“Expanding Contraceptive Choice in India”
The Underutilized Methods:
Standard Days Method and Lactational Amenorrhea Method

6 September, 2012
Improving Choice through Support for Underutilized Methods

- **Informed choice** is fundamental to quality FP and RH care
- **Access** to a broad choice of contraceptives is critical to full and informed choice and to contraceptive security
- A mix of effective, affordable contraceptives must be made available for **clients to choose** from depending on their needs, preferences and circumstances
- Programs should offer a reasonable **method mix**, that includes a range of modern methods — short-acting and long-acting, client-controlled and provider-dependent, natural and clinical
Scientifically tested modern method based on fertility awareness with no side effects

Identifies a fixed fertile window (days 8-19) in the menstrual cycle when pregnancy is most likely

Is appropriate for women with menstrual cycles that are 26-32 days long (periods come a month apart)

95% effective with correct use

Uses Cycle Beads®, a color-coded string of beads to help women track their cycle, identify the fertile days and communicate with their partner.
Lactational Amenorrhea Method (LAM)

- Is a safe, effective, simple, no-cost FP option for post partum woman who:
  - is amenorrheic
  - only Breastfeeding
  - has a baby < 6 months
- 99.5% effective with correct use
- Provides significant benefits, supporting infant nutrition and maternal health
- Provides effective protection upto 6 months post partum – high risk period
- Facilitates transition to other modern FP methods
Comparing Effectiveness of FP Methods

More effective
Less than 1 pregnancy per 100 women in one year

Implants
IUD
Female Sterilization
Vase

Injectables
LAM
Pills
Patch
Vaginal Ring

Male Condoms
Diaphragm
Female Condoms
Fertility Awareness Methods

Less effective
About 30 pregnancies per 100 women in one year

Withdrawal
Spermicides

Correct use – < 1 pregnancy per 100 women
Correct use – 5 pregnancies per 100 women

SDM& LAM Integration: Global perspective
State of the Art Guidelines
SDM and LAM: Contribute through transitioning couples from adopting ineffective/ traditional practices to effective, scientifically tested modern methods of family planning thereby addressing a significant unmet need for spacing and delaying pregnancies

Periodic abstinence, inconsistent condom use without understanding of fertile period

Mixed perception about amenorrhea due to breastfeeding without understanding of LAM criteria

SDM: Effective method based on application of scientific evidence of fertile period

LAM: Effective post partum family planning based on three criteria, a gateway to other modern methods
Initial Feasibility Studies of SDM in India (2001-03)

- Users chose SDM because it had no side effects and did not impact their health.
- Most SDM users were new to FP, or using condoms inconsistently.
- 98% of urban users relied on condoms to manage fertile days, as compared to 33% rural users, who preferred abstinence.
- After an year of SDM introductions, CPR increased:
  - urban sites from 50% to 58%, with 3% SDM use
  - rural sites, from 24% to 41%, with 7.5% SDM use
- Community level workers provided SDM as well as clinical providers, with high quality counseling.

Pilot studies in rural UP with CARE and in Delhi slums with CEDPA & CASP.
SDM Integration Studies: Public Sector Program in Jharkhand (2004 - 2007)

- Introduction in FP program with MoHFW, GoJ in 2 blocks of Ranchi district
- Offered as method mix through health service delivery channels of MoHFW
- SDM attracted first time users (87%), few method switchers
- SDM contributed to CPR 1.2% in < 2yrs of introductions, and no existing methods were negatively impacted
- All types of providers trained provided good quality, neutral SDM counseling
- Adoption increased when offered by community-based workers, as AWWs

Based on positive findings, the GoJ requested technical assistance to scale up SDM & LAM in Jharkhand (Nov 2007)
Integration of SDM & LAM across varied programs in states as UP, Rajasthan, Odisha, Bihar, Delhi, Jharkhand, Maharashtra and Kerala with partners

