



## **Expanding Access and Demand for DMPA**

**Dimpa Injectable Contraceptive Program**  
**May 2012**

## Overview (1/2)

- A private sector provider network to promote injectable contraceptives (DMPA) to expand contraceptive choices available to couples in urban Uttar Pradesh, Uttarakhand & Jharkhand
- DMPA on the threshold of being a widely accepted method in project area
  - Significant increase in use of DMPA among currently married women aged 15-49 years
  - Large network of providers offering DMPA with high QoC
  - No backlash from activists in spite of national mass media advertising
  - Market catalyzed: Increased number of marketers, reduced price
  - Increased donor interest in supporting DMPA in India
  - GoI considering inclusion of DMPA in the public health system

## Overview (2/2)

- Outbound calls – an innovative mechanism to increase continuation rates
- Comprehensive demand generation, capacity building & in-clinic tools developed, being used by many other organizations now
  - Project produced the only mass media category promotion campaign; being aired by SMOs
  - Many innovative in-clinic counseling & follow-up tools
  - Other donors / partners interested in supporting *Dimpa* helpline
  - MBPH provided training support to product partners (*Janani*, Bihar)

## Presentation Structure

- Background & Objectives
- Program Components & Activities
- M&E, Results
- Sustainability
- Leveraging, Innovations and Tools
- Lessons Learned
- Recap of Recommendations in pre-MBPH phase, Actions in MBPH

## **Background & Objectives**

## Environment: DMPA in 2002

- Cleared for marketing in 1994 by DCGI
- Negligible sales and low investment in marketing
  - Limited availability, prescription product
  - Pfizer - the only marketer of DMPA
  - Relatively high price (INR150 -170/vial)
  - Low knowledge among providers and consumers
  - Activist groups questioning safety and quality of provision
  - Not part of the basket of methods in the Govt. FP program
  - Few SMO's introduced it in select areas across India

## **Program Objective**

Create awareness and increase use of DMPA as a safe and effective contraceptive option through the private sector for couples who want to plan their family

## Program strategy

- Create a network of private health care providers for providing high quality options for a range of contraceptive methods
- Generate demand for DMPA as a safe and effective contraceptive choice
- Increase availability of DMPA through partnership with commercial and social marketing agencies

## Program Evolution Summary

**Objective: Increased access and use of DMPA**



### Phase I

June 03-Sept 04

**Demonstrate feasibility of provision of DMPA through private sector with adequate QoC**

**3 towns in UP**

**105 Clinics**

### Phase II

Oct 05-April 06

**Demonstrate scalability & cost efficiencies**

**9 towns in UP**

**286 Clinics**

### Phase III

Jan 06-Sept 06

**Strengthen network support and management**

**19 towns in UP and Uttrakhand**

**505 Clinics**

### Phase IV

Oct 06-Sept 09

**Demand creation and increase access of the product**

**45 towns in UP, Uttrakhand and Jharkhand**

**1058 Clinics**

### MBPH

Oct 09-to date

**Improve access & trial and increase continuation rates. Plan for program sustainability**

**45 towns in UP, Uttrakhand and Jharkhand  
1546 Clinics**

**Research, Monitoring & Evaluation**

## Phase IV Achievements (Oct 2006 to Sept 2009)

- Attitude of network providers towards DMPA improved
  - Positive attitude towards DMPA increased from 34% Phase I (2003) to 78% in phase IV (2009)
- Majority of network providers provided correct information to clients in phase IV
  - Correct period of effectiveness (98%), completely reversible (63%) & DMPA is a safe method (65%)
- Substantial increase in awareness (44% in 2001 to 74% in 2009) & knowledge (2.5% in 2001 to 27.5% in 2009) of injectable among women
- Exposure to program activities associated to higher levels of awareness, knowledge, attitudes and opportunity among women

## **Pre-MBPH: Recommendations of Evaluation Team**

- Expand provider network base to include GPs
- Improve reach and frequency of mass media and IPC campaigns
- Special efforts needed to achieve follow-up of DMPA clients
- Advocacy efforts need to be more proactive and visible
- Facilitate the integration of DMPA into public health system

## **Program Components & Activities**

**Capacity Building & Quality Assurance**

**Communications & Outreach**

**Helpline**

**Product Partnerships**

**Advocacy**

## Dimpa Network Providers

### What we do

- Identify, train and update doctors
- Paramedic Training
- Training of Pharmacists
- IEC materials and aids
- Clinic promotion: Mass media and outreach
- Product linkages
- Helpline for counseling, referrals and support users of DMPA
- Advocacy
- Research, monitoring & evaluation

### What network providers do

- Provide screening and counseling on site
- Maintain client records and follow up charts
- Ensure safe injection and proper disposal of needle/syringe
- Stock & dispense



## Expansion of Provider Network to Include GPs

- Assessment showed very few GPs were relevant to a FP network
  - Very few GPs met the minimum FP client load (10 / month)
  - Therefore, decision to enroll Ob/Gyns in addition to GPs to expand provider network, where necessary
- Network expansion focused in small towns
- 668 doctors trained and 488 (47 GPs and 441Ob/Gyn) enrolled in network



## Capacity Building of Doctors in Network

- Introductory training
  - Class-room training on WHO guidelines for new providers
- Dimpa Exchange Forum
  - Joint interactive meet with network members in each program city
  - Sharing of experiences and views
- Dimpa Outlook: Quarterly Program Newsletter
  - Update on program activities
  - Provide technical updates
  - Create and imbue a sense of togetherness among network members



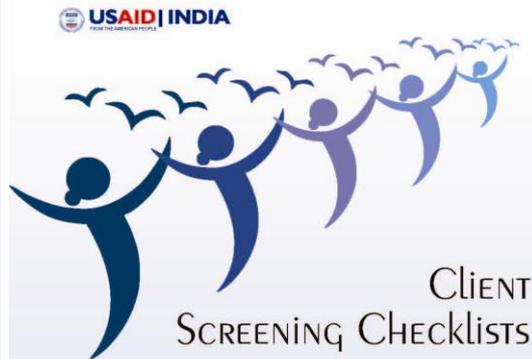
## Role enhancement of paramedics

- Capacity building of paramedics on FP counseling skills
- Capacity building of paramedics on record keeping skills
- Trained 3,160 paramedics of network clinics





## Client Screening Checklists



### Client Screening Checklist for DMPA

DMPA can be given to all women except in the following Conditions:

1. Breast feeding infant less than six weeks
2. Multiple risk factors for arterial cardiovascular disease ( age above 35 years, smoking, diabetes and hypertension)
3. High blood pressure (more than or equal to 160/100 mm Hg)
4. Vascular Disease
5. Current Deep Vein thrombosis or Pulmonary Embolism
6. Current or history of Ischaemic Heart Disease
7. History of Stroke



8. Unexplained vaginal bleeding (suspicious for serious condition) before evaluation.
9. Current or past history of Breast Cancer
10. Diabetes of more than 20 yrs duration or complicated with nephropathy/ retinopathy/ neuropathy
11. Active viral hepatitis/ benign or malignant liver tumors/severe cirrhosis  
Source:WHO Medical Eligibility Criteria for Contraceptive Use, 3rd edition, 2004, Category 3 and 4.

### Client Screening Checklist for IUDs

Copper Bearing IUDs can be given to all women except in the following conditions

1. Pregnancy (suspected or confirmed)
2. Postpartum-less than 6 weeks \*\*
3. Puerperal sepsis / immediate post septic abortion
4. Unexplained vaginal bleeding (suspicious for serious condition) before evaluation
5. Benign or malignant trophoblastic disease
6. Cervical cancer, Endometrial cancer or ovarian cancer
7. Uterine fibroids with distortion of uterine cavity
8. Distorted uterine cavity
9. Current Pelvic Inflammatory Disease
10. Increased risk of OR Current STI (purulent cervicitis, chlamydia or gonorrhoea) or AIDS
11. Known Pelvic Tuberculosis

**Source:**

WHO Medical Eligibility Criteria for Contraceptive Use, 3rd edition,2004, Category 3 and 4  
\*\* As per COI guidelines for IUD

### Pregnancy Checklist

- Ask the client questions 1-6. As soon as the client answers "yes" to any question, stop and follow the instructions below.
- No - If the client answered "no" to all questions, pregnancy cannot be ruled out. The client should wait for her next monthly bleeding or use a pregnancy test.
- Yes - If the client answered "yes" to at least one of the questions, and she has no signs or symptoms of pregnancy, you can give her the method she has chosen.
  1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and had no monthly bleeding since then?
  2. Have you abstained from sexual intercourse since your last monthly bleeding or delivery?
  3. Have you had a baby in the last four weeks?
  4. Did your last monthly bleeding start within the past 7 days (or within the past 12 days if the client is planning to use an IUD)?
  5. Have you had a miscarriage or abortion in the last 7 days (or within the past 12 days if the client is planning to use an IUD)?
- Have you been using a reliable contraceptive method consistently and correctly?

