

Evaluating Microfinance Programs as a Means for Delivering FP Information & Service

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What is the Innovation Here?

- Deliver FP messages and referrals to services through an existing cohort of outreach workers from outside health sector at village level

Rationale:

- Often the members of these groups are women of reproductive age
- MF programs have repeated contact with people motivated to improve their lives
- Repeated contacts allows for message reinforcement and trust to develop

Intervention

- Trained 35 Village Health Guides (VHG)
 - job aids including flip chart and referral resource directory
- Group meetings on FP topics with Self Help & Joint Liability Groups (SHG/JLG), key messages:
 - FP can benefit the couple and family.
 - Different couples have different FP goals.
- Home Visits
- Referrals
- Supportive Supervision

Evaluation Objectives

Primary

- Measure net increase in family planning use among SHG/JLG members
- Measure unmet need for FP services among SHG/JLG members prior to and after intervention

Secondary

- Test feasibility of intervention
- Estimate costs of scaling up / replicating intervention

Methodology

Study Design

- Pretest - Posttest cohort study design of SHG/JLG members (women 18-35 years old)

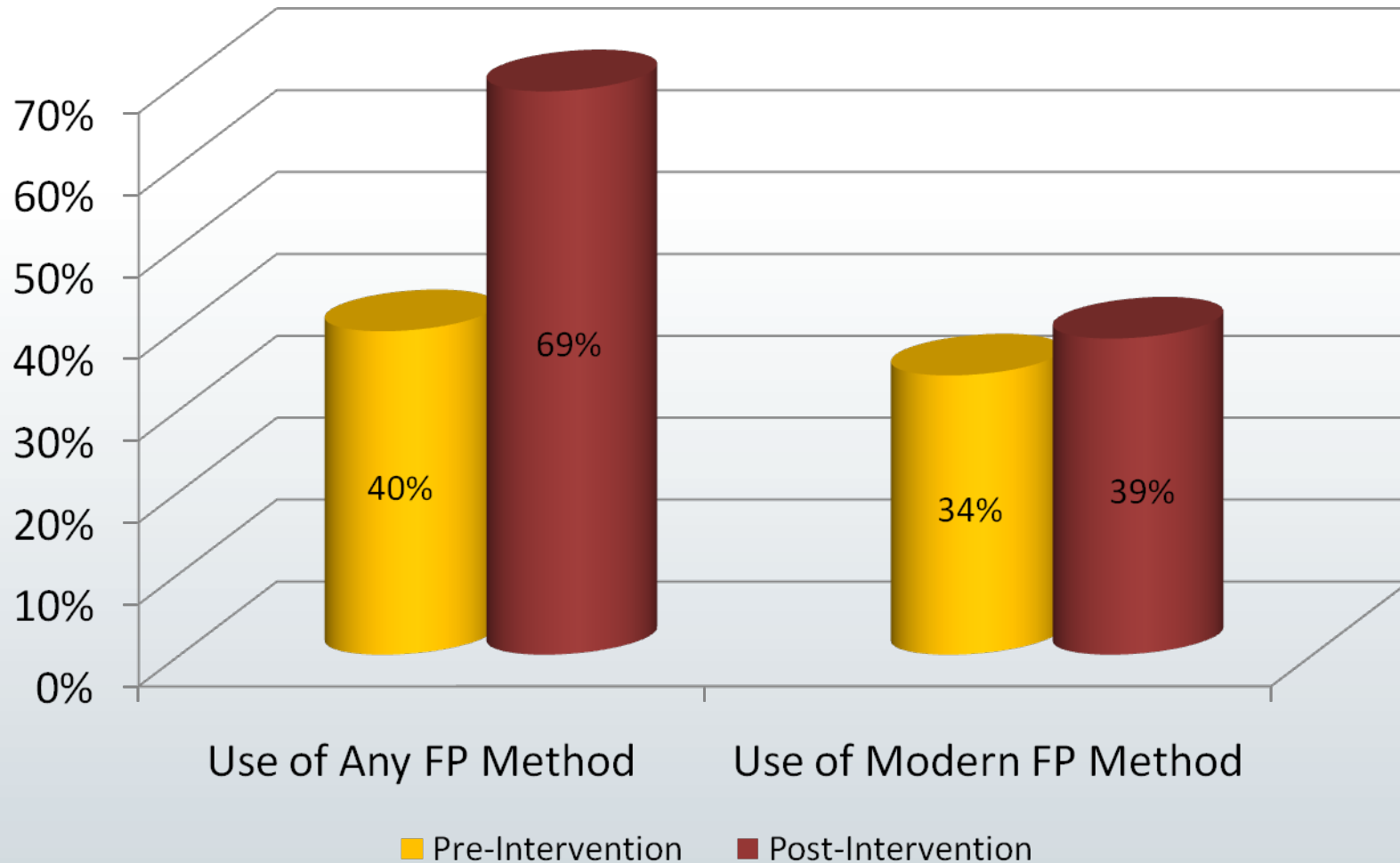
Study Area

- Sitapur district in Uttar Pradesh

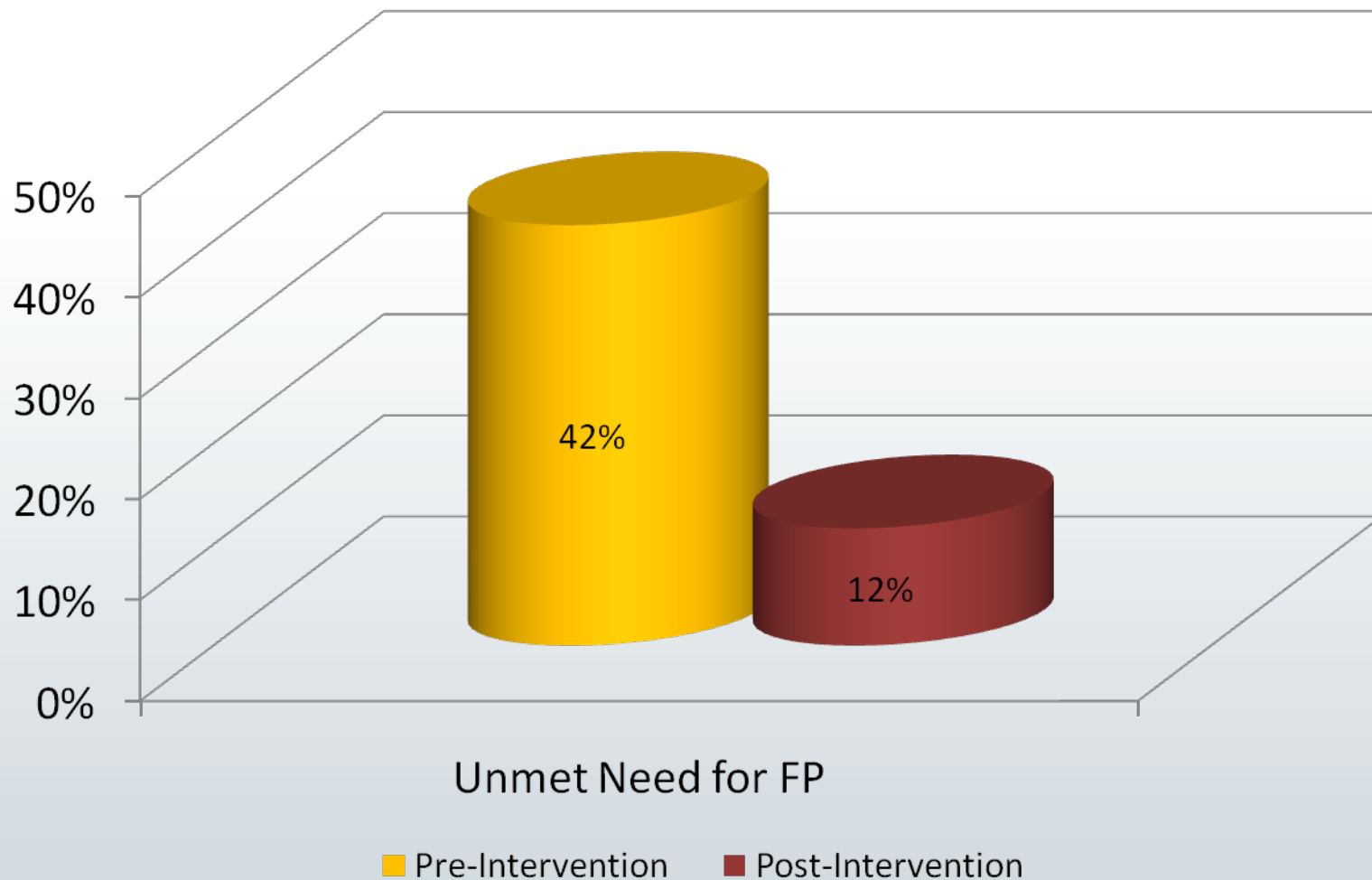
Data Sources

- Quantitative surveys
- VHG activity reports
- Field notes from refresher reviews and supportive supervision visits

Impact: Increase in FP use among cohort of JLG/SHG members (n=628)



Impact: Reduction in unmet need for FP among cohort of JLG/SHG members (n=628)



Other Measures of Effectiveness

