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**MEMORANDUM**

It is well established fact that the vicious cycle of repeated unintended pregnancies and unwanted births or abortions contributes to increased morbidity and mortality among mothers and newborns. However management of abortions and prevention of unwanted births still remains a challenge. Women's control over their own child birth is the mainstay of the family planning programme in India. Keeping this in consideration, the "Technical Update on Post Abortion Family Planning" was successfully launched by the Family Planning Division, MoHFW at the National Family Planning Summit held in April,2016.

In this connection, the copy of the "Operational Guidelines for Post Abortion Family Planning" are enclosed herewith for information and implementation of Post Abortion Family Planning services successfully in the district.

  
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Mission Director, NHM  
Tripura

To:

1. Chief Medical Officer- South Tripura /Gomati /Sepahijala /West/Khowai/ Dhalai/Unakoti/North Tripura for information and necessary action.
2. Medical Superintendent – AGMC & GBP Hospital /IGM Hospital/DH-Gomati/DH-Santirbazar /DH-Unakoti/DH-Dhalai/DH-North Tripura for information and necessary action.
3. Sub-Divisional Medical Officer- Gandacherra SDH/Amarpur SDH/Belonia SDH/Tripura Sundari SDH/Sabroom SDH/LT Valley SDH/Kamalpur SDH/RGM SDH/Kanchanpur SDH/Melaghar SDH/Bishalgarh SDH for information and necessary action.

Copy to:

1. PS to the Principal Secretary, Health & Family Welfare Department, Govt. of Tripura for kind information
2. Director of Health Services, Govt. of Tripura for information.
3. Director of Family Welfare & PM, Govt. of Tripura for information.

  
Mission Director, NHM  
Tripura

## Operational Guidelines- Post Abortion Family Planning

### Definition:

Post abortion family planning refers to providing quality family planning choices to the woman in her post abortion period. There are many contraceptive choices available in the post abortion period. The details of the same are provided in the 'Technical update on Post Abortion Family Planning, 2016'.

Programmatically, following terminology may be used for post abortion IUCD and post abortion sterilization:

- **Post abortion IUCD (PAIUCD)**- PAIUCD (either IUCD 380 A or IUCD 375) is defined as an IUCD insertion conducted following a complete abortion (if there is no infection) up to 12 days of the abortion procedure by a trained provider at the same or another facility.
- **Post Abortion Sterilization (PAS)**- PAS is defined as a sterilization operation conducted concurrently or within 7 days of abortion provided the woman is eligible for minilap/ laparoscopic procedure (as per PAFP technical update, 2016) by a trained provider at the same or another facility where sterilization services are available.

### Operational Aspects:

#### I. Access

Post abortion family planning methods would be made available to all clients who opt for abortion services at public health facilities. The program would be rolled out in all the 30 states and 6 UTs of India covering all the public health facilities as per follows:

	PAIUCD	PAS
1 <sup>st</sup> trimester abortion	Facilities at PHC level and above where IUCD services are available	Facilities at CHC level and above where regular/ fixed day sterilization services are available
2 <sup>nd</sup> trimester abortion	Facilities at PHC level and above where additionally PPIUCD services are available (in addition to IUCD services)	

Other family planning methods can be provided to the women in post abortion period at all the public health facilities as per 'Technical update on Post Abortion Family Planning', 2016.

#### II. Counselling

Post abortion family planning counselling services would be provided as per the 'Technical update on Post abortion family Planning, 2016'. Counselling would be done both at the facility

by doctors and nurses as well as RMNCH+A counselors (wherever posted) at all levels of facilities and at the village level by ASHA/ANM.

**III. Service provision**

Almost all family planning methods within the basket of choices can be provided to women opting for abortion services. (Refer to the 'Technical update on Post abortion family Planning, 2016'). Some of the methods require special considerations by trained personnel and below are the list of methods with provider who can provide the service.

**Provider and situation when the method can be provided:**

**1. PAIUCD (IUCD 380A/ IUCD 375):**

- Uterine size less than 12 weeks- A service provider trained in Interval IUCD insertion procedure (Medical officer/ Nursing Personnel) after due orientation on PAIUCD procedure.
- Uterine size more than 12 weeks- A service provider trained in Post-partum IUCD insertion procedure (Medical officer) after due orientation on PAIUCD procedure. *It is important to note that after 7 days of abortion, PAIUCD can only be inserted by a medical officer after ascertaining complete abortion and thorough medical checkup.*

**2. PAS (Post abortion Sterilization):**

- Uterine size less than 12 weeks- A service provider trained in Minilap/ Laparoscopic Sterilization after due orientation on PAS procedure.
- Uterine size more than 12 weeks- A service provider trained in Minilap Sterilization after due orientation on PAS procedure.