### Client Screening Checklist for COCs

Combined Oral Contraceptive Pills can be given to all women except in the following conditions:

1. Woman breastfeeding infant less than six months
  2. Postpartum NOT breastfeeding upto 21 days
  3. Age 35 years or more and smoker
  4. Multiple risk factors for arterial cardiovascular disease(older age, smoking, diabetes and hypertension)
  5. High blood pressure (more than or equal to 140/90 mm Hg)
  6. Vascular Disease
  7. Current or history of Deep Vein thrombosis or Pulmonary Embolism
  8. Major surgery with prolonged immobilization
  9. Current or history of Ischaemic Heart Disease or complicated valvular heart disease
  10. History of Stroke
  11. Age less than 35 years having migraine with aura
  12. Age 35 yrs or more having migraine (with or without aura)
  13. Current or past history of Breast Cancer
  14. Diabetes of more than 20 yrs duration or complicated with nephropathy/ retinopathy/neuropathy
  15. Current or medically treated Gall Bladder Disease or h/o of COC related cholestasis
  16. Active viral hepatitis/ benign or malignant liver tumors/ cirrhosis
  17. Taking medicines like rifampicin, phenytoin, carbamazepine and barbiturates, primidone, topiramate, oxycarbazepine.
- Source:WHO Medical Eligibility Criteria for Contraceptive Use, 3rd edition, 2004, Category 3 and 4.



# New Client-cum-Clinic Card

**डिम्पा रजिस्ट्रेशन कार्ड** रजिस्ट्रेशन नं. \_\_\_\_\_

कलाइंट का नाम \_\_\_\_\_ उम्र \_\_\_\_\_

पति का नाम \_\_\_\_\_

रजिस्ट्रेशन की तारीख \_\_\_\_\_

बच्चों की संख्या \_\_\_\_\_ अंतिम प्रसव कब हुआ \_\_\_\_\_

कलाइंट का फोन नं. \_\_\_\_\_ शहर \_\_\_\_\_

मुझे इस फोन नं. पर कॉल करें \_\_\_\_\_

कॉल करने का समय \_\_\_\_\_ से \_\_\_\_\_ बजे तक \_\_\_\_\_

मैंने स्वेच्छा से डिम्पा को वर्ष निरोधक सामान को रूप में अपनाने का निर्णय लिया है और मैं टेलीफोन द्वारा डिम्पा सम्बंधित जानकारी पाने के लिए अनुमति देती हूँ।

ऑब्सेर/क्लीनिक की मोहर या नाम और पता: \_\_\_\_\_ (हरामत)

क्लीनिक कॉपी

**डिम्पा रजिस्ट्रेशन कार्ड** रजिस्ट्रेशन नं. \_\_\_\_\_

कलाइंट का नाम \_\_\_\_\_ उम्र \_\_\_\_\_

पति का नाम \_\_\_\_\_

रजिस्ट्रेशन की तारीख \_\_\_\_\_

डिम्पा नि:शुल्क हेल्पलाइन पर कॉल करें  
 1800 1800 555    1800 1800 556

ऑब्सेर/क्लीनिक की मोहर या नाम और पता: \_\_\_\_\_

कलाइंट कॉपी

याद रखिये- अगले इंजेक्शन के लिये निर्धारित तिथि पर अवश्य जाएं।

**डिम्पा रजिस्ट्रेशन कार्ड** रजिस्ट्रेशन नं. \_\_\_\_\_

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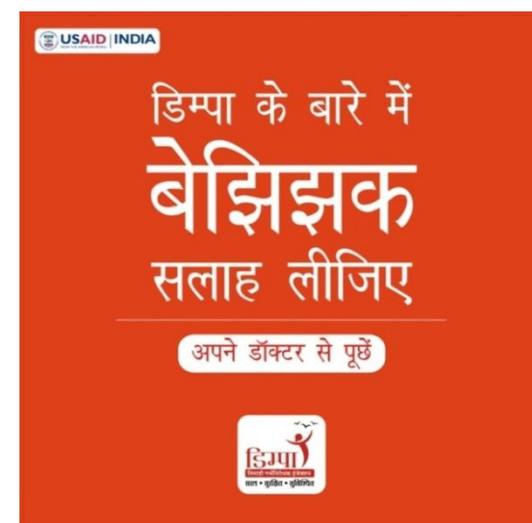
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क्लाइंट द्वारा डिम्पा इंजेक्शन जारी ना रखने का कारण: \_\_\_\_\_

60% clinics now recording client data as a result of new cards Vs. 30% using client case registers earlier



## In-clinic & Shop Posters



Communication objective:

Encouraging clients to ask their doctor about DMPA

## **Program Components & Activities**

**Capacity Building & Quality Assurance**

**Communications & Outreach**

**Helpline**

**Product Partnerships**

**Advocacy**

## Demand Generation

- Mass media – Television, Cable TV and FM Radio Channels
- Outreach through MBPH field teams
  - In-clinic counseling at network clinics to support network clinics
  - Outreach activation - *Mahila Goshthies* (Community meetings of women) and FP Health Camps at network clinics
  - Group counseling at large public/private hospitals and at institutions
- Promotion of toll-free helpline with trained tele-counselors for counseling, referrals and post-use support

## Consumer Insight

**What insight can connect/help translate the DMPA product features into consumer benefits?**

- *Life without contraception*
  - Wives are in perennial anxiety as husbands ask for sex
  - This affects their inter-spouse communication
- *Do women see men as unreasonable?*
  - No, they think men are reasonable in their demand
- *Life with contraception*
  - Tension free sexual relations
  - Brings couples closer
  - Improves interpersonal communication

## **Key Message**

***‘DIMPA de aapko daily bahano se mukti’***

### **Problem:**

**Are you making excuses to avoid getting pregnant?**

### **Solution:**

***“Dimpa, Ek injection, teen mahine bahano se chutti”***

- Highlight the convenient and hassle free nature
- Emphasize effectiveness for 3-months
- Call to action – visit your gynecologist
- Toll-free helpline promoted as a source of post-use support

## Dimpa Communication Campaign 2010 - 11

Medium Used	Relevance
	<p>TV</p> <p>Instant Reach + Awareness + driving Imagery</p>
	<p>Radio</p> <p>Excitement + Interactivity</p>
	<p>Cable TV</p> <p>Wider reach among TG</p>

Radio campaign in '10 and National TV, Cable TV & FM Radio in '11





## Outreach Activation



591,497 women reached



## **Program Components & Activities**

**Capacity Building & Quality Assurance**

**Communications & Outreach**

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**Product Partnerships**

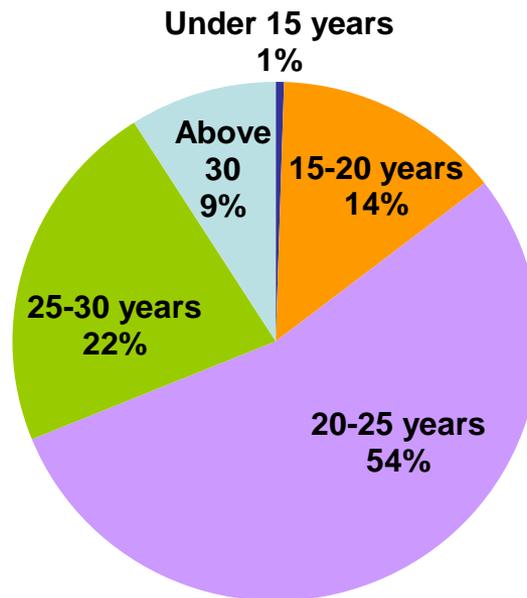
**Advocacy**

## Dimpa Toll-free Helpline

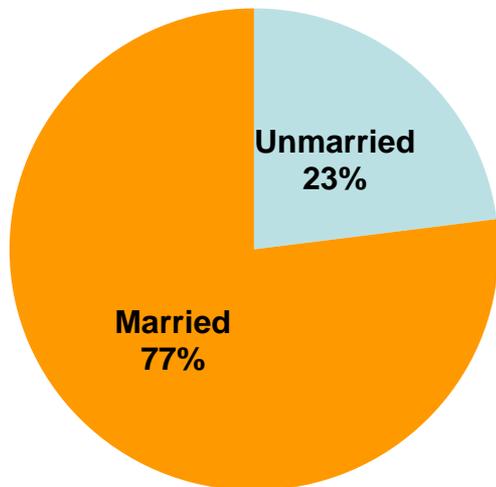
- Operational since November 1, 2008
- Call to action of campaign: Dimpa helpline 1800 1800 **555** (Female) & 1800 1800 **556** (Male)
- Open from 9am to 9pm, Monday through Sunday
- Team of six trained Tele-counselors
- Handled more than 450,000 calls (Oct '08 to date)



