

ANTARA CARELINE

PERSONALIZED CONTRACEPTIVE COUNSELLING

A LEADING PILLAR IN CONTRACEPTIVE CHOICE AND CONTINUATION



Personalized Contraceptive Counselling:

A Leading Pillar in Contraceptive Choice and Continuation

Evidence¹ suggests that women who receive high quality family planning (FP) counselling were more likely to be satisfied with their FP method and were more likely to continue the method of their choice. Increasing modern contraceptive use has proven to reduce unintended pregnancies and improve the health of mothers and infants.

FP counselling that clearly explains information on side effects, addresses misconceptions and spousal dynamics (e.g., covert use and communication) has proven to be effective in impacting continuation rates.² The Dimpa project's experience suggests that quality FP counselling must include counselling before the adoption of a method and at the moment when women start experiencing side effects. Counselling women on side effects while they were having them can be reassuring and lead to method continuation.

In 2011, Abt Associates (Abt) introduced an innovative approach to ensure follow-up tele-counselling for DMPA (Depot-medroxyprogesterone Acetate also known as Antara in government health facilities) users through its private sector Dimpa project. Riding the wave of India's increasing access to mobile phones, Abt initiated Careline, a tele-counselling service to ensure DMPA clients received free, continuous, and high-quality follow-up counselling support over the phone from trained counsellors. Tailored, one-on-one counselling included messages on side effects, common misconceptions, and other issues. Project studies reflected that the innovation helped improve DMPA continuation rates from 20% to 70%.

Abt introduced the Careline services, as Antara Careline, into its public sector work in November 2017, to support the roll-out of Antara in public facilities across India. Antara Careline provided free tele-counselling to Antara clients on behalf of the public facility to mitigate client anxiety, provided reassurance on side-effects, refer women to a provider if needed, and gave reminders to users for the next dose. Those who wished to discontinue using Antara and switch to another contraceptive method, received counselling for a smooth shift. Careline services were implemented in five states – Uttar Pradesh, Bihar, Rajasthan, Maharashtra, and Haryana – until July 2021. Subsequently Abt Associates transitioned the tele-counselling support to state government helplines and other digital tools used by the state governments.

"After taking the first injection I got very scared. But your continued counselling boosted my confidence and I gathered strength to continue with the injection and took the third injection also."

- An Antara Client

¹Garbers S, Meserve A, Kottke M, Hatcher R, Chiasson MA. Tailored health messaging improves contraceptive continuation and adherence: results from a randomized controlled trial. *Contraception*. 2012; 86 (5)

