

SUPPORTING PUBLIC SECTOR ROLL OUT OF DMPA IN INDIA

Background

The year 2016 marked a milestone for India's national family planning program when the Ministry of Health and Family Welfare (MoHFW) included two new contraceptive methods, MPA injectable contraceptive and centchroman pills, in the national family health program. The introduction of new methods created an opportunity for Abt to compliment the government's nation-wide roll out of MPA (Medroxyprogesterone Acetate also known as Antara in government health facilities) with the best practices and lessons from Abt's innovative private sector work that was initiated in 2003 to generate a facilitatory ecosystem for larger and continued acceptance of MPA by users.

Attention to quality of care (QoC) has been Abt's guiding force in family planning (FP) interventions, as improving the QoC is expected to have an impact on women's satisfaction as well as the continuation of the method thereby enhancing the chances of acceptance by others and sustained uptake of contraceptive methods. Across the spectrum of public health sector facilities, Abt thus envisioned to use its rich insights and learnings from the private sector to improve targeted QoC by improving FP counselling, providing accurate information on methods and informed choice-making, and ensuring continued follow-up to better manage side effects. Abt's current work (2017-2021) is spread across five Indian states: Uttar Pradesh, Bihar, Rajasthan, Haryana, and Maharashtra.

Objective 1

Engage with the Ministry of Health and Family Welfare (MoHFW) for training and periodic review of evidence to strengthen Antara services

Objective 2

Support five states to increase facility readiness and client satisfaction for Antara services