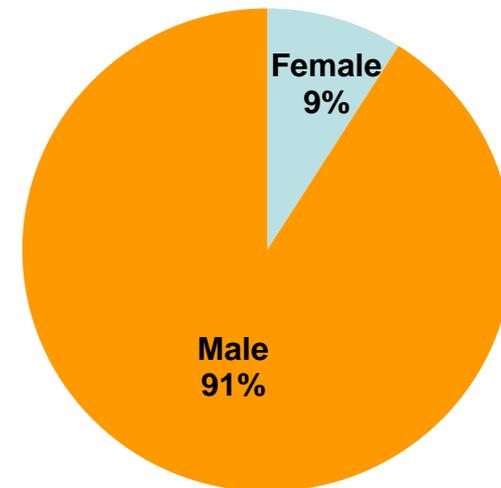
## Caller Profile



**Age Group**

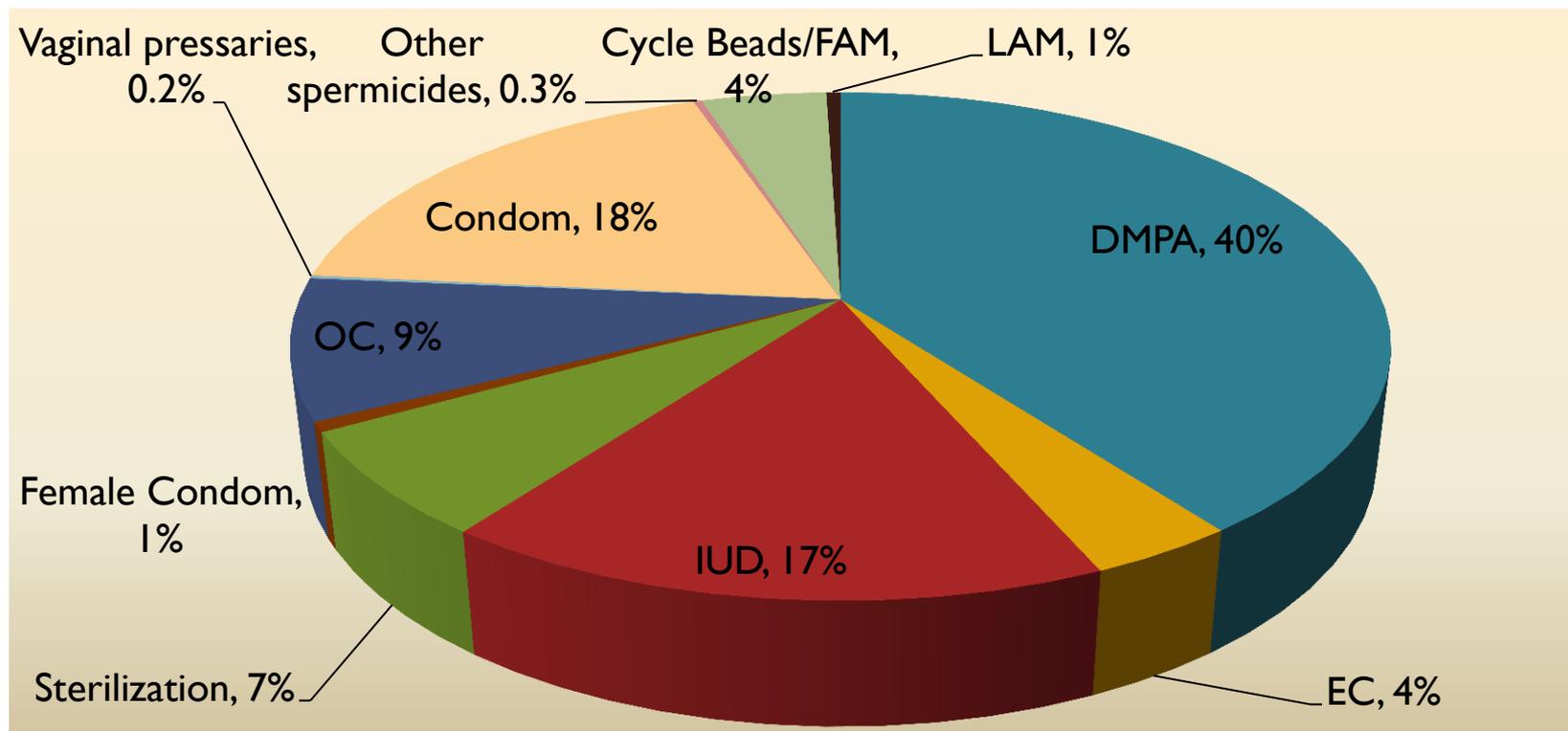


**Marital Status**



**Gender**

## Information Sought on FP Methods



While 40% of queries were related to DMPA, callers sought information on correct use of condoms and its dual benefits (18%), IUCDs (17%), OCPs (9%)

## **12% of helpline callers adopted DMPA within two weeks of referral**

*Method:* Callers referred to providers from helpline were called by an external agency with a lag of two weeks between December '11 and March '12 (N=344)

*Results:*

- 46% callers referred to providers
- Among those who referred to provider, 32% visited provider
- Among those who visited provider, 82% adopted DMPA

## ICT intervention for Post-use Support

- Initiated outbound calls from Dec'11 on behalf of the network providers
- Mobile phone numbers of clients adopting DMPA collected by field workers from client-cum-clinic cards across 7 cities
- Outbound calls were made as per the following schedule
  - one week after the 1<sup>st</sup> injection
  - one month after the 1<sup>st</sup> injection and
  - a reminder call two weeks prior to due date of subsequent injection



## Substantial increase in continuation of DMPA post outbound call

Reported discontinuation / continuation	Among new adopters who were followed-up after due date of 2nd injection and:							
	Never in first 3 months		Once in first 3 months		Twice in first 3 months		Thrice in first 3 months	
	Pre outbound calls		Post outbound call					
	N	%	N	%	N	%	N	%
Discontinuation after 1 <sup>st</sup> injection	21	60	7	12	4	14	1	7
Reported taken 2 <sup>nd</sup> injection	14	40	52	88	24	86	14	93
Total	35		59		28		15	

## **Program Components & Activities**

Capacity Building & Quality Assurance

Communications & Outreach

Helpline

**Product Partnerships**

Advocacy

## Partnerships with Commercial Marketers & SMOs

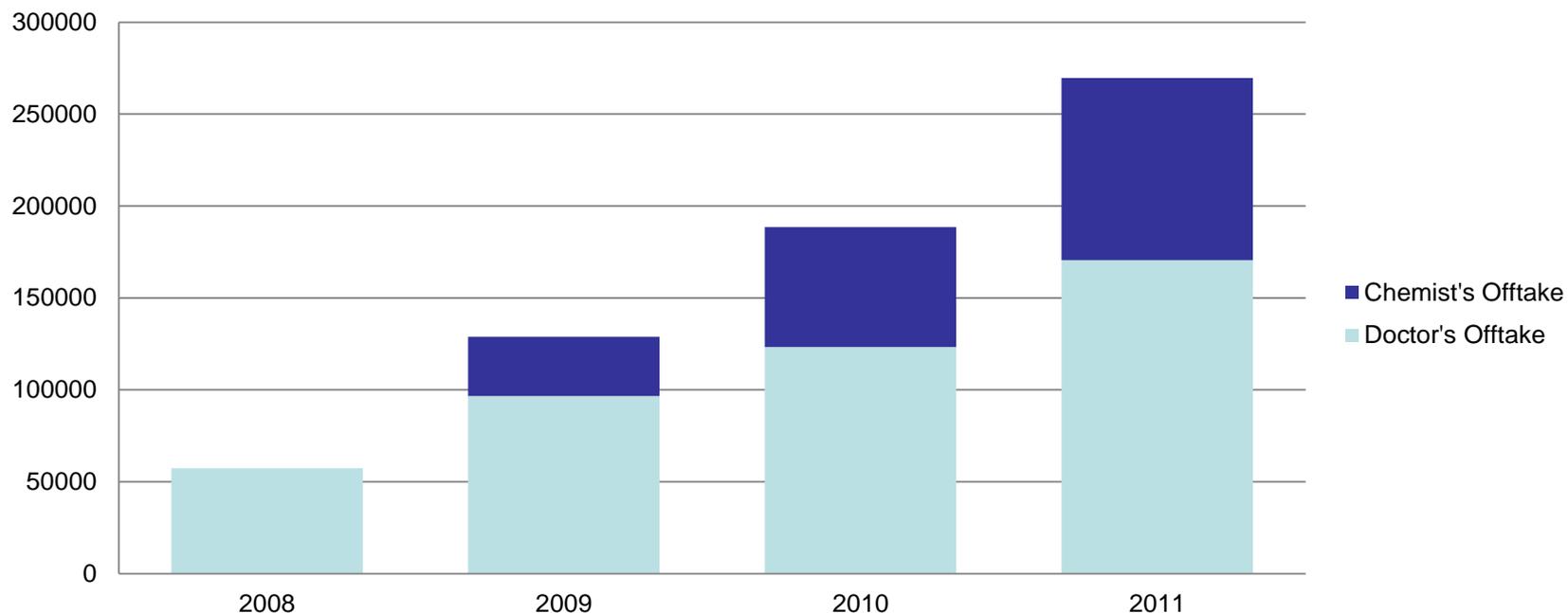
- Seven Commercial Marketers/SMOs
- Three manufacturers of DMPA in India
- Dimpa - the only category promotion program for Injectable
- Program entered into MoUs with marketers for a more structured partnership support and for sustainability
- Partner support areas: Product availability and linkages, product samples, contribution in provider training, detailing to providers, support to helpline, communication and outreach

