

PRIVATE SECTOR INNOVATIONS

ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY-CARE MODELS IN INDIA

CONTEXT AND SETTINGS

Uttar Pradesh (UP), is India's most populous state, is home to an estimated 243 million population, accounting for 16% of the nation's total population. The state faces significant demographic challenges, with early marriage practices (with a median age of 19.1 years) and limited adoption of modern contraceptive methods contributing to high fertility rates (Total Fertility Rate, TFR, at 2.4) and a notable prevalence of unintended pregnancies (49%). A comprehensive study on abortion incidence in 2015 revealed that an estimated 3.2 million induced abortions take place in UP. An overwhelming majority (2.6 million, 83%) of these abortions are carried out by medical abortion (MA) outside the formal health settings. These findings are further corroborated by the high abortion rate of 61 per 1000 women of reproductive age 15-49. Addressing these complex challenges is crucial for the well-being and reproductive health of the state's population. Women seeking medical abortion (MA) often encounter a significant gap in access to information, essential products, and counselling support regarding modern contraceptive methods immediately following their abortion. This gap can be attributed to several factors, including the extended duration of the completion of the abortion process and limited or no contact with the health facilities after the procedure. However, it's important to note that there is either a lack of or limited evidence available on the postabortion family planning intentions and practices, especially in cases of self-managed medical abortion.

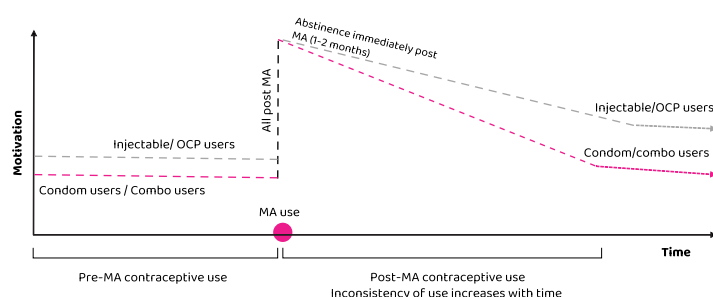
Given this context, there is a pressing need to assess and address the postabortion contraception needs and devise a solution to improve the uptake and sustained use of contraception post-self-managed medical abortion. This project aims to develop effective solutions that enhance the uptake of modern contraception and ensure its sustained use following self-managed medical abortions, thus promoting women's reproductive health and well-being.

In pursuit of this objective, an operational research initiative was launched with the aim of identifying and implementing effective strategies for reaching women who have undergone self-managed medical abortions and devising sustainable solutions for enhancing postabortion contraceptive care in two districts of UP – Agra and Lucknow.

FORMATIVE RESEARCH

To establish a strong foundation for this operational research, formative research was carried out to gain insights into the pathways, journey cycles, experiences, and fertility preferences of women and girls after medical abortion outside of the formal health facility. The findings revealed that couples are more open to discussing contraception during the initial period of the abortion.

MOTIVATION FOR CONTRACEPTIVE USE POST UNWANTED PREGNANCY



KEY INSIGHTS FROM FORMATIVE RESEARCH

A couple's decision to use MA is motivated by their need to **maintain the status quo**.

Service providers have an impact on MA users' contraceptive choices and behaviors.

Users **consider their fertility when choosing a contraceptive method**. An unintended pregnancy impacts these contraceptive decisions.

An **MA journey brings partners together** to collaborate to make decisions.

A users' contraceptive behaviour is determined by their perception of getting pregnant. An **MA incident increases the perception of this risk and motivates contraceptive uptake**.

Sources of Information may differ from the sources of influence around decisions to MA and contraception for MA self-users.

Despite awareness on family planning being pervasive, various barriers prevent uptake and use of modern contraceptive methods.

The **chemist is a touchpoint in the MA Self-Use journey**, and is most often the point of purchase.

Although MA self-users' contraceptive behaviours mirror pre and post MA, they often explore a few different methods before settling.

In most cases, **partners of MA self users are the intermediaries that bring the MA pill and information to the MA self user**.