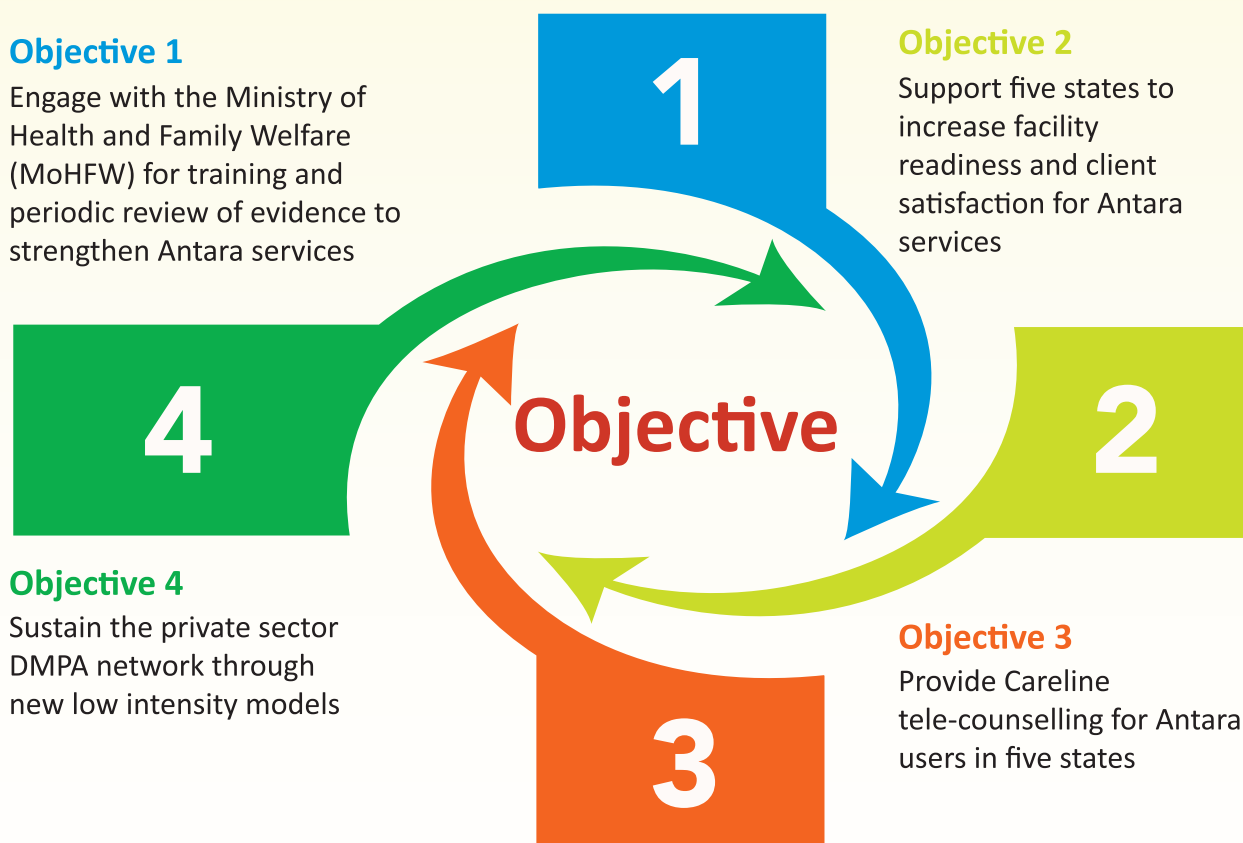
Objective 3

Provide Careline tele-counselling for Antara users in five states

Objective 4

Sustain the private sector DMPA network through new low intensity models

Abt designed the project to link all four objectives aligned so that they draw lessons from each other. Insights from each activity feed into the others to ensure information is not siloed. For example, feedback from family planning users obtained through the telephonic follow-up counselling (Careline) helped the team design facility-based interventions to improve QOC and client satisfaction. Insights from these two activities helped enrich the Antara e-learning package and prepared to help government service providers sustain learning during the COVID-19 pandemic. The learnings from the private sector network of the previous project to strengthen service delivery of MPA constituted the foundation for all the remaining three activities. Finally, Abt shared insights from its interventions with state governments to help them strengthen the availability of methods and commodities in facilities, improve their own counselling interventions, and scale up providers' ability to help users manage side effects and continue with their method of choice.



Objective 1: Engage with the Ministry of Health and Family Welfare (MoHFW) for training and periodic review of evidence to strengthen Antara services

Abt provided technical support to the MoHFW to design training manuals and guidelines for its nationwide roll-out of Antara in 2016-17, and also trained master trainers in each of the five states. Abt further helped the MoHFW review its RMNCAH counsellors' manual and contributed extensively to develop the new RMNCAH manual for training of counsellors.

Abt also extended technical support to the National Task Force for Family Planning (NTFP) and Technical Resource Group (TRG) to regularly strengthen the Antara program. On several occasions, Abt engaged in critical policy discussions with the MoHFW and other development partners on new contraceptive methods, and RMNCAH counselling. Abt also shared field evidence of COVID-19's impact on FP service disruptions and the need for improving state-level Antara supplies, provider skills, and record-keeping.

As a member of the Advocating for Reproductive Choices (ARC) Steering Committee, Abt recommended the ARC's position to the government of India (GoI) to make family planning services an essential part of the COVID-19 response. After the GoI included FP as part of its essential services, Abt also helped state governments reach out to ASHAs to spread awareness of the decision.

Also, during the COVID-19 pandemic, the MoHFW asked Abt to develop Antara e-modules as a replacement for classroom trainings to service providers. Within a short turnaround time, Abt developed the e-modules in English and Hindi, piloted them in several states, and made the modules available for rapid national roll-out. The training modules included interactive audio-video sessions, which aimed to replicate a classroom learning environment for the participants. To enhance the learning experience, the modules prompted participants with session-specific questions and facilitated live discussion sessions for Q&A.



Abt conducted training of master trainers (MTs) of all the 28 states and 8 union territories (UTs) using the Antara e-modules. Overall, 121 MTs attended the online training. This institutionalizes the project technical inputs to nationwide roll out of MPA-Antara and benefits are –

- standardized training content which can be used by mid-level trainers with less experience
- less quality loss as compared to cascade training
- material can be used for self-learnings
- Time and cost saving as travel is not required

Abt is supporting FP Division, MOHFW in strengthening national family planning helpline to ensure proper counselling is provided through inbound and outbound calls. Abt is developing the SOPs, training manuals, and scripts to align with the newly developed call algorithms for inbound & outbound calls which will help reach critical target groups, like newlyweds, young low parity couples, postpartum, post abortal etc. Helpline will also give follow up counselling support to users of MPA & IUCD to help them continue the method of their choice. For this Abt will build the capacity of the helpline tele-counsellors to impart quality tele-counselling services.