## DMPA Marketers in Project Area

Marketer	Sector	Brand	Price (INR)	Partnership Status
Pfizer	Commercial	Depo Provera	210	2007
Sun Pharma	Commercial	My One Depot	100	--
DKT	SMO	D-Kare	50	Aug 2011
Janani	SMO	Pari	50	Sept 2011
PHSI	SMO	Khushi	50	Nov 2011
PSI	SMO	Procosteron-100	100	Mar 2011
HLL	SMO	Petogen	100	--

DMPA available at a wide range of price points

## Consolidated Ob/Gyn's / Chemist's Sales Data



Sales from network clinics and trained chemists counters growing at approx. 70% YoY

## Partner Commitment

- Partnership areas include product supply linkages, product samples, communication and outreach, helpline
- Partners using program communication materials and job aids in states beyond UP, UK and JH
- Dimpa Outlook being distributed to doctors by partners in Bihar, MP and Rajasthan
- Network doctors giving free FP counseling and partners supplying free DMPA at health camps

## **Program Components & Activities**

**Capacity Building & Quality Assurance**  
**Communications & Outreach**  
**Helpline**  
**Product Partnerships**  
**Advocacy**

## Public Sector Advocacy

- **Objective:** To facilitate integration of DMPA into public health contraceptive basket
- **Approach:** MBPH role: supportive to existing advocacy groups, mainly ARC (Advocating Reproductive Choices) Consortium

## Advocating Reproductive Choices (ARC)



- Forum initiated in 2005 as a strategic response to negative advocacy by pressure groups opposed to injectable contraceptives
- Coalition of like minded organisations primarily working in the field of Sexual & Reproductive Health
- Abt Associates is a core group member at the national level. Others are: PSS, DKT, Janani, PSI, FHI, FPAI
- State Chapters in 5 focused states – Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh and Rajasthan
- Family Planning Association of India is the ARC Secretariat

## MBPH Supported Advocacy Activities

- Participated in periodic meetings organized by ARC for contribution for development of advocacy strategy
- Carried out both state and national level media and PR advocacy to create a favourable environment for Injectable
- Shared research data, field evidence as advocacy tools
- Gather and share data on profiles of users availing helpline follow-up services
- Participation in studies initiated by USAID
  - DMPA acceptability and user experiences among Indian women
  - To assess provider's knowledge of DMPA provision and
  - To assess how different service delivery environments may influence acceptability and continued use of DMPA (including counseling and/ follow-up of clients)

## MBPH Initiatives on Advocacy

- MBPH invited by MoHFW in 2010 to present experiences on delivery of DMPA in private sector
- Data presented by MBPH facilitated discussions within ministry to include injectable in public health basket

## Program PR Objectives

- To create awareness about DMPA as a safe and effective contraceptive
- Inform and update stakeholders and network doctors of program activities and initiatives
- Manage any negative reporting or crisis emerging from media reports



**तीन माह तक गर्भधारण से मुक्ति के लिए इंजेक्शन कानपुर।** डिम्पा के प्रयोग से मासिक चक्र में बदलाव या रुकावट आए तो इसे बीमारी समझ कर घबराने की जरूरत नहीं है। यह बात डिम्पा की प्रोग्राम मैनेजर डॉ. रवि आनन्द ने पत्रकार वार्ता में कही। उन्होंने बताया कि इंजेक्शन के रूप में एक बार प्रयोग करने के बाद महिला को लगभग तीन माह तक गर्भधारण से पूरी तरह मुक्ति मिल जाती है। यह इंजेक्शन बाजार में 199 रुपए और डिम्पा के प्रोजेक्ट में 100 रुपए में उपलब्ध है। डॉ. रवि आनन्द ने कहा कि छोटे बच्चों को स्तनपान कराने वाली माताएँ भी इसका प्रयोग कर सकती हैं। इसको बंद करने के 5 से 6 माह बाद गर्भधारण किया जा सकता है।

**परिवार नियोजन के लिए सरल है डिंपा**

मेरठ। विद्युत गर्भनिरोधक विपणन के मोके पर एफओपीएस्काई की सचिव डा. मंजुला लखनपाल ने कहा कि परिवार नियोजन के लिए महिलाओं के लिए सबसे सरल उपाय है। डा. मंजुला लखनपाल ने आयोजित स्वास्थ्य दिवस में महिलाओं को डिक्लेरेशन के परिवार कल्याण की शिबियों को समझाया। इस मौके पर डा. मंजुला लखनपाल ने बताया कि डिंपा कार्यक्रम ने प्रभावी परिवार नियोजन में अनेक महिलाओं की मदद की है। इस्तेमाल के लिए सरल है। वेसे भी किसी भी महिला को स्वस्थ रहने के लिए उसके को बच्चे में अंतर होगा लक्ष्य है। इसके लिए परिवार नियोजन की विधियाँ अपनाई जाती हैं। उन्होंने बताया कि इसका लिए डिंपा इंजेक्शन सबसे सरल विधि है। हर तिमाही में लगने वाले इस

**डिम्पा इंजेक्टेबल प्रोग्राम में महिलाओं ने लिया बड़चढ़ कर हिस्सा**



महिलाओं को इन बाधाओं से मुक्त करने में मदद प्रदान करने के लिए ऐसे विधियों का अविनाशक है और उन्हें अविनाशक सभ्य विधि परिवार नियोजन विधियों के बारे में ज्ञान प्रदान करने के लिए महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं।

**से महिलाओं को किया जागरूक**



इस्तेमाल में कमी आती है। महिला गोष्टियाँ गर्भनिरोधकों से जुड़ी गलत धारणाओं को समाप्त करती हैं और उचित परामर्श के जरिये 'बैंकिंग कर रहे, खुल के जियो' की धारणा को बढ़ावा देती हैं। गोष्टी में उन्होंने कहा कि अलावा व्यापार महिलाएँ स्वयं द्वारा अपनाई गई विधि के प्रभाव पर कभी परामर्श नहीं लेतीं और न ही वे बदलावों के बारे में आशंका होती है कि संबद्ध गर्भनिरोधक विधि उनके शरीर के लिए उपयुक्त है या नहीं।



डिम्पा में महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं।

डा. संघीया जानकारी देते डिम्पा के कार्यकर्ता। एफओपी निदेशक संजीव व्यास ने कहा, राते हैं 'अध्ययनों से पता चला है कि भारत में अनेक महिलाओं द्वारा प्रभावो

अनुवाह है गर्भ से तीन माह की छुट्टी अलीगढ़। डिंपा इंजेक्टबल गर्भ निरोधक कार्यक्रम के तहत बुधवार को

परिणामों में महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं।

डिम्पा में महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं। महिलाओं को प्रेरित करने के लिए वे अविनाशक के विनाश से उपलब्ध विधि का प्रचार कर रहे हैं।

**DMPA safe and effective contraceptive: Expert**

HT Correspondent Kanpur, May 17

EFFORTS ARE being made to establish Depot Medroxy Progesterone Acetate (DMPA) as a viable alternative to other contraceptives in the country, according to all-India programme manager of DMPA project Dr Ravi Anand.

Talking to reporters here on Thursday Dr Anand said that DMPA, the three monthly injectable contraceptive, was being currently used by 32 million women in over 175 countries including India. It is administered intra muscularly in the buttock or the upper arm.

Giving details about DMPA, Dr Anand said, "The Federation of Obstetrics and Gynecologist Societies of India (FOGSI) has also approved DMPA as a safe and effective method among other options of contraceptive available

About its response in Kanpur city Dr Anand said 75 gynecologists of the city were members of the DMPA project. "These members are creating awareness among their patients about the effectiveness of DMPA contraceptive," stated Dr Anand.

He said DMPA contraceptive was 99.7 percent effective. It was a good option for women desiring gap between births, as it was totally reversible, with return to fertility in 5-6 months after the last injection.

Explaining other benefits, Dr Anand said that besides providing effective contraception, DMPA also improved women's health.

"It helps prevent iron-deficiency anemia, endometrioid cancer, reduces risk of cancer of ovaries, helps in preventing fibroid tumors of the uterus and pelvic inflammatory diseases," added Dr

**DIMPA a safe contraceptive**

PIONEER NEWS SERVICE IN KANPUR

The World Contraception Day was commemorative of the vision to ensure a world,



A seminar on DIMPA was held on World Contraception Day at Rankali Nursing Home on Monday.

