



GIVING ADDITIONAL CHOICE to WOMEN

BACKGROUND

Studies presents evidence that use of contraception may be increased by ensuring supply of available methods, improving features of current methods, and/or by introducing new methods.

On these lines, the Ministry of Health and Family Welfare (MOHFW) introduced new methods; Injectable contraceptive- Antara, non-hormonal pill- Chhaya and progesterone only pills.

This is expected to help India increase mCPR from 35.2% in 2017 to 63.7% by 2020.

HOW TCIHC INFLUENCED POLICY CHANGE

GOI's guidelines prescribed a phase wise roll out of new methods, with the focus on provisioning services of these methods only up to the district hospitals in Y1. Service delivery points such as UPHCs, the closest access points to the urban poor were being deprioritised in Y1.

To make a compelling case towards Antara being made available at the UPHCs TCIHC gathered data on the uptake of Antara in all district hospitals across the 8 cities of Madhya Pradesh. The analysis indicated a low uptake for the method across the facilities, especially in Indore less than 100 new clients were reported over period of six months. Multiple studies report that low uptake at secondary and tertiary care facilities maybe attributed to crowding and farther distance of the facility. Discussions with the MP state family planning teams on increasing access to the new methods by bringing the choices closer to the client, resulted in the state moving an order towards provisioning of the methods in UPHCs. The nature and scope of the fertility related public health challenge facing state governments varies widely; so must the response!

TCIHC's effort resulted in Antara services being rolled out as a pilot in UPHCs in all 1st Phase Cities namely Indore, Ujjain, Dewas and Gwalior. In response to the phenomenal acceptance of this method among clients in the pilot cities, it was expanded to UPHCs of other cities by the local administration. The second phase of cities i.e. Bhopal, Jabalpur, Sagar and Rewa initiated the services in June-July 2018.

In Odisha, TCIHC collaborated with the NUHM for regularizing Fixed Day Services (FDS) and providing basket of choices for FP services in 16 UPHCs of three TCIHC cities. Till March & April, 2018, UPHC offered FP counselling, IUCD, condom and pills to its FP clients of nearby slums. Recognising the opportunity to expand contraceptive choices at the UPHCs of TCIHC cities, facility level (District/City) advocacy was initiated by TCIHC team for the inclusion of Injectable (Antara) to the basket of choices of FP services at UPHCs. TCIHC team strategized its own course of advocacy initiatives,

The city of Indore has shown that the uptake of the second dose of Antara is as high as 70%, while the dropout rate at the state level is around 60%. Indore's success was highlighted by Dr. Vandana Khare, Joint Director of the National Health Mission, through a state-level videoconference with district-level health officials of the entire state.

Inspired by the Indore example, other TCIHC cities in MP worked with their district-level officials and gradually increased the uptake of Antara in their cities.

which included an initial dialogue and follow up advocacy meeting with the CMHO and Nodal officer-NUHM officials regarding TCIHC's potential for promotion of Antara services. This way TCIHC rolled out Antara in UPHCs in July 2018, in Raurkela.

The successful advocacy work in Raurkela encouraged TCIHC team to continue its effort with the local administration to start Antara in UPHCs in Puri and Berhampur.

TCIHC team similarly carried out intense advocacy work in UP capitalising from their learning experiences from UHI project and initiated Antara service in Rani Mandi UPHC in Prayagraj on pilot basis. Convinced with evidences the CMO issued a letter directing roll out of Antara services in all UPHCs of Prayagraj. Following this, the state advocacy team of TCI continued advocacy work with the State NUHM supported by data from the pilot in Prayagraj. In February of 2019 state government of UP issued an order for training of MOs and other staff in rest of 19 TCIHC city UPHCs enabling a quick scale up of Antara services.

PROGRESS SO FAR

- TCIHC strong advocacy resulted in Injectable contraceptive being available across all 31 intervention cities [Uttar Pradesh (20 cities), Madhya Pradesh (8 cities) and Odisha (3 cities)].
- TCIHC team successfully advocated with the CMO and the Nodal Officer in regularizing payment of incentive of Rs 100 to beneficiaries and motivators Antara doses.
- TCIHC leveraged PIP budgets to support training batches and support in monitoring of quality of training.
- NHM arranged all trainings to initiate first dose of injectable at UPHCs for all 31 TCIHC cities.

KEY LEARNINGS

- Training of Medical and Para Medical staff has helped in increased uptake of Antara services. Follow up of clients within week and over period of time is critical for second and subsequent doses.
- Seeking approval for initiating effort to include Antara at UPHCs in selected cities on pilot basis makes it easy to make a case for expansion.
- As UPHC is providing basket of choice including Antara, client load from nearby slums has increased good counselling on basket of choice including Antara is a must. The front line workers (Urban ASHAs/Anganwadi workers) need to be sensitised on the side effects of Injectable for handling complicated cases.

Sequence of steps taken to increase availability of Injectable Contraceptive

I. Pre Operational Stage

Step 1: Study government notification on Antara services for clear understanding about the service.

Step 2: Need assessment/readiness assessment analysis of the city, UPHC area to be intervened.

Step 3: cities and UPHCs.

Step 4: Allocation of budget & other resources.

Step 5: Advocate with the government officials for inclusion of Antara at UPHC.

II. Operational Stage

a. Initiated dialogue with the CMHO and Nodal Officer – NUHM.

b. Built a cordial relationship with the government officials at the state and district levels and built trust.

c. Convinced officials regarding PSI's potential for promotion of Antara services.

d. Confidence building of government officials regarding availability of resources from PSI side.

Step 6: Get approval for initiating effort for Antara services in selected cities on pilot basis.

Step 7: Set up the project team and orient them regarding the project deliverables.

Step 8: Facilitated training of government officials as suggested in the government guidelines for Antara services.

Step 9: Facilitated in generating demand from the client side and reached people with information on Antara.

Step 10: Ensured infrastructure and other facilities at UPHCs in collaboration with the local administration and made UPHCs in 31 cities in MP, UP and Odisha fully operational using government funding.

Step 11: Developed monitoring mechanism for smooth functioning of the process.

Step 12: Organised regular follow up meeting with government officials for project updation.

III. Post Operational Stage

Step 13: Capturing successful case initiatives and used the evidence for expansion of the project with the administration.

Step 14: Start working on graduation mechanism for the withdrawal of PSI's engagement from the area

Step 15: Started identifying new areas for project expansion.

Step 16: Continuing the dialogue with the administration for complete ownership of the project.