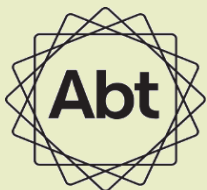


# Using mobile phones to increase continuation rates of DMPA

## Learning from SHOPS India

**Ramakrishnan Ganesan, COP, Abt Associates India**



**SHOPS is funded by the U.S. Agency for International Development.**  
**Abt Associates leads the project in collaboration with**  
Banyan Global  
Jhpiego  
Marie Stopes International  
Monitor Group  
O'Hanlon Health Consulting

# Introduction

- DMPA cleared for marketing by Drug Controller General of India in 1993
- Despite evidence on the safety and efficacy of DMPA, the product is mired in controversy, and not part of the basket of contraceptives offered by the public health system
- Program Objective: Expand contraceptive options available to couples in India, through introduction of DMPA through a network of private providers (the *Dimpa* network)

## Centre to stop promoting injectable contraceptives

### BLACK DIAGNOSIS

Health ministry has been conducting clinical trials on injectable contraceptive Depo Provera. US feds and drug administration has mandated the contraceptive, believed to have serious side-effects, carry a 'black box', the agency's most severe warning.

#### Adverse effects of Depo Provera

- Decreases mineral bone density, particularly dangerous for Indians as they have low bone density
- Increases risk of contracting sexually transmitted infections, hinders progress to AIDS if user HIV-positive
- Premature menopause
- Irreversible atrophy of ovaries
- Death due to formation of clots in blood vessels
- Possible increase in chances of user producing child with Down Syndrome
- Increased chances of death in children born to user
- Increase in the risk of breast, cervical cancer
- Baby born to former user may be unhealthy

By Latta Panicker/TNN

New Delhi: Shocking to couples who rushed to women's activities after the health minister's assurance, the public health system has been in a quandary at whether to introduce injectable contraceptives in its free-of-charge family planning programmes.

Health secretary P K Hota's control and regulation of women activities led by Bharati Kher, CPM, led health minister and members of the All India Democratic Women's Association (AIDWA). The minister also warned the health minister to stop using and limited trials of the contraceptive Depo Provera because of its severe side-effects.

The US Food and Drug Administration recently announced that Depo Provera, a black box, the agency's most severe warning. The new label should inform users of Depo's adverse effects. Depo causes a significant decrease in mineral bone density and also should be used only by women unless other forms of birth control are insufficient.

But WHO's recent statements that other studies show that Depo users are at a minimal risk of contracting sexually transmitted infections. A joint study, funded by

the National Institute of Child Health and Human Development and Centers for Disease Control, found that the use of Depo increases the risk of a woman's chance of contracting cytomegalovirus and gonorrhoea.

A study published in the January and is sure of the danger of injecting contraceptives found a correlation between injecting hormonal contraceptives, both injectable and oral, and human immunodeficiency virus (HIV). The study further concluded that the use of Depo, the form of HIV transmission has been the rate of disease progression. With the rise in HIV-related deaths, the report further said that Depo increases the risk of contracted STIs and hepatitis B, two critical.

Concerns over the promotion of Depo as a viable contraceptive choice have been voiced by women's groups and health groups for the past few years. It is a severe side-effects that could occur.

However, in the light of new research, women's groups and health groups feel that it should be marketed to continue clinical trial on Indian women. The government has been urged to stop promoting Depo Provera. The use of Depo Provera has been found to be the risk of increased transmission.



# The *Dimpa* Network

- Private practitioners (mostly Ob-Gyn, female GPs) who agree to offer DMPA as one of the contraceptive options to their clients
- Doctors & paramedical staff trained on provision of DMPA (WHO eligibility criteria, counseling)
- On-going supportive supervision of clinics, in-clinic and consumer promotion of DMPA

**A *Dimpa* network clinic in UP**



# Phases of the *Dimpa* Program

I

- **Demonstrate feasibility:** Does training of private providers and product linkages result in an expanded basket of contraceptives being offered to clients?
- **Pilot:** 3 towns, 105 clinics; 2003-04

II

- **Develop mechanisms for scale:** Can we maintain the same quality at scale? What management processes are required?
- **Scale-up:** 19 towns, 505 clinics; 2004-07

III

- **Test demand generation themes and platforms:** Test communication themes and platforms, check if these evoke reactions from interest groups
- **Intervention coverage:** 45 towns, 1200 clinics; 2007-09

IV

- **Identify and develop solutions for high discontinuation rate:** Can rapid increase in mobile phone usage offer an opportunity for client follow-up and reassurance?
- **Intervention coverage:** 34 towns, 1200 clinics; 2010-13