**IC's received positive media coverage**

सबसे मुहूर्त कराय जानी के रि महिलाओं तक पहुंच बनाने के क्रम शादीशुदा महिलाओं के प्रतिभाग बीच परिवार नियोजन विधियों संबंध में अपने अनुभव एवं चिंताओं को व्यक्त किया।

के लिए बुलाया जाता है। महिला गोष्टियों के बारे में डिम्पा इंजेक्टबल

से विवाहित महिलाओं के लिए परिवार नियोजन से संबंधित सेवाओं के

अनुवाह है गर्भ से तीन माह की छुट्टी

गर्भाशय एवं अंडाशय के कैंसर से भी महिलाएँ सुरक्षित रहती हैं। डिम्पा जैसे कार्यक्रम की जरूरत पर निदेशक संजीव व्यास ने प्रकाश डाला।

injectable contraceptives. The modern 'female' should be well informed about the oral and injectable contraceptives available towards her for con-

allaying all fears is informed by Obsteric and ical Societies of SI) president, Dr ar while address- ing on the occasion. Day She said the theme ontraception Day e family planning and learn about it. She said the med at creating reas of the ben- eption for better and building a style. Du Kumar further a programme had countless young ffective family plan- it had also result- ed mortality rates health of young their children. She on this day these mps help young

**डिम्पा इंजेक्टबल संस्था की महिला गोष्टी में परिवार नियोजन पर की वार्ता परिवार नियोजन अपनाएं, खुशियां बढ़ाएं**

मधुरा। डिम्पा इंजेक्टबल संस्था परा परिवार नियोजन को बढ़ावा देने के लिए एक महिला गोष्टी का आयोजन किया गया। इसमें विवाहित महिलाओं और आंगनबाड़ी कार्यकर्ताओं द्वारा भाग लेकर परिवार नियोजन विधियों पर अपने विचारों को व्यक्त किया।

डिम्पा इंजेक्टबल संस्था की महिला गोष्टी में परिवार नियोजन पर की वार्ता

विवाहित महिलाओं और आंगनबाड़ी कार्यकर्ताओं ने लिया भाग

विवाहित महिलाओं और आंगनबाड़ी कार्यकर्ताओं ने लिया भाग

प्रतिभात विवाहित भारतीय गर्भनिरोधक विधियों का इस्तेमाल करती हैं और अंतर रखने के प्रभावी तरीकों का इस्तेमाल करती हैं। भारत में प्रत्येक तीन जन्म में से एक एक बच्चे का जन्म होता है। इन्हीं में से एक बेहतर उपाय है

जन्म तीन वर्ष के अंतराल से जुड़ा होता है। सीमित गर्भनिरोधक विकल्पों व उपलब्ध विकल्पों का काम इस्तेमाल इस अंतराल से कमी के लिए जिम्मेदार हैं। इसके लिए महिलाओं को जागरूक करना ही एकमात्र बेहतर उपाय है। यही कारण है कि महिला गोष्टी का आयोजन कर गर्भनिरोधक उपायों पर विचार कर महिलाओं को जागरूक किया जा रहा है। इन्हीं में से एक बेहतर उपाय है

डिम्पा इंजेक्शन, जोकि तीन महीने का सुरक्षित एवं सुविधाजनक गर्भनिरोधक इंजेक्शन है। कार्यक्रम प्रभारी संजीव व्यास ने बताया कि डिम्पा इंजेक्शन एक सुरक्षित एवं प्रभावी गर्भनिरोधक है जिसका प्रसारण 17.5 से अधिक देशों में 3.2 करोड़ महिलाओं द्वारा इस्तेमाल किया जा रहा है। महिला गोष्टी में भी डिम्पा प्रभारी आनंद पवन, डॉ. निरुपा गुप्ता, सुमन कात्रा, हुकुम सिंह समेत आंगनबाड़ी कार्यकर्ता उपस्थित थीं।



डिम्पा इंजेक्टबल संस्था की महिला गोष्टी में उपस्थित महिलाएं, आंगनबाड़ी कार्यकर्ताएं और संस्था की स्टाफ।

knowledge and then they have to undergo risky process of abortion or may even acquire some deadly disease like AIDS when going in for unsafe sex. She advised that a proper coun- sulting was required regarding spacing and delaying the birth in such adolescent girls and awareness towards proper method of contraception was required.

DIMPA representative Poonima Tiwari informed that the studies have shown that DIMPA was an effective acceptable contraceptive for adolescent females also who were at high risk for pregnancy

Dr Anand said that besides providing effective contraception, DMPA also improved women's health.

"It helps prevent iron-deficiency anemia, endometrioid cancer, reduces risk of cancer of ovaries, helps in preventing fibroid tumors of the uterus and pelvic inflammatory diseases," added Dr





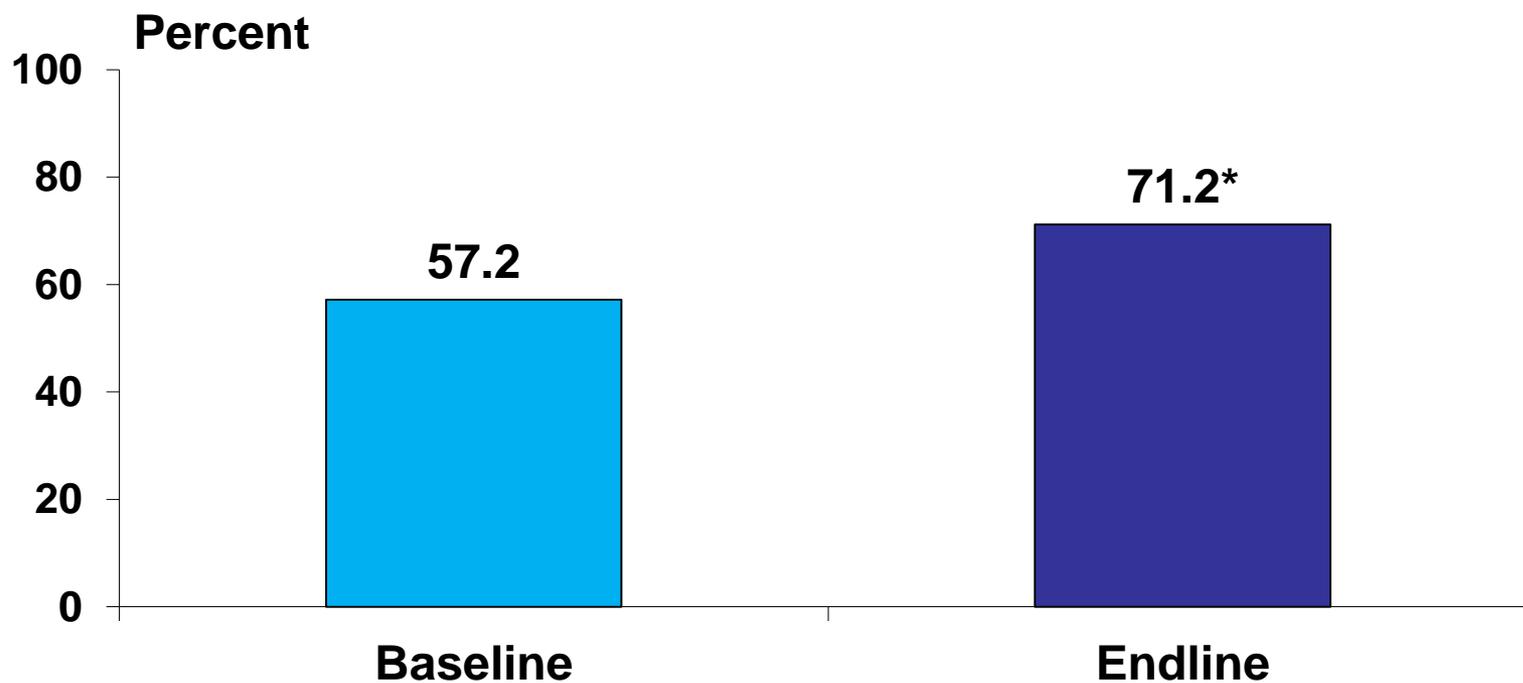
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# Market-based Partnerships for Health