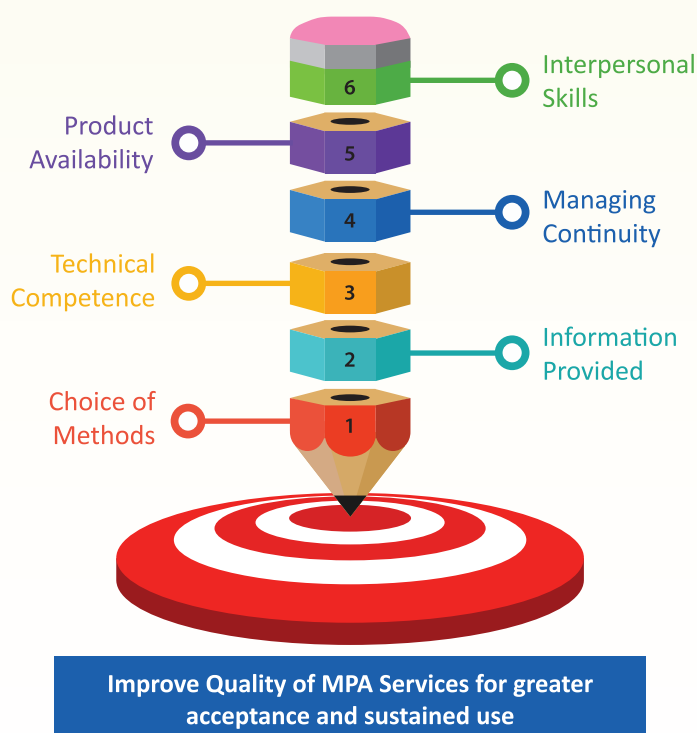
Abt is also working with MoHFW to facilitate architectural changes in IT systems, processes, call management protocols, data entry elements, including revisions in IVRS scripts and CRM.

For sustenance of the quality of training for tele-counsellors, Abt is also supporting FP Division in developing a 12-hour self-learning (SL) digital training package for National Helpline. The digital package will contain self-learning modules on:

- Knowledge building section comprising of technical aspects of Family Planning & various contraceptives
- Skill building section on demonstrating best practices of counselling on different aspects

Objective 2: Support five states to increase facility readiness and client satisfaction for Antara services

Ensuring quality of care in family planning services is essential to Abt's approach and comprises FP commodity availability; provider knowledge, interpersonal skills, and technical competency; users' access to and ability to choose a variety of methods; and follow-up provided to users to ensure their continued use of contraception. Prior to this program, Abt supported private sector doctors to provide MPA at scale and improve QoC. Equipped with learnings from the private sector, Abt addressed public facility QoC in five select states, within six key service provision areas:



Because the QoC framework is health facility specific, Abt focused on each facility individually, assessed its capacity and service outcomes, and customized interventions and technical assistance for service providers and program managers. At the project's inception, Abt's team visited pre-identified facilities and interacted with program managers, service providers, and clients to understand their needs. The team provided service providers with inputs on areas such as counselling, screening, managing side effects, stocks, and reporting to improve the quality of each facility's FP service provision. The team covered 339 facilities in 113 districts and oriented over 3,400 service providers during the project period.

During the COVID-19 pandemic and its associated lockdowns from April to August 2020, the project experienced severe disruptions to facility mentoring. When transmission risks reduced and health facility visits in Bihar and Uttar Pradesh were considered safe,

