

Supporting Public Health System with High Impact Interventions addressing Family Planning Needs of Urban India

INTERVENTION

"The Challenge Initiative" (TCI) is a global program that works towards expanding access to family planning services and improving reproductive health outcomes in various countries, including India. TCI was launched by the Bill & Melinda Gates Institute for Population and Reproductive Health and USAID. In India, TCI has been led by PSI India in partnership with National Health Mission (NHM) and adopted a "business unusual" approach that is based on knowledge of effective strategies and proven family planning High Impact Interventions (HII) and practices that are evidence-based and scalable to address family planning challenges and improve sexual and reproductive health outcomes (Box 1).

TCI focused on supporting and strengthening the existing service delivery platforms at the city-level health systems for improving the demand for and access to family planning services for urban poor in India. The program was implemented between 2016 and 2020 in 31 cities of India across three states, namely – Uttar Pradesh, Madhya Pradesh, and Odisha. PSI India supported state health missions to create coaching platforms across all levels of health administration – state, division, district, block, and community levels. The coaching focused on improving the abilities of the Accredited Social Health Activists (ASHA) to update the population register, develop a 'due list' of eligible couples, counseling and follow ups. In addition, they were trained in Family planning logistic management information system (FPLMIS) for online indenting of FP commodities. ASHAs were also trained to have more confidence while counseling couples to adopt suitable contraceptive methods.

The facility-based program focused on ensuring the optimal family planning service provision at health facilities such as fixed day services (FDS), outreach camps (ORC), and during urban health and nutrition days (UHND). Moreover, whole-site orientations (WSOs) were conducted at these facilities to sensitize all the staff members of the facility to build an encouraging environment for the FP clients. Additionally, the TCI program also coached ASHA on basket of choices, maintaining 'due list' of eligible couple, maintain registers and motivating FP clients.

This brief highlights the effect of the intervention on adoption of modern reversible contraceptives among currently married women and the intention to use modern contraceptives among the current non-users of urban areas of the selected cities and underline the need for expansion to larger geographies and to



BOX 1: The Challenge Initiative key implementation approaches.

- Integration of High-Impact Interventions/ High Impact Practices (HIIs/HIPs) within local government health programs.
- Supporting local ownership and self-reliance through demand-driven model.
- Health system strengthening through capacity building with technical and managerial coaching.
- Mobilizing clients for family planning services by fixed day services (FDS).
- Data-driven decision making and adaptive sustained learning mechanism.



identify relevant population groups that require attention and support in ongoing initiatives.

DATA AND METHOD

To monitor the performance and progress of TCI toward the project's intended results of increasing access to and use of family planning services, two rounds of the Output Tracking Survey (OTS) were conducted – the first round was conducted in September-October 2018 (OTS-I), and second round was conducted in September 2019 (OTS-II). The OTS I & II were conducted in 14 out of 31 cities across the three states. These surveys aimed to collect information on knowledge about family planning methods, contraceptive use, demand for family planning, and exposure to family planning information through various community and health facility-based platforms. The OTS adopted a multi-stage stratified random sampling design to select currently married women aged 15-49 years. Individual level data were collected from a representative sample of 8,029 (4,029 in slum areas and 4,000 in non-slum areas) and 8,319 (4,194 in slum areas and 4,125 in non-slum areas) currently married women aged 15-49 years at OTS-I and OTS-II respectively.