**Orientation plan for health providers at all levels for post abortion family planning (General Aspects of training)**

**I. Criteria for designation of 'Training Centers' for:**

**• Post abortion sterilization**

A functional service delivery site designated as CAC facility with:

1. All necessary infrastructure, equipment and supplies for providing sterilization services (minilap/ laparoscopic sterilization)
2. High client load of female sterilization (on an average 50 cases per month) to enable demonstration by trainers and supervised performance on clients by the trainee
3. Availability of at least one trained providers in Minilap and Laparoscopic sterilization for the respective training site
4. A training room close to the OT for at least 10 persons (trainers, trainees and observers) with chairs, tables, light source, fans/AC, audio-visual facility and alternate source of power.

- **Post abortion IUCD**

A functional service delivery site with:

1. Adequate client load and facility for IUCD insertion (on an average 50 cases per month) and providing safe abortion services (preferably CAC facility).
2. Established IUCD services and abortion services so that clients for PAIUCD at these sites are available during training.
3. A training room with adequate seating capacity (trainers, trainees and observers) and audio-visual learning aids

*Note: Identification and designation of these training centers at State and District level will be the responsibility of SQAC/ SISC and DQAC/ DISC whichever is applicable.*

**II. Criteria for Designation of 'Trainers' for:**

- **Post Abortion sterilization**

CAC trained service provider/ Obs/ Gyn with:

1. Competency/proficiency in the skills of counseling and technique of post abortion female sterilization procedures;
2. Experiences in such service for at least three years in a static center which gets around 50 cases per month
3. Experience of at least 50 cases of surgical abortion
4. Willingness to become a trainer and spare time to conduct training and follow-up visits for on-site support/ hand-holding, if required

Service provider meeting above criteria can be designated as a PAS trainer by SQAC/SISC/Director Family Welfare at State level and by DQAC/DISC/CMO at District level.

- **Post abortion IUCD**

CAC trained service provider/ Obs/ Gyn with:

1. Competency/proficiency in the technique of post abortion IUCD insertion;
2. Having experiences in such service for at least three years in a static center
3. Experience of at least 50 cases of surgical abortion
4. Willingness to become a trainer and spare time to conduct training and follow-up visits for on-site support/ hand-holding, if required

Service provider meeting above criteria can be designated as a PAIUCD trainer by SQAC/Director Family Welfare at State level and by DQAC/CMO at District level.

**III. Criteria for Selection of 'Trainee'**

Method	Training	Basic qualification requirement for trainee
<b>Post abortion Sterilization</b>	Minilap Sterilization	<ul style="list-style-type: none"> <li>• Specialists in surgical fields other than ObGyn (ObGyn-do not require separate training for Minilap)</li> <li>• MBBS</li> </ul>
	Laparoscopic Sterilization	<ul style="list-style-type: none"> <li>• DGO, MD/MS in ObGyn</li> <li>• Specialists in other surgical fields</li> <li>• MBBS performing minilap sterilization</li> </ul>
<b>Post Abortion IUCD</b>	PAIUCD when uterine size is less than 12 weeks	<ul style="list-style-type: none"> <li>• MBBS and above</li> <li>• Nursing personnel</li> </ul>
	PAIUCD when uterine size is more than 12 weeks	<ul style="list-style-type: none"> <li>• MBBS and above</li> </ul>

**IV. Number of Trainees per batch**

The number of trainees per batch would remain same as that in routine trainings for female sterilization and IUCD insertion which is maximum 4 doctors in case of sterilization training and 10 providers in case of IUCD training. For other methods like Oral Pills and Injectable no separate orientation is required and the subject will be covered under the routine trainings.

**V. Duration of training**

<b>Post abortion sterilization</b>	<ul style="list-style-type: none"> <li>• One day orientation of providers already trained in minilap/laparoscopic procedure</li> <li>• For providers not trained in any female sterilization procedure, orientation on Post abortion sterilization should be done alongside routine minilap/ laparoscopic sterilization training</li> </ul>
<b>Post abortion IUCD</b>	<ul style="list-style-type: none"> <li>• One day orientation of providers already trained in IUCD/ PPIUCD insertion</li> <li>• For providers not trained in IUCD/PPIUCD, orientation on Post abortion IUCD should be done alongside integrated IUCD training</li> </ul>

Additionally, one day orientation of Program Management Staff at state/district/block level may be done on operational aspects of post abortion family planning for field implementation. Further, half day orientation of front line workers (ASHA/ ANM) and RMNCH+A counselors may be conducted by the state at district/ block level on post abortion family planning contraceptive choices and services. These may be carried out during routine monthly meetings.

### Additional Considerations for States

In addition to this, the states may incorporate the following activities within 12 days' curriculum of CAC trainings as well:

1. Dissemination of 'Technical Update on Post Abortion Family planning, 2016' during all CAC trainings
2. Use of MMA e-module and MMA handbook during CAC trainings
3. All CAC trainings must include practice of IUCD on Zoe/ pelvic model and independent insertion of IUCD for at least 2 cases (for MOs who are already trained in IUCD)
4. Mapping of district level public health facilities for PAIUCD training centres

### Incentive Package:

The following incentive package may be provided for post abortion sterilization (PAS) services:

#### Post Abortion Sterilization services:

The financial package for post abortion sterilization would be the same as that for interval sterilization services in all the states. (*Enhanced Compensation Scheme-vide letter no. 11026/11/2014-FP dated 20.10.2014*) (*Revised Compensation Scheme- vide letter no. N.11019/2/2006-TO/Plly*)

### Budget flow

Budget for post abortion family planning incentive scheme would be sourced from NHM Flexi pool and routed through state PIPs. Thereafter as per state system, disbursing of funds to district and block levels would be done.