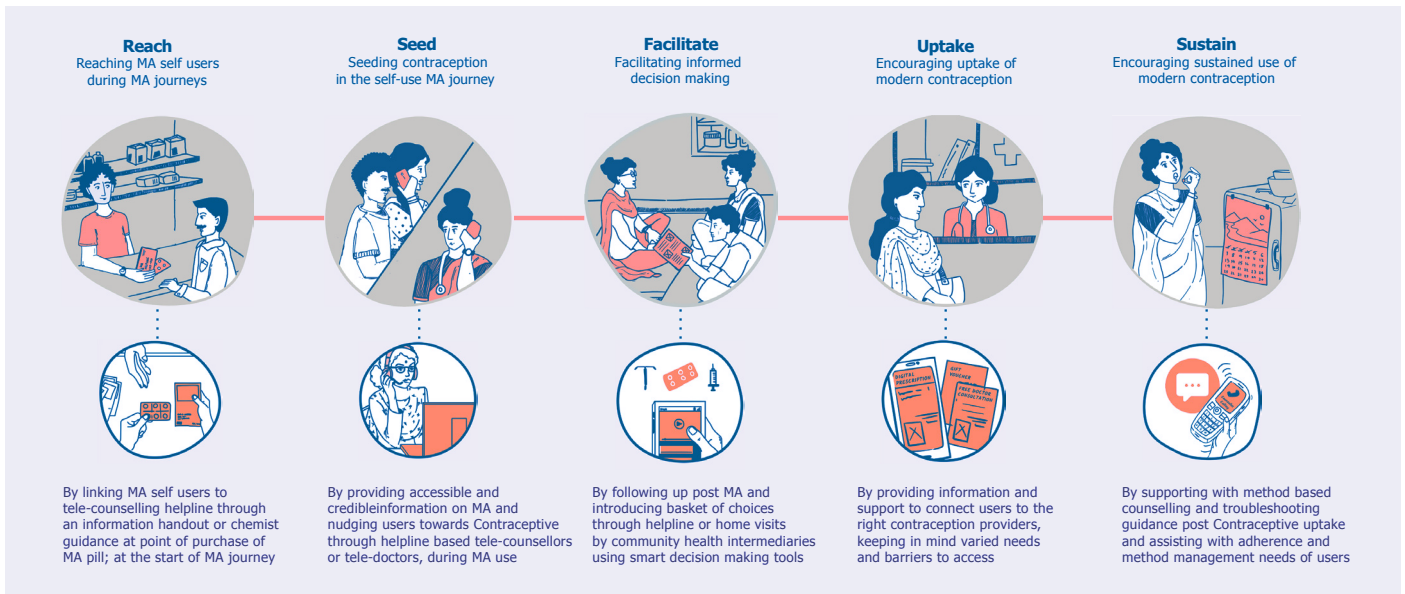
USER CENTRIC INTERVENTION DESIGN

Drawing the insights from the formative research, we employed a User-Centric Design (UCD) approach to develop and pilot evidence-based solutions. This collaborative effort engaged the community, including women and men, health service providers, pharmacists, community health workers, and experts in the field of sexual and reproductive health (SRH) domain. Initially, a broad spectrum of 40-50 early intervention ideas was conceived, from which four intervention routes emerged as the most promising solution for final field testing. Following rigorous field testing and a feasibility assessment, the intervention that demonstrated the most promise was selected for the pilot phase. The resultant solution encompassed several components, including involving chemists as the primary source to reach buyers of MA kit, toll-free helpline staffed with counsellors and medical doctors for clinical counselling, support, referrals, and follow-up, community intermediaries for counselling at home, and private and public health facilities for referral for the adoption of a modern contraceptive method.

IMPLEMENTATION ELEMENTS

- 1 Chemists /Pharmacies
- 2 Toll free helpline
- 3 Counsellors and a doctor
- 4 Health Facilities
- 5 Strengthening CHIs
- 6 Educational messages and videos

INTERVENTION OVERVIEW



IMPLEMENTATION AND OUTCOME

To forge a strong connection with the audience and foster trust, the project name was chosen following extensive field testing involving key project stakeholders, including the partners, the community, chemists, and Community Health Intermediaries (CHIs). The project was aptly named "Saksham," and all related materials and collateral were developed with the same branding.