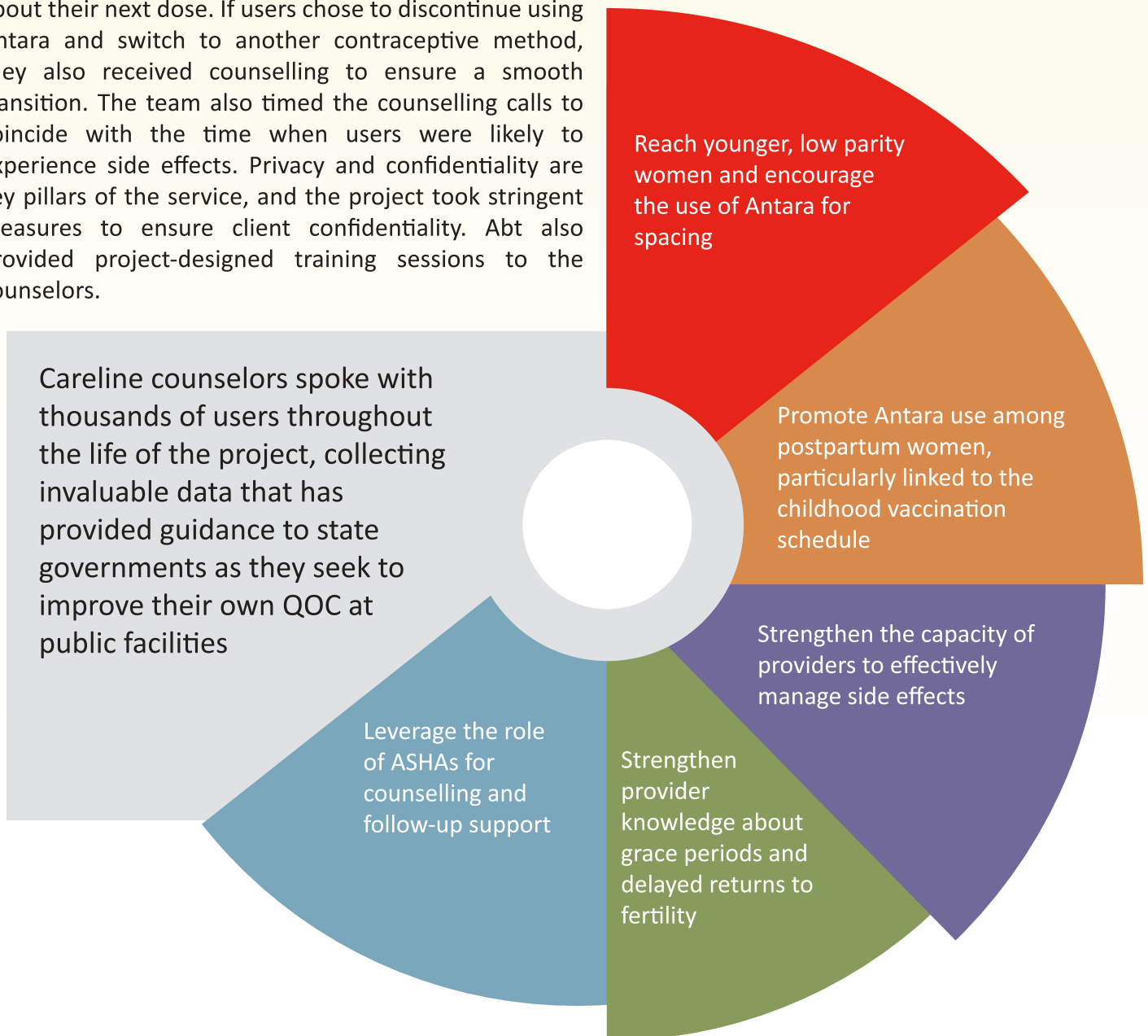
the Project accelerated operations and deployed a larger number of expert teams to compensate for lost time. Throughout, Abt enforced compliance to safety protocols that helped minimize risks. Protocols involved staggering visits to districts with low COVID-10 transmission, replacing group orientation sessions with 1:1 discussions, and employing virtual tools to train staff.

Throughout, Abt compiled Client inputs collected through Careline (Objective 3) and in-person interactions with clients that highlighted counselling (grace periods and delayed returns to fertility), client screening (especially unexplained vaginal bleeding), and management of side effects (amenorrhea and irregular bleeding) as areas needing prioritized attention. Inputs from Abt's team enabled service providers to understand these gaps and make concerted efforts to meet care standards. Time-trend analyses of Careline call data suggest that there have been significant improvements in pre-injection counselling and screening from 2018 to 2021.

Objective 3: Provide Careline tele-counselling for Antara users in five states

Abt learned from its private sector experience that FP counselling encourages users to continue with their method of choice, especially if provided when women begin to experience side effects. This counselling works to reassure women during that crucial period when they may choose to discontinue contraception if they lack information about what to expect.

Abt leveraged India's high rate of mobile phone penetration to initiate Antara Careline, a tele-counselling service that ensured Antara clients who opted into the service received free, continuous, and high-quality support from trained counselors. The counselling was tailored to the user and helped reassure them about side effects, misconceptions, and other issues; referred users to providers as needed; and reminded users about their next dose. If users chose to discontinue using Antara and switch to another contraceptive method, they also received counselling to ensure a smooth transition. The team also timed the counselling calls to coincide with the time when users were likely to experience side effects. Privacy and confidentiality are key pillars of the service, and the project took stringent measures to ensure client confidentiality. Abt also provided project-designed training sessions to the counselors.



