

Introducing the IUCD 375 and Delivering Contraceptives to the Doorstep of Women and Couples

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Context

- Use of birth-spacing methods in India is low
 - 5% condoms, 3% oral contraceptive pills, 2% IUCDs, 1% injectables
- In recent years, MOHFW has shown dedication to revitalizing use of birth-spacing methods
- One element includes expanding access to these methods in the public sector
- MOHFW sought support from FHI 360 and PROGRESS on two strategies for expanding access

PROGRESS support

1. Introduction of the IUCD 375

To evaluate the feasibility of introducing the IUCD 375 into the MOHFW's Family Welfare Programme

2. Evaluation of the Contraceptives at Doorstep Initiative

To evaluate an initiative where ASHAs deliver minimally priced condoms, oral contraceptive pills, and emergency contraceptive pills to households within a modified supply chain

Introduction of the IUCD 375

IUCD 375: Intervention

- IUCD 375 introduced in 12 facilities in 6 states
- IUCD 375 supplied by HLPPT, implementing partner
- Training and communication materials developed, focusing both on IUCD 375 and CuT 380A
 - Training of trainers manual, providers handbook, counseling flipbook, community pamphlet
- IUCD card introduced to standardize monitoring and tracking insertions of IUCD 375 and CuT 380A
- 127 providers trained on IUCD 375 provision
- 427 motivators trained to generate demand

IUCD 375: Evaluation

- In-depth interviews with facility staff to assess experiences with IUCD 375 introduction and provision
- 60 interviews at post-intervention
- 46 interviews one year after post-intervention to assess follow-up of IUCD 375 users
- Both rounds of interviews included ANMs, OB/GYNs, MOs, nurses, and other community health workers

IUCD 375: Results

- Providers with prior CuT 380A experience, successfully provided IUCD 375 with limited clinical complications or problems
- Many providers found the IUCD 375 easier and less time-consuming to insert than the CuT 380A
- ANMs inserted the majority of IUCD 375s
- The IUCD card was reported helpful for tracking dates, IUCD type inserted, and follow-up appointments
- Most barriers to IUCD 375 provision were facility-level & community-level issues, impacting all IUCD insertions

IUCD 375: Recommendations (1)

- To increase demand for IUCD 375 and acceptance of IUCDs in general, use mass media, mid-level media, and interpersonal communication
- Adopt comprehensive IUCD training for all levels of health care providers, including time for supervised client insertions
- IUCDs should be manufactured with different colored strings for different types of IUCDs to help providers distinguish between models

IUCD 375: Recommendations (2)

- Ensure a consistent supply of all IUCDs to facilities
- Improve infrastructure of facilities to provide sufficient private space for counseling and insertions
- Introduce IUCD cards for tracking in all facilities
- Ensure systematic follow-up of all IUCD insertions as recommended by MOHFW policy

IUCD 375: Next steps for expanding access

- MOHFW approved a national introduction of IUCD 375
- First training workshop under national introduction took place in December 2011
- An updated IUCD card was adopted for the national rollout
- Ongoing discussions with HLL Lifecare Limited about manufacturing IUCDs with differentiating string colors
- MOHFW expert committee reviewed study findings and considered broader improvements in public-sector IUCD provision

Evaluation of the Contraceptives at Doorstep Initiative



Doorstep: Intervention

- MOHFW piloted initiative in 233 districts in 17 states
- ASHA delivers methods to couples in her community
 - Charging Rs 1 for three condoms, Rs 1 for cycle pills, and Rs 2 for pack emergency contraceptive pills
- Public sector supply chain for initiative methods modified to bypass state-level depots
 - Manufacturer delivers directly to districts
- Ended free-supply methods; new reporting formats; communication materials; updated packaging for initiative supply; guidelines for implementers

Doorstep: Evaluation

- Conducted in 6 of 17 pilot states
- Semi-structured interviews with ASHAs and women
 - 92 ASHAs & 458 female beneficiaries
- In-depth interviews with ANMs and managers
 - 17 ANMs & 21 managers at varying administrative levels
- Data collection focused on operational issues, barriers and facilitators of implementation, experiences with initiative, commodity supply chain

Doorstep: Results

- 75% of female beneficiaries completely satisfied
- 85% of ASHAs were positive about long-term success
- 26% ASHAs still had free supplies, creating confusion on the initiative and payment for methods
- Confusion furthered by similar packaging between free- and initiative-supply methods
- Exposure to communication materials was minimal
- Recording keeping & monitoring inconsistent
- Bypassing state-level led to district-level confusion
- Orientation had little focus on implementation

Doorstep: Recommendations (1)

- Free-supply commodities need to be fully removed to reduce confusion and encourage payment
- Guidelines need to be developed to direct withdrawal and management of free-supply contraceptives
- Initiative methods should be packaged more distinctly
- Communication efforts should be broadened to improve awareness, reduce confusion
- Communication materials should display updated packaging of initiative methods

Doorstep: Recommendations (2)

- The state governments should be involved in disbursing and maintaining stocks to increase ownership and accountability
- Reporting formats should be simplified and streamlined
- Orientation on the initiative needs to cover completing formats and requisition of methods
- Role of ANMs should be expanded to improve monitoring, reporting, and quality assurance at community level

Doorstep: Next steps for improving access

- MOHFW scaled up the Doorsteps initiative to all the districts in India
- MOHFW is considering the recommendations that emerged from the evaluation

Expanding Access in the Public Sector

- Addition of IUCD 375 to public-sector method mix expanded contraceptive options and capitalized on popularity of method in private sector
- Doorstep initiative brought user-initiated methods even closer to women and couples, distributed by trusted members of the community
- Both capitalize the efforts of lower level providers— ANMs & ASHAs—demonstrating a task sharing approach
- Both highlight additional health system improvements that can further improve contraceptive access

Thank You