- For the financial year 2016-17, budget for different activities like Orientation of RMNCH+A counselors and ASHA and Drop back in case of Post Abortion Sterilization can be utilized from respective budget heads.
- Initial orientation of Service providers at all levels may be conducted from approved budget of 'Training on new contraceptives'
- The state may utilize the Budget line A.3.1.3 'Compensation for female sterilization' for payments to clients of post abortion sterilization.

**Roles and responsibilities**

**I. Role of the state**

- 1. The state would designate a nodal person to manage and monitor the scheme and instruct CMOs and FP nodal person of the districts regarding the scheme.
- 2. The IEC regarding the scheme to be displayed at the health facilities in local language and provide information to the clients through ASHA and counselors.
- 3. Monitoring of the scheme would be carried out on regular basis and 10% verifications to be done during routine supportive supervision visits by SQAC/ SISC.
- 4. Collect physical and financial progress report of the scheme from districts and send a compiled report to GoI on a quarterly basis as per prescribed format
- 5. State would ensure provision of adequate funds in the state NHM PIP every year from financial year 2016-17.

**II. Role of the district**

- 1. The district would designate a nodal person to manage and monitor the scheme. The district would carry out orientation of MO I/Cs as well as BMOs regarding the scheme.
- 2. Monitoring of the scheme would be carried out on regular basis and 10% verifications to be done during routine supportive supervision visits by DQAC/DISC.
- 3. Collect physical and financial progress report of the scheme from block and PHCs on a monthly basis and send compiled report to state level for onward submission to GoI as per prescribed format.
- 4. Adequate funds to be provisioned in district PIP, for the scheme from 2016-17 onwards

**III. Role of Service Provider/ Facility in-charge**

- 1. Service provider would ensure quality of services (including infection prevention, obtaining informed consent etc)
- 2. Service provider would ensure counselling of the client and encourage them for follow up visits
- 3. MO I/C would carry out orientation of ANMs/LHVs and ASHA workers regarding the scheme which may be carried out during monthly meetings.

**IV. Role of ASHA**

- 1. Generate awareness about post abortion family planning within the community.
- 2. Counsel the couple on importance of safe abortion practices and healthy spacing between children
- 3. Counsel the client (and other family members, if necessary) for adoption of post abortion family planning services including PAIUCD/ Post abortion sterilization.

- 4. Inform the client about the post abortion Family Planning method and escort the client to the health facility for PAIUCD/ Post abortion sterilization services. She should emphasize on the importance of follow up visits.

**Reporting Mechanism**

**I. Data Recording**

The data for PAIUCD may be recorded in the 'remarks' column of the IUCD register till further instructions. The PAIUCD data should also be recorded in respective RCH register by the ANM. The data for post abortion sterilization has to be recorded in the updated sterilization register which has been shared with the states. Additionally the information of Post abortion family planning methods can also be noted in CAC register.

**Key elements of PAIUCD reporting:**

- It is important to record every case of PAIUCD in interval IUCD register.
- 'PA' should be written in the remarks column to designate PAIUCD insertion. These cases should be identified with a mark of # along with the name of women.
- Following conditions should be met for a case to be considered as a PAIUCD insertion.
  - If IUCD is inserted within 12 days of surgical evacuation
  - If IUCD insertion is done at 3rd visit/ follow up visit of MMA

**II. Data Reporting**

The reports for post abortion family planning would be sent from the facility to the district level on a monthly basis in format 'A'.

**Format 'A'- Facility reporting format**

1	2	3	4	5
S.no.	No. of 1 <sup>st</sup> trimester abortions reported in facility	No. of 2 <sup>nd</sup> trimester abortions reported in facility	No. of clients who adopted PAIUCD	No. of clients who adopted Post abortion Sterilization

*\*Note: The facility may write 'NA' in column 1 and 2 if no abortion services were provided. Facilities providing only PAIUCD services may write 'NA' in column 5.*

The district would send the reports for post abortion family planning to the state on a quarterly basis as they have been doing for other quarterly reports in format 'B'



*Format 'B'- District reporting format*

1	2	3	4	5
Name of district	No. of 1 <sup>st</sup> trimester abortions reported in district	No. of 2 <sup>nd</sup> trimester abortions reported in district	No. of clients who adopted PAIUCD	No. of clients who adopted Post abortion Sterilization

The state would in turn send the reports for post abortion family planning to the National level on a quarterly basis as a part of quarterly progress report in the format already shared with the states.