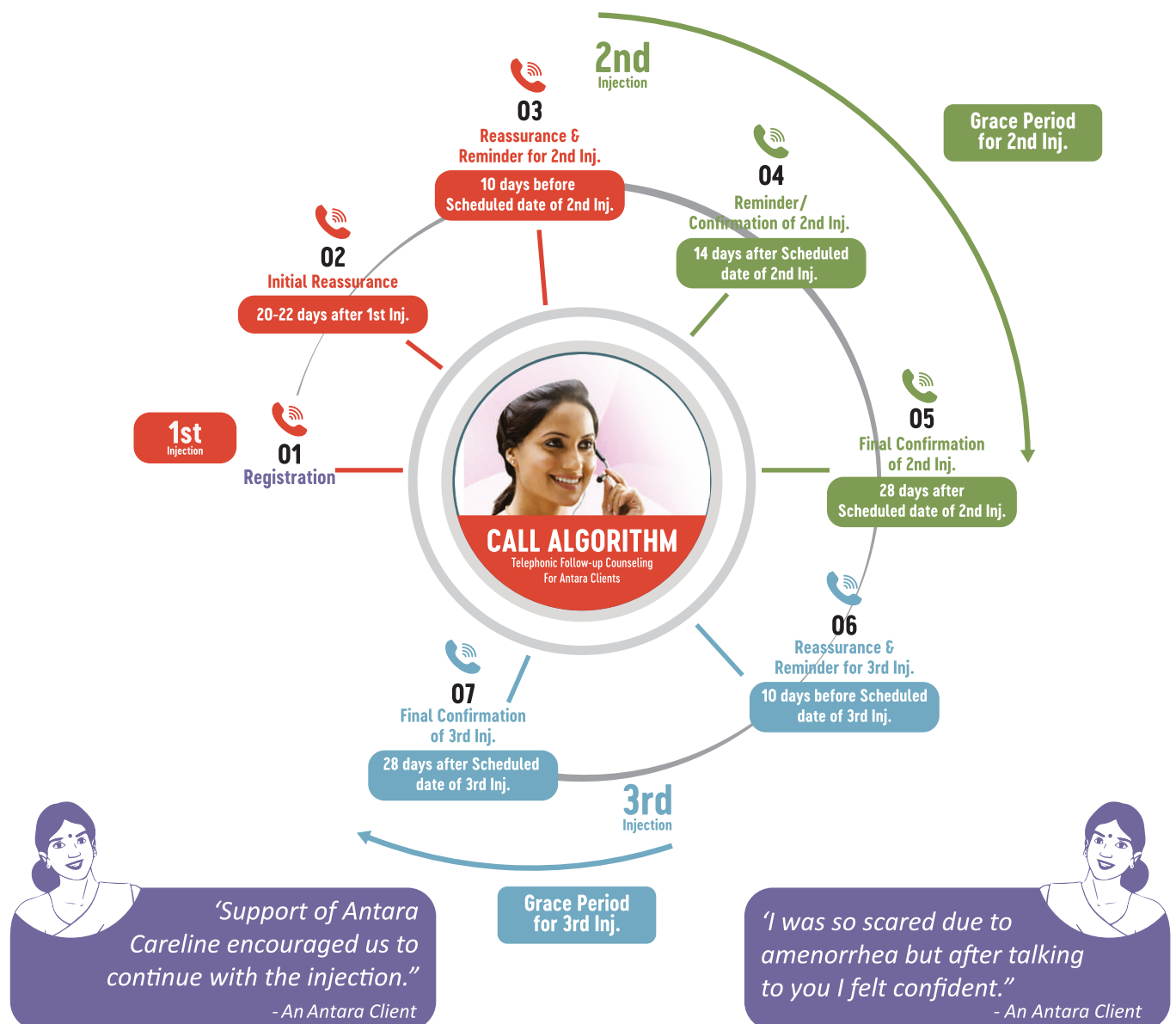
²Centers for Disease Control and Prevention (CDC): U.S. selected practice recommendations for contraceptive use, 2013: Adapted from the World Health Organization selected practice recommendations for contraceptive use, 2nd edition. *MMWR Recomm Rep*. 2013;

Timing the Counselling to Help Women Manage Side Effects

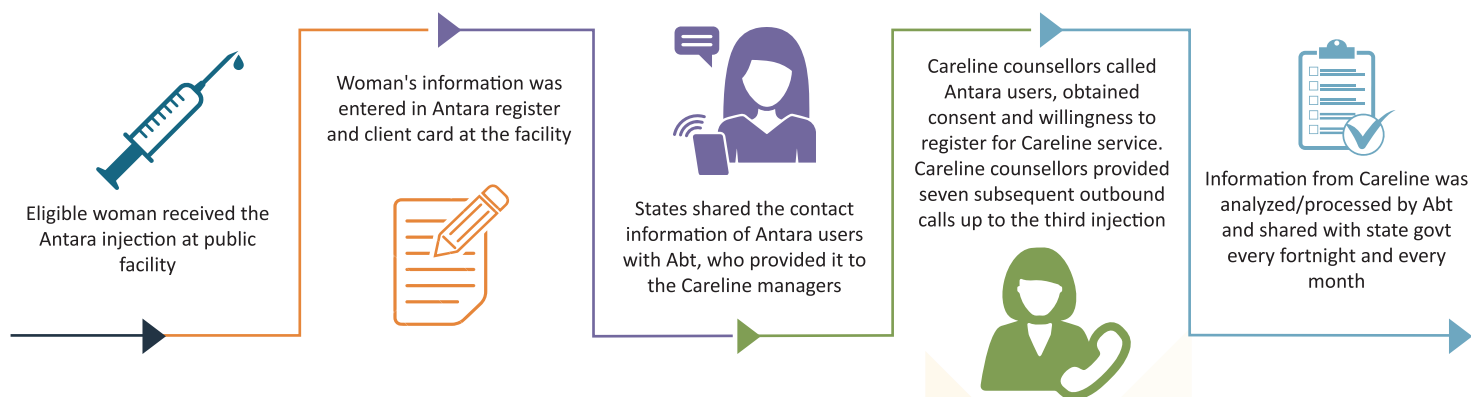
The counselling support was provided to Antara clients through a series of seven telephone calls. It began after the first injection and continued until the third Antara injection. This support aligned to the critical time period when a woman experiences side effects and needs maximum reassurance. The Careline support was available for those clients who opted into voluntary registration for this service. For the ease of Antara clients, the Antara Careline operated through in-bound and out-bound calling facilities. This ensured that women could either call the toll-free number to register for the service or could provide their mobile numbers at the health facilities at the time of receiving their first injection and wait to receive the out-bound call from the Careline.