- SDM and LAM were widely accepted and adopted by communities
- Primary reason for SDM adoption reported by couples, was that it had no side effects
- Couples reported improved communication and management of fertile days
- LAM adoption was built on the underlying notion about breastfeeding and amenorrhea
A Systems Approach to Integration and Scale Up for Sustainability

- Systems Integration
  - Norms & procedures
  - Pre & in-service curricula
  - Supervision
  - HMIS
  - Procurement & Logistic
  - Budget

- Services Integration
  - Services including counseling offered as part of method mix

- Political support & technical leadership
  - Provider training
  - Availability of CycleBeads
  - Supportive supervision
  - IEC and BCC efforts
Multi pronged service delivery approaches for different market segments with synergies

- Strategies to integrate in different service delivery approaches

- Focused technical assistance towards:
  - program research
  - institutionalization
  - capacity building
  - quality assurance
  - data collection
  - support IEC/BCC
  - product availability
Facilitating Integration

“SDM and LAM must be a part of the Family Planning session of the Sahiyaa (ASHA) and ANM training. For scaling up it must be integrated into the Family Planning curriculum”

Senior Official, Govt of Jharkhand

Integration efforts based on stakeholders feedback:

- Two-hour training module developed and streamlined within Contraceptive Technology Update trainings
- Pictorial, low literacy training material for Sahiyyas (ASHAs)
- Sustainable quality assurance strategies through simple tools to ensure knowledge retention in providers
Ensuring Contraceptive Security

- Engage with stakeholders and partners at national and state level
- Build evidence through operations research, impact studies including cost studies
- Share findings from integration and scale up efforts to facilitate inclusion in other programs

“This method has an advantage of involving men in the program because CycleBeads can be explained to men also. The method demands male involvement. Without educating them it cannot succeed.”

- UN Official
Ensuring Contraceptive Security

SDM & LAM, like other underutilized methods, has unique client behavior, provider requirements and commodities. For integration into national program, efforts will need to ensure:

- **Capacity Building** of trainers from across the health system
- **Mentoring** trainers to build cadres of competent providers
- **Data collection** from services, logistics through ongoing mechanisms, special studies, survey and assessments to improve forecast for future demands
- **Develop and design communication strategies** to raise awareness and increase demand, overcome provider barriers and biases for successful expansions
- **Facilitating user feedback** and supportive supervision through routine monitoring activities
- **Ensuring CycleBeads are included into procurement guidelines**
- **Integrating CycleBeads to logistics and distribution channels**

Ref: Contraceptive Security (Expanding Contraceptive Choice through support for underutilized methods)
What will facilitate integration of SDM & LAM into national program?

- A positive environment and commitment to expanding choices
- Political, Policy and Technical leadership enthusiastic about the methods
- Task sharing/shifting from clinical to community based providers will enable wider choices to the community
- Increasing prioritization to birth spacing and Healthy timing and spacing of pregnancies
Lessons Learnt from the India Experience

- Following a strategic, system focused approach for integration and scale up is critical for success
- M&E of integration and results allow for evidence based advocacy and decision making
- Partnerships and stakeholder involvement and commitment are key for sustainability
- Integration efforts need to be agile and adapt to changing environment
Lessons Learnt from the India Experience

• Demand from community for new methods in the method mix as reflected in client uptake reported by GoJ service statistics

• Are cost effective contraceptives as either has no product (LAM) or one time product with no re-supplies (SDM & CycleBeads)

• No socio-cultural-religious bias towards these methods

• Community based provisioning of SDM & LAM services will increase method uptake

• Product availability will be key to integration efforts
Why Offer the SDM & LAM?

- Scientifically tested modern methods, included in WHO guidance documents
- Effective with no side effects
- Expands modern method choices
- Brings new users to FP and contributes to CPR increase
- Good method option for no/low parity women
- Offered by all cadres of health providers
- Integration into programs is facilitated through limited investments in training, procurement and services
- Involves men
- Easily offered in public and private sector programs
Thank You