M&E, Results

## Significant increase in % of network providers adhering to prescribed QoC standards

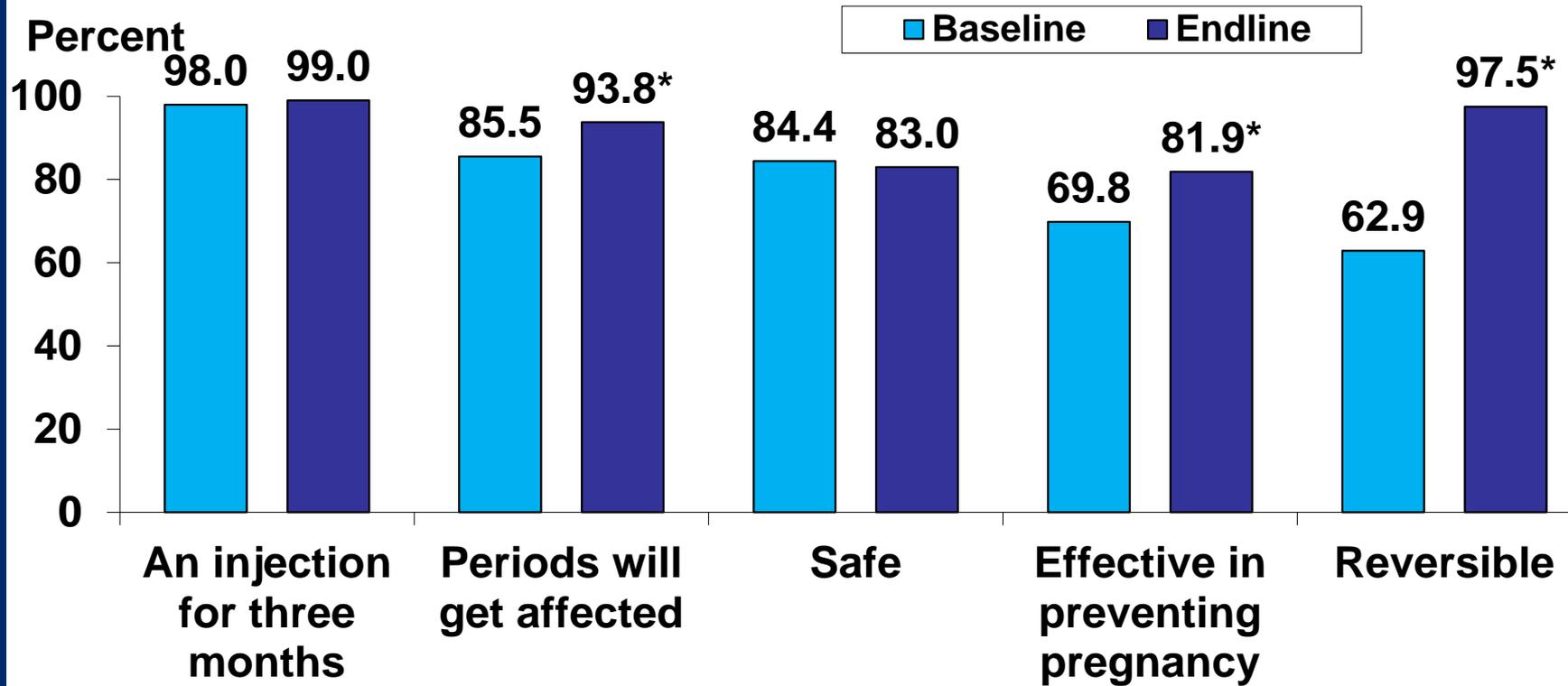
Positive attitude towards DMPA and screen client appropriately



\*: Significantly ( $p < 0.05$ ) different from baseline    Baseline = 159    Endline = 160

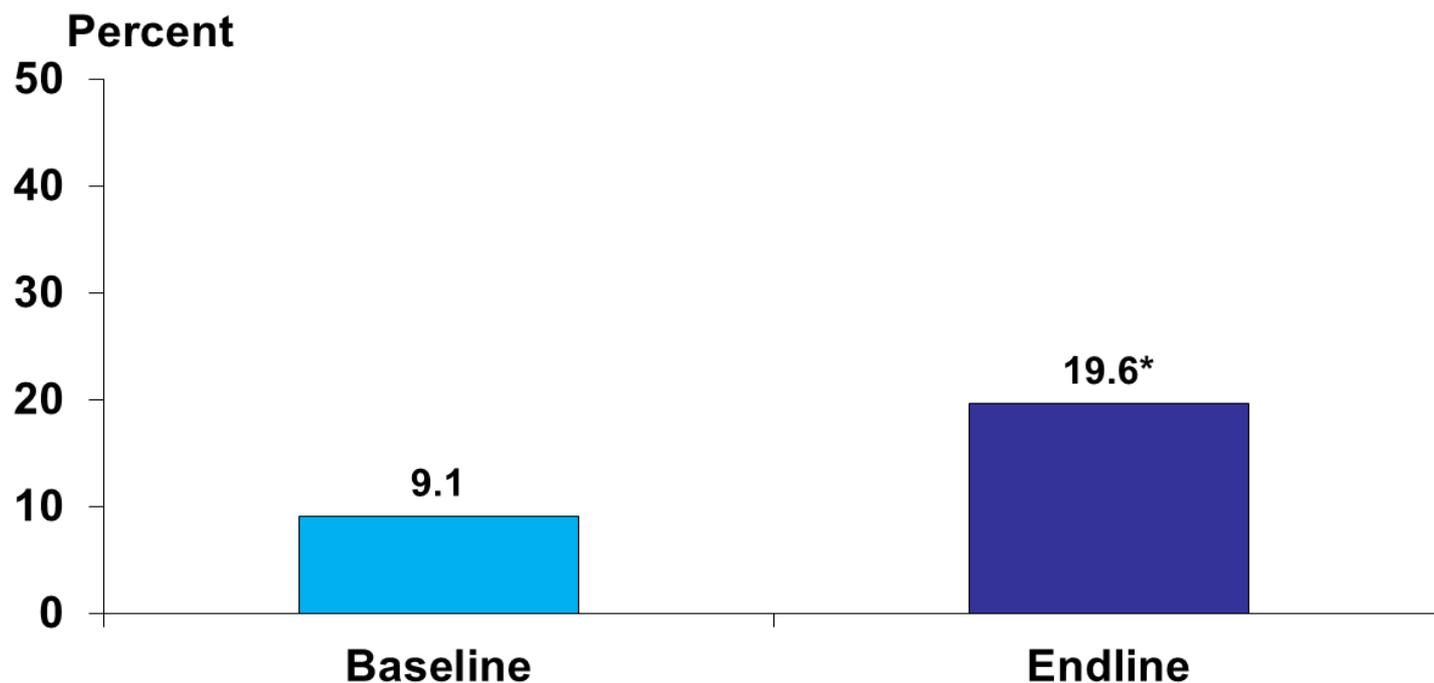


## Significant increase in % of network providers discussing specific aspects of DMPA



\*: Significantly ( $p < 0.05$ ) different from baseline      Baseline = 159      Endline = 160

