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**Optimizing Family Planning Services:  
A Pilot Evaluation of Digital Follow-Up and Counselling  
by UPHC Staff in Collaboration with TCI India in  
Jharkhand, India**

The paper presents the findings of a pilot study focused on evaluating the effectiveness of a follow-up and counselling mechanism for injectable family planning services. It was carried out by Urban Primary Health Care (UPHC) staff with the technical support of The Challenge Initiative (TCI) in Jharkhand, India. The study assessed the impact of this mechanism on increasing the uptake of the second and subsequent dosages of injectable contraceptives among women in the target population.

The study utilized a quasi-experimental design with a pre- and mid-intervention comparison. The study was conducted at the selected UPHCs in five TCI supported cities of Jharkhand in collaboration with the local health authorities. The observation included in this study is for the period of October 2022 till September 2023. The coaching model employed by TCI India is dedicated to achieving sustainable transformation in the integration of family planning services through its Lead, Assist and Observe (LAO) model. During this period, TCI India coached and supported the UPHC staff in implementing a systematic follow-up and counselling protocol for women who had received the first dosage of injectable. The follow-up included digital

reminders through telephonic calls and messages by the Auxiliary Nurse Midwife (ANM) for subsequent dosages and personalized counselling sessions addressing any concerns or questions. Quantitative data was collected from the Family Planning (FP) registers and client follow-up card in which the Antara service dosage were mentioned with due date and HMIS to compare the uptake of the second and third dosages during the study period.

The results of the study indicated a significant increase in the uptake of the second and third dosages of injectable family planning following the implementation of the follow-up and counselling mechanism by UPHC staff. The percentage of women who returned for their second, third and fourth dosages during the intervention period exhibited a substantial rise compared to the pre-intervention period. Furthermore, the quantitative data indicated a positive correlation between the frequency of follow-up contacts and adherence to subsequent dosages.

The study highlights the importance of a well-structured follow-up and counselling mechanism in increasing the uptake of the second and subsequent dosages of injectable. The active involvement of UPHC staff in providing personalized counselling and reminders significantly contributed to improving adherence to the injectable contraceptive regimen.

It is recommended to adopt similar follow-up and counselling mechanism at other facilities to reduce the drop-out rates and increase in the uptake of subsequent doses of injectable. This would also help in minimizing the misconceptions associated with injectable contraceptives. Such an intervention has the potential to enhance the efficacy of family planning injectable services and consequently contribute to better family planning outcomes in the target population.