



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For A Healthy Baby and Mother Focused PNC



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