- Awareness of FP options increased (4 to 6 methods)
- 65 % Non-users interested in using FP after receiving info from VHGs
- Discontinuers plan to resume FP use in next 12 months (currently pregnant or breastfeeding)

Source: SHG/JLG member reports

Feasibility of Intervention

Successes

- FP information was helpful & easy to understand
- Most received home visits from VHGs (around 16,000)
- 965 group sessions in 70 villages
- Referral resource directory – very useful

Challenges

- Hesitancy to discuss topics in public meetings
- Newly wed group needed personal attention
- Initial challenge in coordination of VHGs with ASHAs and AWWs

Sources (Reports): SHG/JLG members, VHGs and Supervisors

Reasons the Intervention Worked

- Low ratio of worker to member
 - Allows for interpersonal trust to develop
 - Individualized information possible
- Repetition of exposure seems important
 - Builds comfort with sensitive topics
- Complemented what's already there
 - VHG presence in villages
 - Referrals to local providers

Estimating Cost of Scaling-Up / Replication

- Cost of Scaling-up Intervention within NEED
 - Training costs and up-front investment ~ 7 lakh
 - On-going costs of operations ~ 0.7 lakh p.a.
- Cost of replication in other contexts:
 - Cost of training master trainers and supervisors
 - Costs of training field workers and providing job aids
 - Recurring cost of supervision and refresher reviews

Summary

Adding FP information and referrals to a development program

1. Reaches people who are motivated to make positive changes in their lives
2. Can be delivered by workers outside the health sector
3. Makes a difference to those reached
 - Increases use of FP methods
 - Reduces unmet need for FP services
4. Feasible to scale-up / replicate

Thank You!