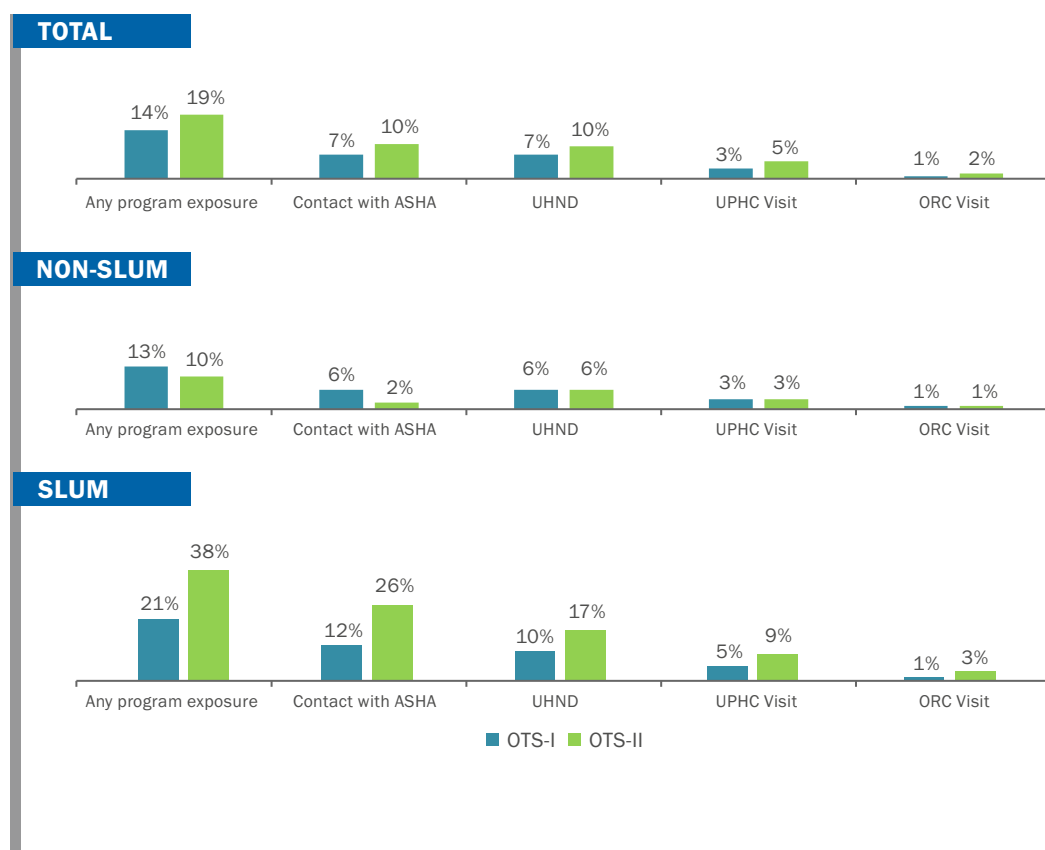


KEY FINDINGS

Exposure to family planning programs increased, more among slum areas

Exposure to TCI supported family planning program improved among urban women – 14% in OTS-I to 19% in OTS-II (Figure 1). Among the different program components, contact with ASHA increased from 7% to 10%, UHND visits increased from 7% to 10%, and UPHC visits increased from 3% to 5% during the survey period. Among women in slum areas, exposure to any program increased from 21% to 38%, contact with ASHA increased from 12% to 26%, UHND visits increased from 10% to 17%, and UPHC visits increased from 5% to 9%. Among non-slum women, exposure to the program either remained stagnant or decreased during the survey period.

Figure 1: Exposure to family planning programs among urban women, 2018-19



Modern reversible methods use increased over time

Among urban women, use of any modern contraceptives increased from 51% in OTS-I to 54% in OTS-II (Table 1). This improvement in use of any modern contraceptives was uniform in both slum and non-slum women; although use of the modern reversible contraceptives increased particularly among women in slum areas (25% to 27%).

Table 1: Prevalence (%) of modern contraceptives and modern reversible contraceptives among urban women, 2018-19

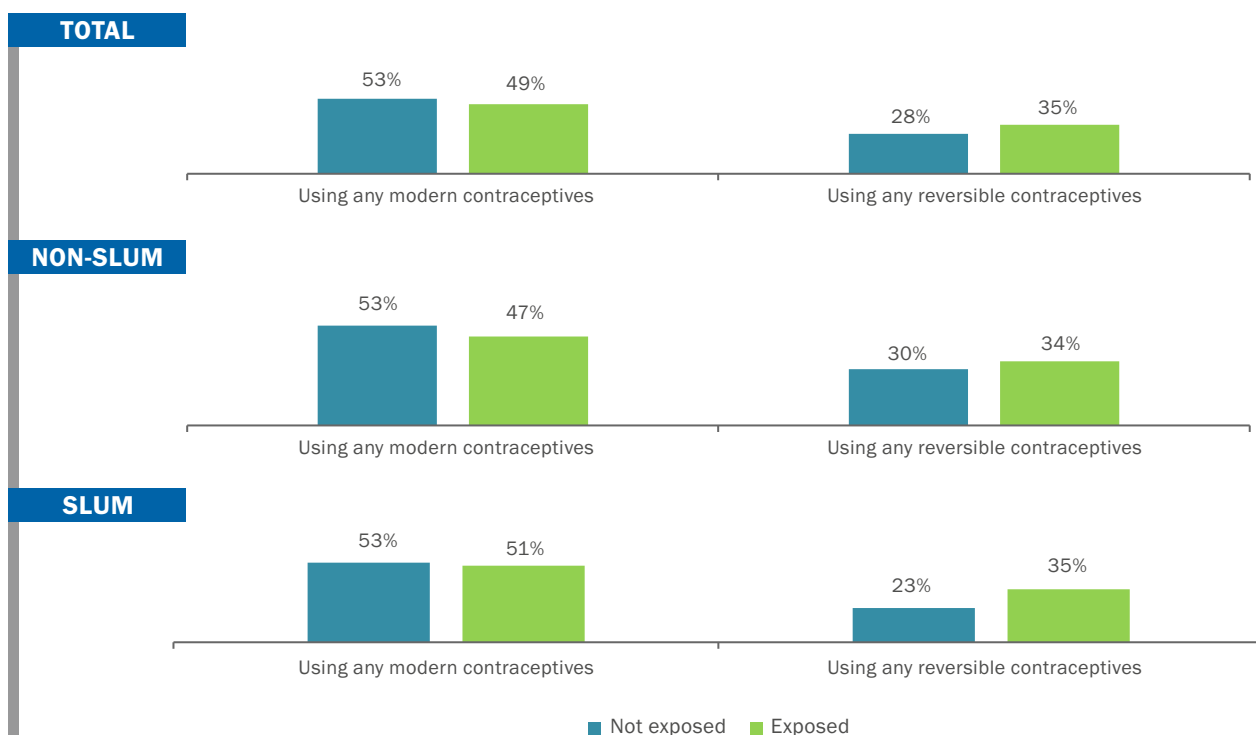
		OTS - I (%)	OTS - II (%)
Total	Any Modern method	50.8	53.7
	Any Modern reversible method	29.1	29.2
Non-slum	Any Modern method	51.1	53.6
	Any Modern reversible method	30.2	30.1
Slum	Any Modern method	50.0	54.0
	Any Modern reversible method	25.3	27.4