PROJECT LOGO



PROJECT COLLATERAL



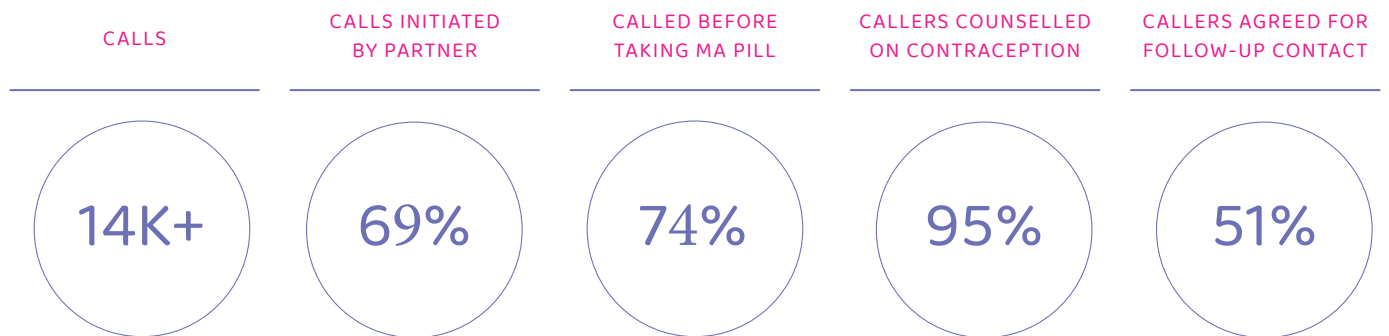
INTRODUCING HELPLINE



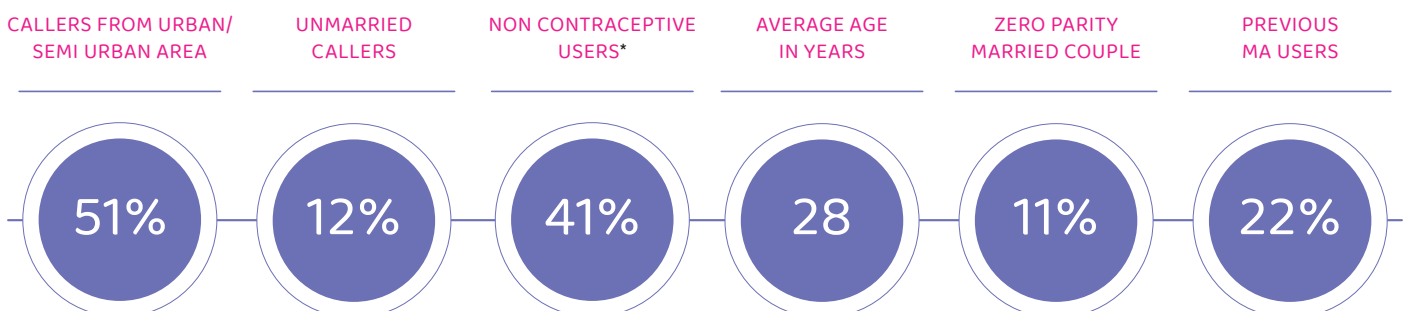
The pilot testing of the solution was conducted on a small scale with 250 chemists between October 2020 and July 2021. During this period, elements like IVRS for clients to request a call back from the helpline, educational videos, and texts to share information via WhatsApp and SMS were developed based on ongoing learnings. In addition, two sets of monetary incentives for chemists to promote the helpline, a bundled leaflet with the MMA kit, and encouragement for buyers to consider postabortion contraception were also tested.

The insights and feedback gleaned from the pilot intervention phase played a crucial role in fine-tuning the intervention packages for the large-scale implementation. Notably, this phase witnessed a substantial expansion in the participation of chemists, surging from 250 to 1200. Furthermore, the incentive structure for chemists was finalized, firmly established, entailing a fixed incentive of Rs 15 for each leaflet distributed. In the span of thirty two months more than 95,000 MA buyers were reached with contraceptive information by chemists.

ENGAGEMENT WITH HELPLINE



PROFILE OF CALLERS



* Before this pregnancy

HELPLINE – SUPPORT

FOLLOW-UP
CONDUCTED WITH



* Total eligible for follow-up: 6058

HOME VISIT
BY ASHA



CALLERS RECEIVED
TELE-CONSULTATION
BY IDF DOCTOR



REFERRAL TO
PROVIDERS



CALLERS RECEIVED
INFORMATION ON
WA/SMS



STRENGTHENING REFERRALS SYSTEM



More than **400** providers trained



4500+ CHIs oriented



185 Health facilities strengthened

KEY INSIGHTS

The insights and findings from the project underscore the multifaceted nature of addressing postabortion contraceptive challenges. A pivotal revelation is that chemists serve as the primary entry points and initial contacts for those purchasing medical abortion kits, which are typically male partners. The process of establishing contact, both initially and in follow-ups with MA self-users, particularly in bridging the gap between male partners and tele-counselors, poses a significant challenge as male partners may not inherently recognize the importance of their involvement in this process. Thus, it becomes imperative to incorporate relatable and actionable points within tele-counseling sessions aimed at partners. Notably, there is a surge in momentum for contraceptive uptake about a month after an abortion, emphasizing the critical need for support and information provision during this period. Addressing questions and concerns related to abortion emerges as a potent catalyst for postabortion contraceptive counseling. It's worth noting that making productive calls often necessitates multiple attempts to establish effective communication. Furthermore, it's important to acknowledge that the adoption of contraception occurs in stages, especially for Long-Acting Reversible Contraceptives (LARC). Women tend to start with short-term methods before making a final decision regarding the adoption of a LARC or permanent contraceptive method.

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PROJECT IMPLEMENTATION PARTNERS



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