## Significant increase in the awareness of a clinic where DMPA is available among women

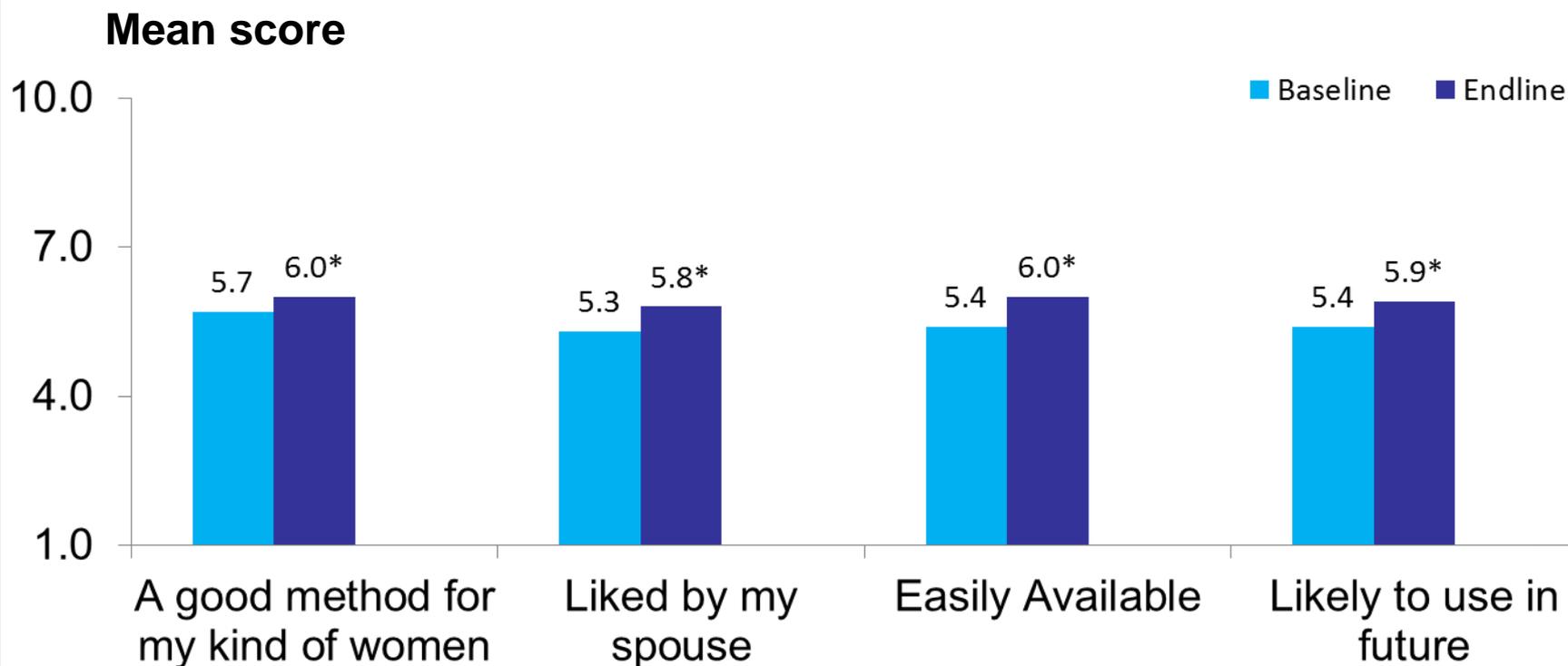


\*: Significantly ( $p < 0.05$ ) different from baseline

Baseline = 1646

Endline = 1761

## Significant Increase in Method Perceptions among women

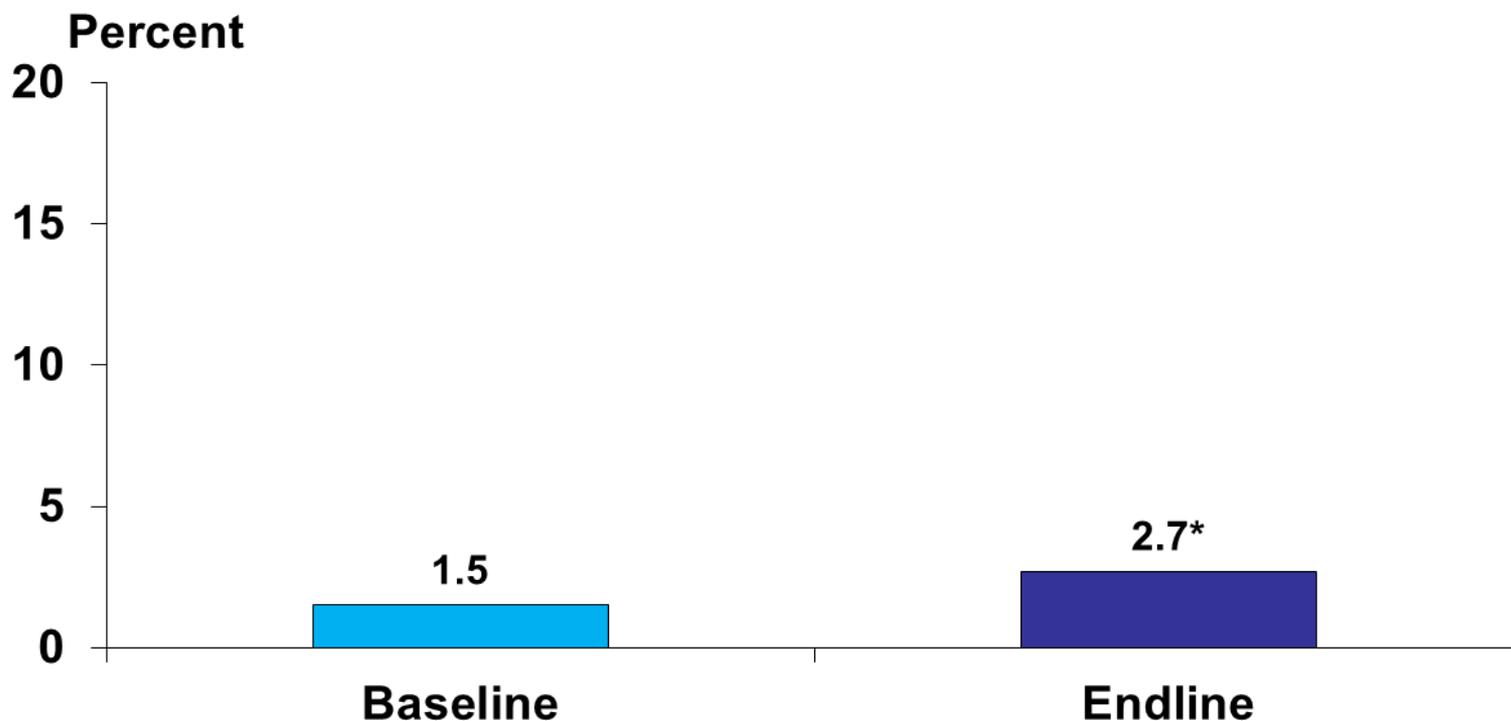


10 point scale: 10 – Completely agree 1 – Completely disagree

\*: Significantly ( $p < 0.05$ ) different from baseline

Among aware of injectable contraceptive (IC); Baseline= 1224, Endline =1151 52

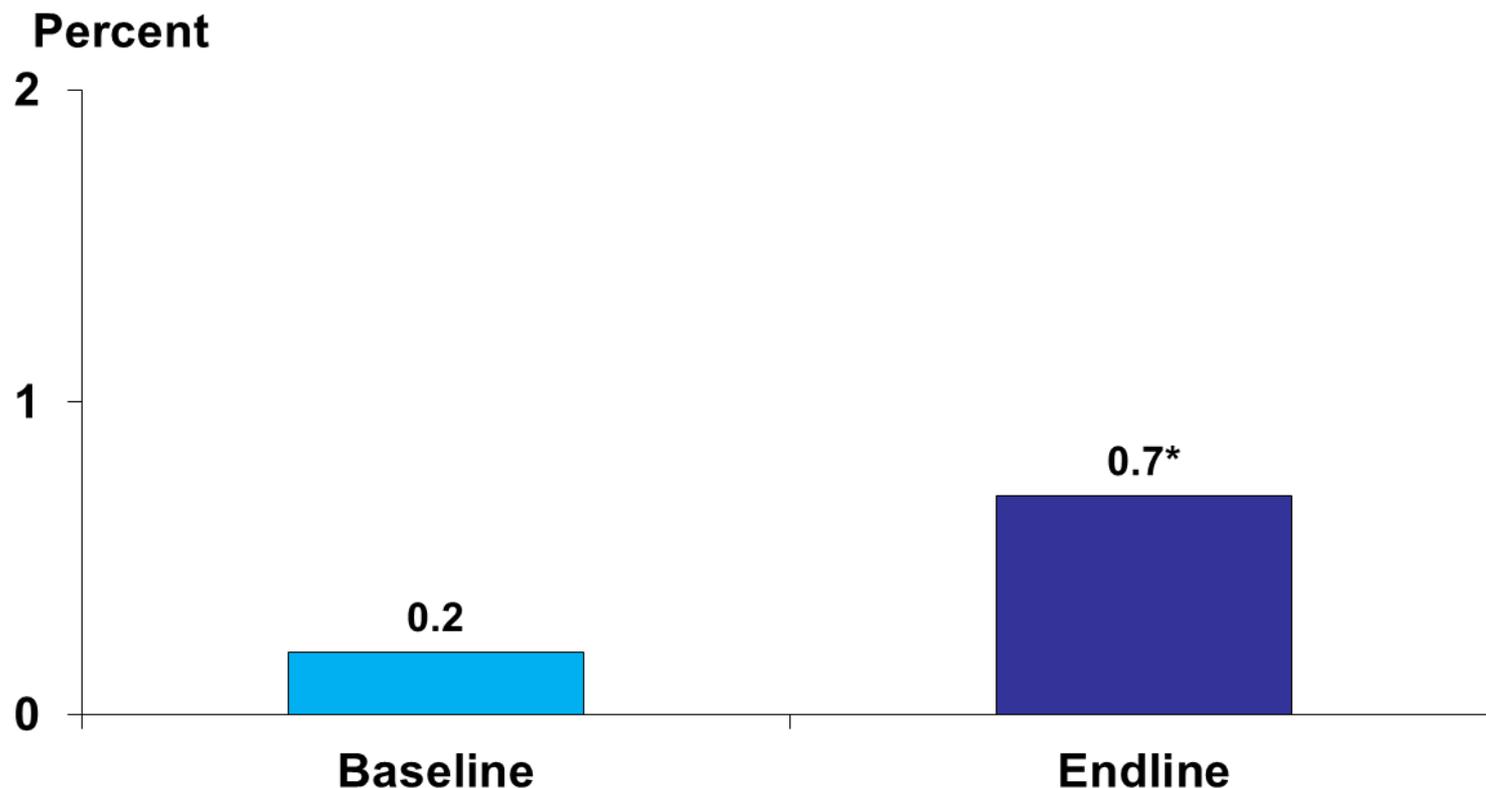
## Significant Increase in the Proportion who Intend to use Injectable



\*: Significantly ( $p < 0.05$ ) different from baseline

Among married, not pregnant & not currently using any method: Baseline =1528, Endline=1665

## Significant Increase in current use of injectable



\*: Significantly ( $p < 0.05$ ) different from baseline (Fisher exact test)

Baseline = 1646

Endline = 1760



## Contribution of Program Activities

S.No.	Activities	Baseline	Not exposed (Endline)	Exposed (Endline)
1	Ever use of injectable contraceptive (IC)	1.0%	1.1%	<u>3.9%*</u>
2	Know IC is for 3 months	26.4	21.5*	<u>50.0*</u>
3	Perceived availability@ (Mean Score)	5.4	6.0*	5.6
4	Aware of a clinic where DMPA is available	9.1%	15.3%	<u>29.9*</u>
5	Intend to use injectable in near future	1.5%	1.7%	<u>6.6%*</u>

Evidence of program contribution

\*: Significantly ( $p < 0.05$ ) different from baseline  
Underline: Significantly different from not exposed

@: Measured in the scale of 1-10  
N: Baseline=1646, Not exposed=1538  
Exposed=223