The out-bound call series had an algorithm of seven calls. Each of the seven calls had a dual purpose: 1) to help the client deal with side effects; and 2) to remind the client about the next dose. The project developed the algorithm after many iterations during the private sector intervention to maximize the support to clients.

The calls were made as per the pre-existing scripts in different local languages (i.e., Hindi, Marathi, Bhojpuri and Maithili).



The Careline out-bound calls was dependent on the list of phone numbers received from the states in a prescribed format. Client's consent was mandatory before receiving Careline services, so all the phone numbers received were called-back to ascertain consent, demographics, preferred time for receiving calls, and alternate phone numbers, if any. Confirmed Antara clients consenting to avail Careline services were called as per the defined algorithm and were provided follow-up counselling related to the method up to the third injection.



Keeping Clients' Confidentiality and Data Security the Mainstay of the Service

Clients' confidentiality was the mainstay of the data security, and all client details were kept strictly confidential. Abt had put in place a full proof data security system which comprises the technical, physical, and administrative safeguards for the complete protection of data. Information collected from clients was used only for the follow-up calls and data analysis for reporting purposes to the state governments.

The Careline had developed a customized comprehensive and automated Customer Relationship Management (CRM) software and an automated MIS to supplement the data security and clients' confidentiality. Auto call alerts as per the scheduled dates were generated for clients to be called.

MIS - Process Flow

Dimpa Careline/Client Mangement System

Enter Telephone number of the Caller

Contact Number :

[View History](#)

Upload MPA User List

Outbound Calls: Fresh Calls (For Registration)

[41] [View](#)

Follow-up Calls: For Inaccessible Numbers (Registered & Unregistered)

[5255] [View](#)

Follow-up Calls: For Registered Clients (As per Call flow protocols)

[494] [View](#)

Follow-up Calls: For Accessible Numbers (Registered & Unregistered)

[5255] [View](#)

Client registration form

Unique ID#	Client name	State	Block	District	Injection Date	Telephone	Providing facility	Phase	Upload On	Action
3686410272	ABC W/O XYZ	XXXX	YYYY	YYYY	2018-09-10	735126XXXX	DWH	2	2018-09-18 10:34:32	Mark As Crossed

Dimpla Client ID #	Name	Husband Name	Phone	Age	Location	Fertility Intent	MIS Add Date	Alt Phone	Injection Date	Not Registrable Reason	USED DIMPA BEFORE
15062	-	-	735126XXXX	-	-	-	24 Sep. 2018	-	Not Available	-	-

Sno	Call Date	Call Type	Call Status	Inaccessible Reason	Not Registrable Reason	Call Pick
1	07 Oct. 2018 15:31:01 735126XXXX	OB Call 1 : Registration Call	Client Inaccessible	In follow-up/Inaccessible (Telecom/Network related issues)	-	-
2	24 Sep. 2018 19:31:53 735126XXXX	OB Call 1 : Registration Call	Client Inaccessible	In follow-up/Inaccessible (Telecom/Network related issues)	-	-

Introduction क्या आपने या आपके परिवार की किसी महिला ने डिम्पा इंजेक्शन लगाया है?

Call Source : ☒ Manual ☐ Incoming/Automatic

Is the Number Accessible: ☒ Yes ☐ No

1) Kya Main [Client Name] se baat kar sakti hun? ☒ Antara user ☐ Health worker ☐ Husband of Antara user ☐ Relative ☐ No

