

The Urban Health Initiative in India: Demand Generation— Focus on Women's Exposure to Community Health Workers Between Baseline (2010) and Endline (2014) Longitudinal Surveys

BACKGROUND

This fact sheet presents key findings from the longitudinal endline survey conducted by the Measurement, Learning & Evaluation Project (MLE) for the Urban Health Initiative (UHI) in Uttar Pradesh, India.

The survey was implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill and the International Center for Research on Women (ICRW). Implementation of UHI is led by FHI360 in collaboration with a consortium of international and Indian organizations.

The longitudinal study design allows for measurement of changes over time among a sample of women with known exposure to UHI program interventions by virtue of living in the target areas over the course of the UHI project. Using repeat measures across time among the same women, the causal impact of UHI's activities, such as promoting demand for family planning (FP), on FP attitudes and behaviors can be examined.

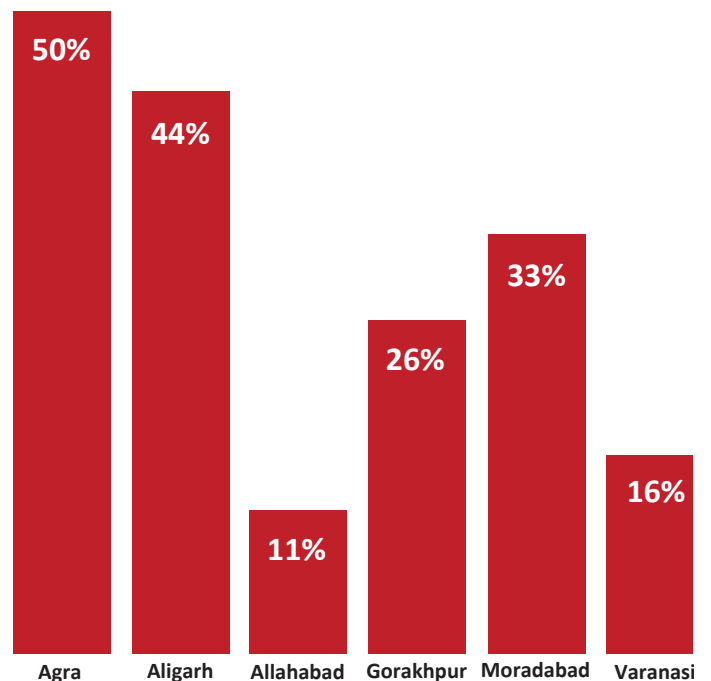
The longitudinal household survey was conducted in the six study cities (Agra, Aligarh, Allahabad, Gorakhpur, Moradabad and Varanasi). Individual-level data were collected from a representative sample of 17,643 currently married women ages 15-49 at baseline (2010). At endline (2014), 83.6% of longitudinal respondents were successfully tracked and interviewed.

To generate and increase demand for FP, UHI implemented various interpersonal communication activities, including home visits by community health workers. This fact sheet focuses on women's exposure to community health workers (CHW) from the baseline and endline longitudinal survey. Because CHWs seek to increase women's adoption of FP, the results presented here include only women who were non-sterilized and fecund at baseline.

EXPOSURE TO COMMUNITY HEALTH WORKERS

At baseline and endline, all women were asked about interactions with different types of health workers and CHWs three months prior to the survey. The definition of CHWs expanded at endline to include: Auxiliary Nurse Midwife (ANM), Lady Health Visitor (LHV), Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA), Urban Social Health Activist (USHA), Registered Medical Practitioner (RMP), workers from nongovernmental organizations (NGO) and UHI community health workers. The latter were deployed after the baseline survey.

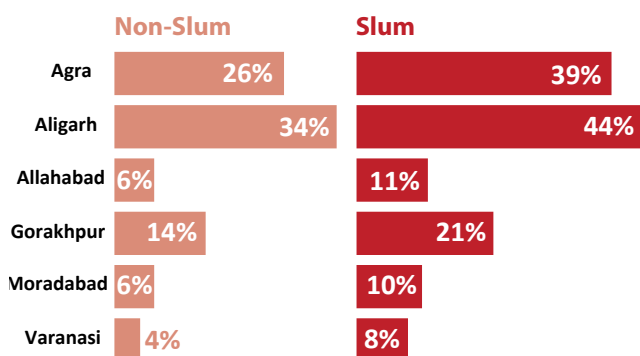
Percentage of Fecund* Women Who Have Met with a Community Health Worker in the Last 3 Months at Endline (2014)



*Data exclude women who are sterilized, menopausal, had history of hysterectomy, or infecund

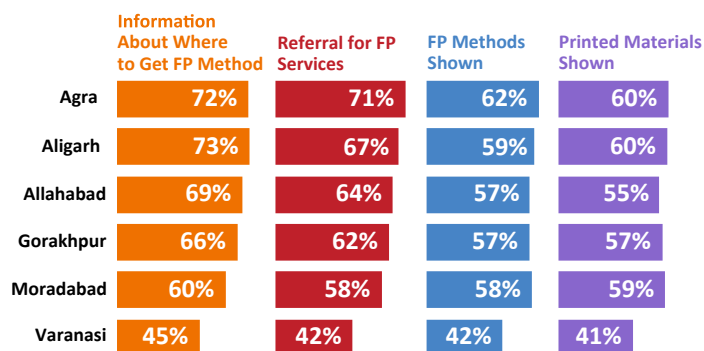
The percentage of women with exposure to CHWs was the highest in Agra and Aligarh, at 50% and 44%, respectively. In Allahabad and Varanasi, only 11% and 16% of women were exposed to CHWs in the last three months, respectively. UHI program implementation, including supporting CHWs, was introduced following the baseline survey. Among women in slum and non-slum areas, the endline longitudinal data show that more women in slum areas were seen by UHI-supported CHWs than in non-slum areas. Moreover, many more women were seen by this cadre of CHW in Agra and Aligarh, and to a lesser extent in Gorakhpur, compared to the other three cities.

Percentage of Fecund* Women Who Have Had Contact with UHI Community Health Workers in the Last 3 Months in Non-Slum and Slum Areas at Endline (2014)



* Data exclude women who are sterilized, menopausal, had history of hysterectomy, or infecund

Percentage of Fecund* Women who Received Family Planning Services from a Community Health Worker** in the Last Three Months Prior to the Survey at Endline (2014)



Note: Multiple responses possible, percentages may not sum to 100%

*Data exclude women who are sterilized, menopausal, had history of hysterectomy, or infecund

**Data are among women exposed to a CHW in the last three months

During contact with all types of CHWs, discussions about FP or provision of FP drastically increased across all cities, to more than 65% by endline from less than 5% at baseline (data not shown).

Women reporting contact with various cadre of CHWs three months prior to the endline survey were asked a series of questions specific to receipt of FP services.

- Among women who had contact with a CHW, the percentage that received FP information from the CHW ranged from 63% in Varanasi to 80% in Aligarh (data not shown).
- Between 60-70% of respondents in most cities received information about where to get FP. Referrals were somewhat less common, varying from 42% in Varanasi to 71% in Agra.
- Approximately half of respondents reported having FP methods or printed materials shown to them by a CHW across all cities.
- Overall, the percentages of women who received FP information and services from CHWs were lowest in Varanasi compared to the other cities.

Among those women who met with a CHW and received FP information, female sterilization and IUCD were the methods most commonly discussed across all six cities, whereas lactational amenorrhea method (LAM) and standard days method were the methods least commonly discussed (data not shown).

For more information about urban reproductive health, please visit

www.urbanreproductivehealth.org

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