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**Sustainability**

## Plan for Network Sustainability

- Dimpa network is a diffused network with fractional ownership
- No support to ICs from government
- Strategy is to transfer ownership of materials developed by program for use by marketers of DMPA or by donor funded programs

## Provider Capacity Building

- ‘*Dimpa Champions*’ – a mentoring mechanism established in 2011
- 3 to 5 doctors with highest DMPA offtake in each program town identified and appointed as DCs to mentor other network doctors
- Paramedic training module developed by the program successfully integrating in GNM course of leading private nursing colleges



## Communication

- Program offers communication materials, job aids and client tracking tools to all partners
- Marketers of DMPA, such as Pfizer, DKT, Janani and PSI already adapting these materials
- Janani has been airing the TVC and radio spots in Bihar and Jharkhand since 2011
- Janani has incorporated Dimpa helpline numbers on Pari packs
- Abt is using its experience in Packard funded IC program in Bihar



## Marketers Using Communication Materials, Job Aids & Data Collection Tools Developed by Program





**गर्भनिरोधक पर सवाल करने से शर्माए मत डॉक्टर से बेहतर आपको कोई नहीं जानता**

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साथ • सुरक्षित • सुविधाजनक

सही डॉक्टर से सवाल कर बात सीमित



जब डॉक्टर नहीं उपलब्ध तब हैल्पटाइन करेगी मदद

डिम्पा प्रयोगकर्ता किसी भी जानकारी के बिना किडिया हैल्पटाइन पर कॉल करे।  
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**dt Depo-Kaoc**




**बेफिक्र रहो, खुलकर जियो**

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जब वारी हो दूसरे डॉक्टरजन की अगर आपको पहले डिम्पा डॉक्टरजन की टीम महीने पूरे हो गये हो। तो अब आपन ही डिम्पा पर दूसरा डॉक्टरजन सम्झना चाहा। ऐसे अवसर डॉक्टरजन से हल्की सलाह लेना 2 से 3 हल्की सलाह की सलाहना ना करना है।

- किसी डॉक्टरजन अगर 4 महीने से ज्यादा समय हो गये तो आपको नम से वारो के बिना डॉक्टर जनके के समय डिम्पा कमीशन पर कॉल करे।
- दो हो गये तो आपको डॉक्टरजन सम्झना किसी डॉक्टर के पास जाये। दो गये तो आपको डॉक्टर जनके के पास डॉक्टरजन सम्झना। अगर नमोनी से हो तो भी आपको डॉक्टरजन सम्झना ना करना है।
- जब तक वारन न चले, हर तीन महीने पर डिम्पा नमोनीकरण डॉक्टरजन डिम्पा से सम्झनी रहे और जब नमोनी टैबल चले तो 9-10 महीने पहले डॉक्टरजन सम्झना करे करे।

डिम्पा के सिचरिटीमे में डॉक्टर ये क्या लिखे।

- जब आपको 3 महीने तक दूसरा डॉक्टरजन सम्झना हो
- जब आपको नम में कोई प्रॉब्लम ना आये हो
- जब कोई डॉक्टरजन सम्झना सम्झना आ रही हो
- जब आपको लगे की अब नमोनी ही

क सुनिश्च करेकी नमो के वारन में सुनिश्च करे की का दूसरा डॉक्टर (USAID) द्वारा नमो रहे। इस सुनिश्च में ही नमो करेकी लोसिगल डॉक्टर डॉ. आ. बी. नमोनी से और पूरे वारन में डिम्पा (USAID) 9 सुनिश्च करे वारन के बिना के वारन करे करे।

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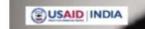



**आप है 'डिम्पा' नारी डॉक्टर या हैल्पटाइन देगी आपको सारी जानकारी**

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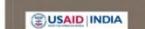
**Pfizer**




**पति पत्नी की दूरियां घटे डिम्पा की जानकारी से**

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**लारे आपको उनके करीब डिम्पा है उपाय सही**

कही आपका प्रेजेन्सरी का डर आपको उनसे दूर रहने को मजबूर तो नहीं कर रहा? आज ही अपने स्त्री हेम रिजिजन की सहाद से डिम्पा ही गर्भनिरोधक इंजेक्शन डिम्पा अपनाए और 3 महीने के लिए बेफिक्र हो जाए।

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अब डिम्पा के बारे में रहें निश्चित

अपने डॉक्टर से पूछें

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**तिमाही गर्भनिरोधक इंजेक्शन**

PROCOSTERON (Progesteron, Act. 100 mg)

DMPA can be given to all women except in the following conditions:

1. Breast feeding infant less than six weeks.
2. Multiple risk factors for arterial thromboembolic disease (age above 35 years, smoking, diabetes and hypertension).
3. High blood pressure (systolic blood pressure > 160/100 mm Hg).
4. Severe disease.
5. Current or recent thrombosis or pulmonary embolism.
6. Current or history of hepatic/renal disease.
7. History of stroke.
8. Pregnancy or suspected pregnancy (contraindication for implantable progestin-only contraceptives).
9. Current or past history of breast cancer.
10. Caution in women with 20 mg progesterone equivalent daily oral progestin therapy (contraindication for implantable progestin-only contraceptives).
11. Active or suspected malignancy (not contraindication for subcutaneous progestin).

Jan	1	8	15	22	29	Feb	5	12	19	26	Mar	4	11	18	25	
Sun	2	9	16	23	30	Mon	6	13	20	27	Tue	5	12	19	26	
Tue	3	10	17	24	31	Tue	7	14	21	28	Tue	6	13	20	27	
Wed	4	11	18	25		Wed	1	8	15	22	Wed	7	14	21	28	
Thu	5	12	19	26		Thu	2	9	16	23	Thu	1	8	15	22	29
Fri	6	13	20	27		Fri	3	10	17	24	Fri	1	8	15	22	29
Sat	7	14	21	28		Sat	4	11	18	25	Sat	3	10	17	24	31

PSI Population Services International, "Sai Kripayatan" Ashyana Digha Road, Ramnagar More, Patna - 800025

## Product Availability

- Growth of category and increasing completion has resulted in seven brands of DMPA with reduced prices
- There are today three manufacturers of DMPA in India
- Program has shared data of network clinics and pharmacists with product partners for inclusion in their regular beat plan

## Helpline

- Sustainability plan for helpline has been developed
- Pilots to be designed for cost reduction as well as revenue enhancement strategies
- DKT supporting helpline outbound calls and discussions underway with other marketers/programs

## Lessons Learned

- Once network established, it requires minimal support for providing quality services
  - Ongoing support can include providing job aids and mentoring mechanisms
- Very few doctors motivated to maintain client data as found to be unnecessary and tedious
  - Innovating with new record keeping mechanisms and shifting responsibility to clinic staff can help improve recording of data
- Shifting counseling task from doctor to paramedics can better address missed opportunities
- ICT interventions can help improve continuation rates
  - Helpline can be a good mechanism to design such interventions around as it offers anonymity and efficiency
  - Timely collection and quality of data is important for success of an intervention for improving continuation rates



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# Market-based Partnerships for Health

**Recap**

## PSP-*One* Recommendations

R1: Expand provider network base

R2: Improve mass media and IPC campaigns reach and frequency

R3: Special efforts needed to achieve follow-up of DMPA clients

R4: Advocacy efforts need to be more proactive and visible

R5: Facilitate the integration of DMPA into public health system

## MBPH Key Achievements

- Network expanded from 1,058 in PSP-*One* to 1,546 in MBPH; 11,727 providers trained
- IPC reach in MBPH (591,497 women) increased by 6 times from PSP-*One*
- Reach of mass media in '11 (8,069,410) increased by 3 times from '09 (3,413,000)
- Innovations: New client tracking cards, use of ICT (outbound calls) & integration of *Mahila Goshthies* and Health Camps
- ARC founder member & active participant; sharing research data & participating in USAID-led studies
- MBPH facilitated discussions within ministry to include injectable in family planning basket by sharing experiences on delivery of DMPA in private sector

## Summary (1/2)

- A private sector provider network to promote injectable contraceptives (DMPA) to expand contraceptive choices available to couples in urban Uttar Pradesh, Uttarakhand & Jharkhand
- DMPA on the threshold of being a widely accepted method in project area
  - Significant increase in use of DMPA among currently married women aged 15-49 years
  - Large network of providers offering DMPA with high QoC
  - No backlash from activists in spite of national mass media advertising
  - Market catalyzed: Increased number of marketers, reduced price
  - Increased donor interest in supporting DMPA in India
  - GoI considering inclusion of DMPA in the public health system

## Summary (2/2)

- Outbound calls – an innovative mechanism to increase continuation rates
- Comprehensive demand generation, capacity building & in-clinic tools developed, being used by many other organizations now
  - The project produced the only mass media category promotion campaign produced; being aired by SMOs
  - Many innovative in-clinic counseling & follow-up tools
  - Other donors / partners interested in supporting the Dimpa helpline
  - MBPH has provided training support to Janani (Bihar)



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**Thank You!**