By helping women exercise their freedom of choice, Antara Careline has played a significant role in empowering women to choose and continue the FP method that suits their fertility goals.



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 highlights the need to promote Antara as a useful and convenient spacing method among woman with low parity.



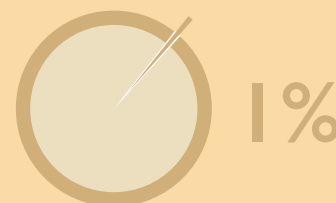
Very few Antara users (only 10%) have a child less than six months of age. Focused efforts are needed to promote post-partum Antara use, including potentially linking Antara to childhood immunization schedules.



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.



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.



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.

Careline sustainability and transition to Government supported platforms

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 enable 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.

Careline Transition Framework

Planning Phase

- Build consensus among various stakeholders for setting up a dedicated FP cell within the State govt Helpline.
- Get approval for setting up and strengthening the state govt Helpline for FP.



Build Bureaucratic Commitment

Situation Analysis and Planning



- Understand the capacity of existing state Helpline (HR number and types, domain training, data managers and capacity of staff, Status of IT software, CRM etc.)
- Consensus with the state governments on FP model

- Work with helpline vendors to deploy high performing counsellors for FP. Help set up the Call center software/ CRM/MIS system.
- Design & develop training package for counsellors on all FP methods & counselling.
- Design & develop scripts & discussion flows for counsellor.
- Develop data entry format with indicators related to FP.



Design Training and MIS Package

Training and Mentoring



- Induction training of FP counsellors and manager for QA.
- Orientation of counsellors on indicators & data entry in CRM.
- Ongoing onsite handholding of counsellors, manager and data analysts.
- Strengthen outbound calling/follow up alert algorithms in the software.

- Help State government to increase volumes of Inbound calling and Antara user data flows from the districts.
- Mentoring of counsellors, data analyst and supervisors to improve the data management - data entry analysis and report generation.
- Periodic sharing of reports with govt and programmatic learnings



Data Analysis and Reporting

Implementation Phase

Objective 4: Sustain the private sector DMPA network through new low intensity models

In India, despite advances in national commitments to improved FP quality by expanding user choice, significant challenges remain to bolstering provider FP technical skills in the private sector. Private providers have limited time, availability, and incentive to schedule and attend long-distance FP training updates. However, they want a solution that can provide regular technical updates and improve the quality of their FP service provision. A digital approach provides the best opportunity to address substandard QOC, provider knowledge, and technical competency. Mobile phones are flexible platforms for e-learning, peer-to-peer sharing, rapid feedback, and tailored messaging. To sustainably improve the quality of FP service provision among private providers, Abt created an innovative digital application to convene providers in a virtual network and provide a platform for shared “peer” learning and technical updates.

The “DIMPA mobile app” supported a network of 2,500 private doctors across 108 towns in Uttar Pradesh and Bihar. Using the mobile app, providers could access custom-designed technical content that helped them both maintain FP technical knowledge and exchange best practices with others in their network.

Abt developed and distributed more than 100 app modules on FP and related topics via weekly updates to private providers. Providers also uploaded their own FP experiences using the “upload” feature, which enhanced peer-to-peer learning. As providers shared queries regarding contraceptives for different clinical conditions, the team used these inputs to develop further learning content.

These results highlight the need to continuously update private providers with technical content to build their FP knowledge base, which in turn improves QOC for clients. A mobile platform enabled providers to receive technical updates without needing to travel to attend meetings, helping them save both time and financial resources. In short, a digital medium is cost-effective, sustainable, and feasible for private providers.

STAY UPDATED ON DMPA

Looking Ahead

Looking ahead, Abt will continue its long-standing work improving FP service quality of care in India to enhance client satisfaction, which is key to ensuring continued contraception use. With high-quality care and information, users are empowered to achieve their fertility goals, which is the ultimate purpose of family planning services.



Abt Associates is a mission driven, global leader in research, evaluation and implementing programs in the field of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators.

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**BOLD
THINKERS
DRIVING
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IMPACT**

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