3) Kya baat krne ka sahi time hai? ☒ Yes ☐ No

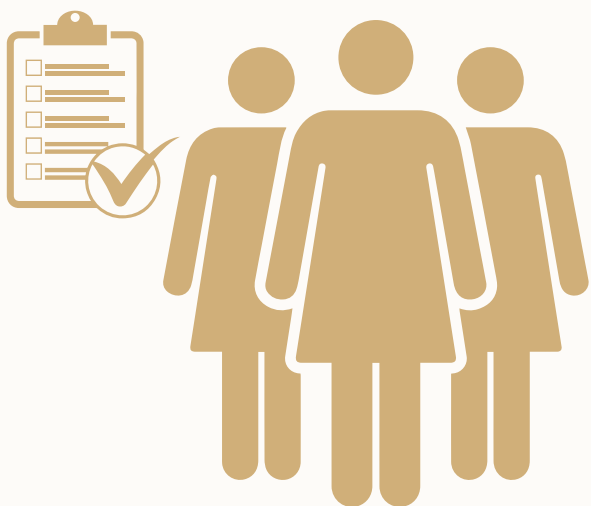


Equipping Counsellors for Effective Counselling

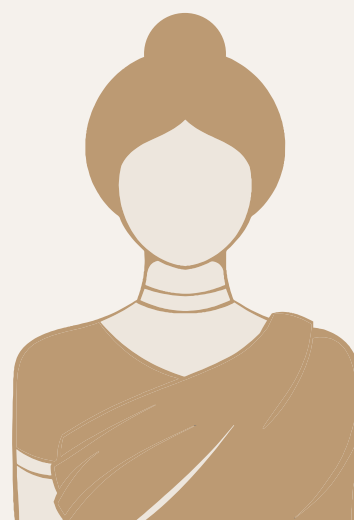
Tele-counsellors were trained by technical experts using participatory training methods and a well-designed training package. This package included technical aspects of Antara and other FP methods, FP counselling methods and guidelines, and the required skills for tele-counselling (e.g., voice quality and modulation). Counsellors were also trained to use the software and capture the data of each client correctly. The training was an ongoing process and periodic sessions were conducted within the facility. The tele-counselling incorporated a rigorous quality assurance system that included regular tele-counselling assessments where managers evaluated counsellors' technical content and soft skills and provided tailored feedback.

Using data to Improve Program Targeting

In addition to helping Antara clients face side effects and dispel common myths about DMPA, tele- counselling also provided important insights that helped the program make strategic decisions and course corrections.



Careline has conducted more than 3,60,000 counselling sessions; close to 77,000 Antara clients, averaging 27 years of age, were registered for Careline.



Two of three registered women reported that they received Antara information from ASHAs.



Nearly half of Antara users were first-time FP users, implying that Antara expanded access for new users.



Almost 80% of Antara clients were women with two or more children and nearly 70% were using Antara as a limiting method. This highlighted the need to promote Antara as a useful and convenient spacing method among woman with low parity.



Around 2 out of 5 Antara clients have children less than two years old highlighting the need to promote Antara use among women with low parity for birth spacing.



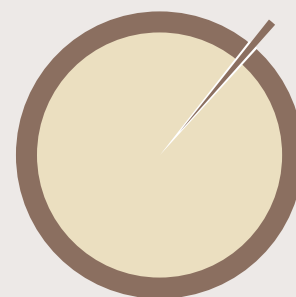
Very few Antara users (only 10%) have a child less than six months of age. Focused efforts are needed to promote post-partum Antara use, including potentially linking Antara to childhood immunization schedules.



Almost 3 out of 4 Antara users continued using Antara to their second injection, and 2 out of 3 women continued to their third injection. Reasons for discontinuations vary and were mainly due to changes in the menstrual cycle (side effects), other personal or social reasons, or the desire to have another baby.



Almost 4 out of 5 Antara users experienced menstrual side effects after their first injection. Amenorrhea was the most common, increasing in likelihood from the first injection to the third injection. Irregular bleeding, however, reduces from the first injection to the third injection. Prolonged heavy bleeding was seen in just 1-2% of cases.



1%

Counsellors observed failures among about 1% of users. Most failure cases were due to facility-level providers giving ineffective pregnancy screenings before administering the first injection of Antara or not guiding users to use a back-up method, when initially required.



The Careline service that provided tele-counseling to Antara clients also guided us on programmatic fronts by providing real-time feedback from clients on the status and quality of services. The insights obtained by talking to thousands of Antara clients were the most reliable guide for program managers to pave the way forward. These insights included:



Reach younger, low parity women and encourage the use of Antara for spacing.



Leverage the role of ASHAs for counseling and follow-up support.



Promote Antara use among postpartum women, particularly linked to the childhood vaccination schedule.



Strengthen the capacity of providers to effectively manage side effects.



Strengthen provider knowledge about grace periods and delayed returns to fertility.



Ensuring Long-Term Sustainability

Finally, Abt designed and executed a sustainability and transition plan to ensure continued follow-up counselling that capitalizes on India's gains in mobile phone penetration. Through Careline, Abt was able to harness mobile phones as important tools to help women with contraceptive side effects overcome their anxiety and enabled them to continue with their method of choice. Convinced by the advantages provided by a robust tele-counselling platform, state governments eagerly adopted the strategy to scale up and strengthen the counselling component of their FP services by including tele-counselling in state-run helpline systems. In close consultation with state governments, Abt developed extensive state-specific frameworks for the smooth transition of services from the Careline platform to government platforms. Subsequently Abt Associates transitioned the tele-counselling support to state government helplines and other digital tools used by the state governments.

Careline Transition Framework