Program exposure was associated with the use of the modern reversible contraceptives



Use of any modern reversible contraceptives was higher among women who were exposed to any family planning program than those who were not exposed – 35% vs. 28% among all urban women, 34% vs. 30% among women of non-slum and 35% vs. 23% among women of slum area (Figure 2). The result remained consistent even after adjusting for socioeconomic profile, among the urban women who were exposed to any family planning program, the adjusted odds ratio of using the modern reversible contraceptives was 1.31 ($p < 0.001$), and similar program effectiveness was observed among women from slums with adjusted odds ratio 1.5 ($p < 0.001$) (regression not shown).

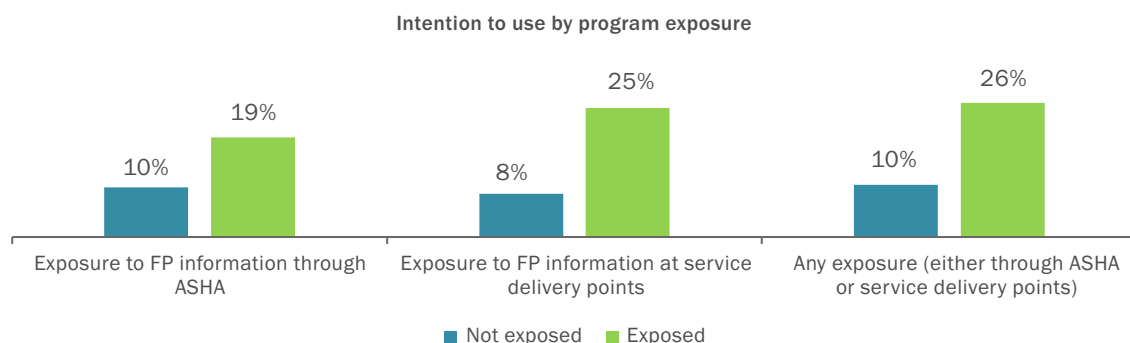
Figure 2: Modern contraceptive use among urban women by exposure to any family planning program, 2018-19



Program exposure increases the intention to use modern contraceptives

Program exposure has increased the intention to use modern contraceptives in next 12 months among the current non-users. The intention to use modern contraceptives was 19% among women who were exposed to FP information through ASHA compared to 10% among those who were not exposed (Figure 3). It was 26% among those women who were exposed to family planning either through ASHA or through service delivery points compared to 10% among those who did not. These findings were consistent even after adjusting for socioeconomic characteristics. For instance, among non-user, intention to use contraceptive was twice among women who were exposed to family planning messages either through ASHA or through service delivery points as compared to women not exposed to program components (Adjusted odds ratio 1.9, $p < 0.001$) (Table now shown).





Figure 3: Family planning program exposure and intention to use contraceptives among urban women, 2019



CONCLUSIONS

The results demonstrated TCI program was successful in increasing the FP services reach through ASHA and service delivery points. The study also observed improved adoption of modern reversible contraceptive methods and demand for family planning services. The effect was particularly greater among women in slum areas than that in non-slums areas.

Policymakers, donors, civil society, and local governments can:

-  **SUPPORT** current government initiatives and programs to support family planning needs and services in urban settings using proven methodologies, with a focus on vulnerable populations in slum regions.
-  **PRIORITIZE** addressing concerns and misconceptions, as well as giving assistance in the event of negative effects to couples who have previously embraced current reversible contraceptives. This will aid in the reduction of unwanted pregnancies as well as the promotion of the successful use of reversible contraceptive techniques.
-  **STRENGTHEN** the ongoing program efforts by coaching ASHAs for maintaining 'due list' of eligible couples and ensuring supply of FP commodities by online indenting
-  **COLLECT AND COLLATE** more robust measurement and evaluation designs (including longitudinal assessments) to deliver rich learnings for assessing program's effectiveness.

RECOMMENDATIONS

Expanding the TCI program in other urban geographies, particularly with a high proportion of slum population may be essential for achieving the goal of "no one left behind" in universal access to family planning services. Learnings from the brief suggest that TCI-led high impact interventions/practices can have a strong beneficial influence on contraceptive adoption as well as on demand creation among urban women, particularly living in more vulnerable conditions.



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