# Telephone-based follow-up mechanism

## Rationale

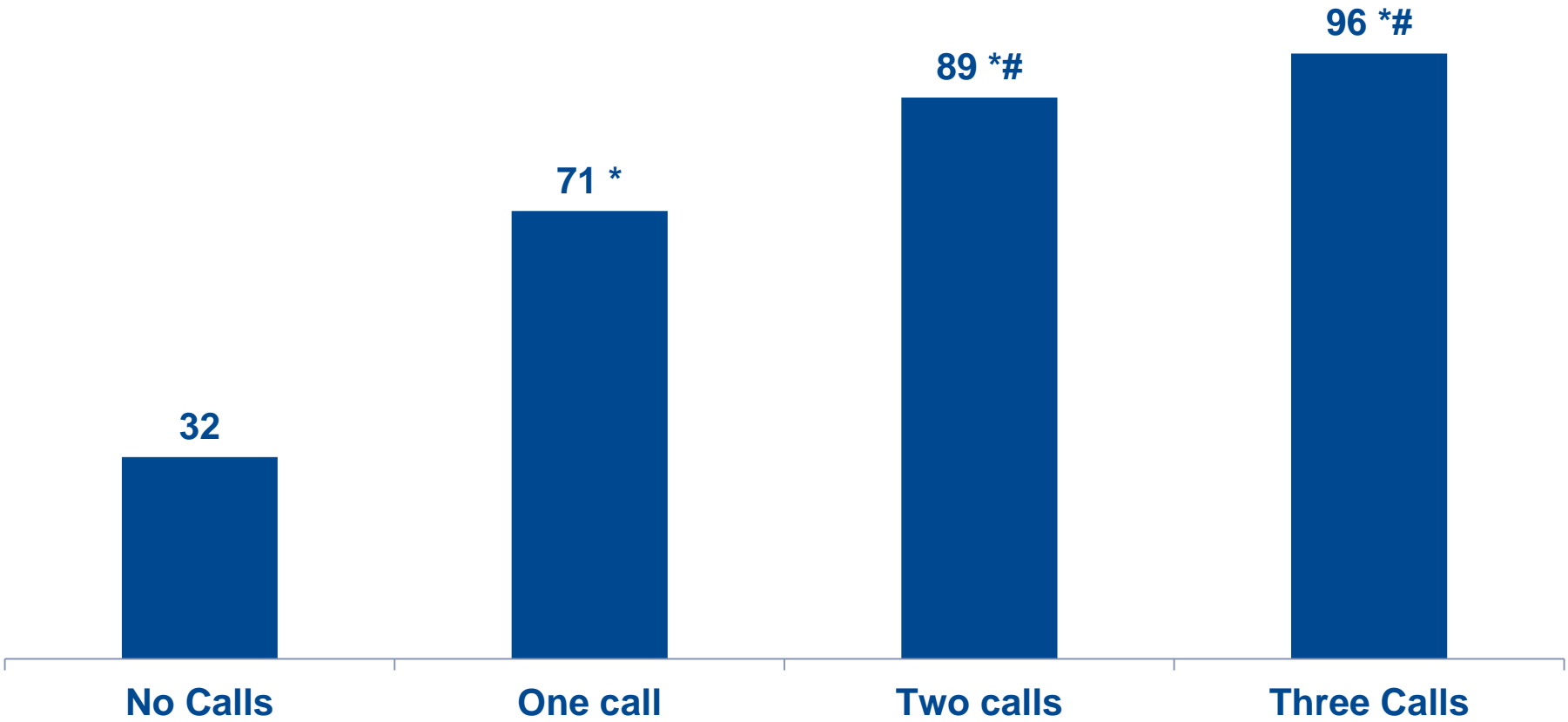
- **Need:** A key challenge to increasing use of DMPA is the high discontinuation rate, particularly after initial dose
- Providers' perspectives
  - Hesitate to offer DMPA to all clients – selectively offer DMPA to those ‘assessed’ to be capable of understanding side-effects
  - “For methods like OCPs and IUDs when a woman accepts the method, I often see her friend or another family member asking for the method. This rarely happens for DMPA”
- Clients' perspectives
  - Being advised on potential side-effects at the time of opting for the method is necessary but not sufficient. When experiencing the effects, women expect confirmation / reassurance
- **Opportunity:** Rising household ownership rates of mobile phones (~50% in 2010; ~80% in 2013)

# Pilot Test (2010 – 11)

- Call-back to new adopters of DMPA who own mobile phones and consent to receiving calls
- Four levels of inputs, all prior to 2<sup>nd</sup> dose
  - No call-back
  - One reminder call 15 days prior to 2<sup>nd</sup> dose
  - Additional counseling call one month after 1<sup>st</sup> dose
  - Additional counseling call one week after 1<sup>st</sup> dose
- Continuation to 2<sup>nd</sup> dose confirmed via telephone 2 weeks after 2<sup>nd</sup> dose was due
- Phone numbers of clients recorded by clinic staff, collected by a team of data collectors and digitized centrally

# Results

% continuing to 2<sup>nd</sup> dose



\* Significantly different from 'No Calls' (p<0.05)

# Significantly different from 'One Calls' (p<0.05)

# Scaling-up the Careline through SHOPS

- Developing a counseling algorithm
- Tools to create demand for the Careline
  - Focused communication to doctors and paramedics at *Dimpa* network clinics
- Mechanisms to streamline enrollment
  - Automated registrations



# Through a health & agriculture focused call center

- The Careline implemented by Indian Society of Health Professionals (ISHP)
  - Small-scale social enterprise
  - Experience in providing telephone-based services in agriculture and health
  - Lead by a health professional
- Call-center in Lucknow (UP)
- Counselors selected and trained jointly by Abt and ISHP



# Triggering Registrations

*“Give us a missed-call along with your DMPA injection”*



**IEC materials**

**Dimpa User**



**Community Outreach**



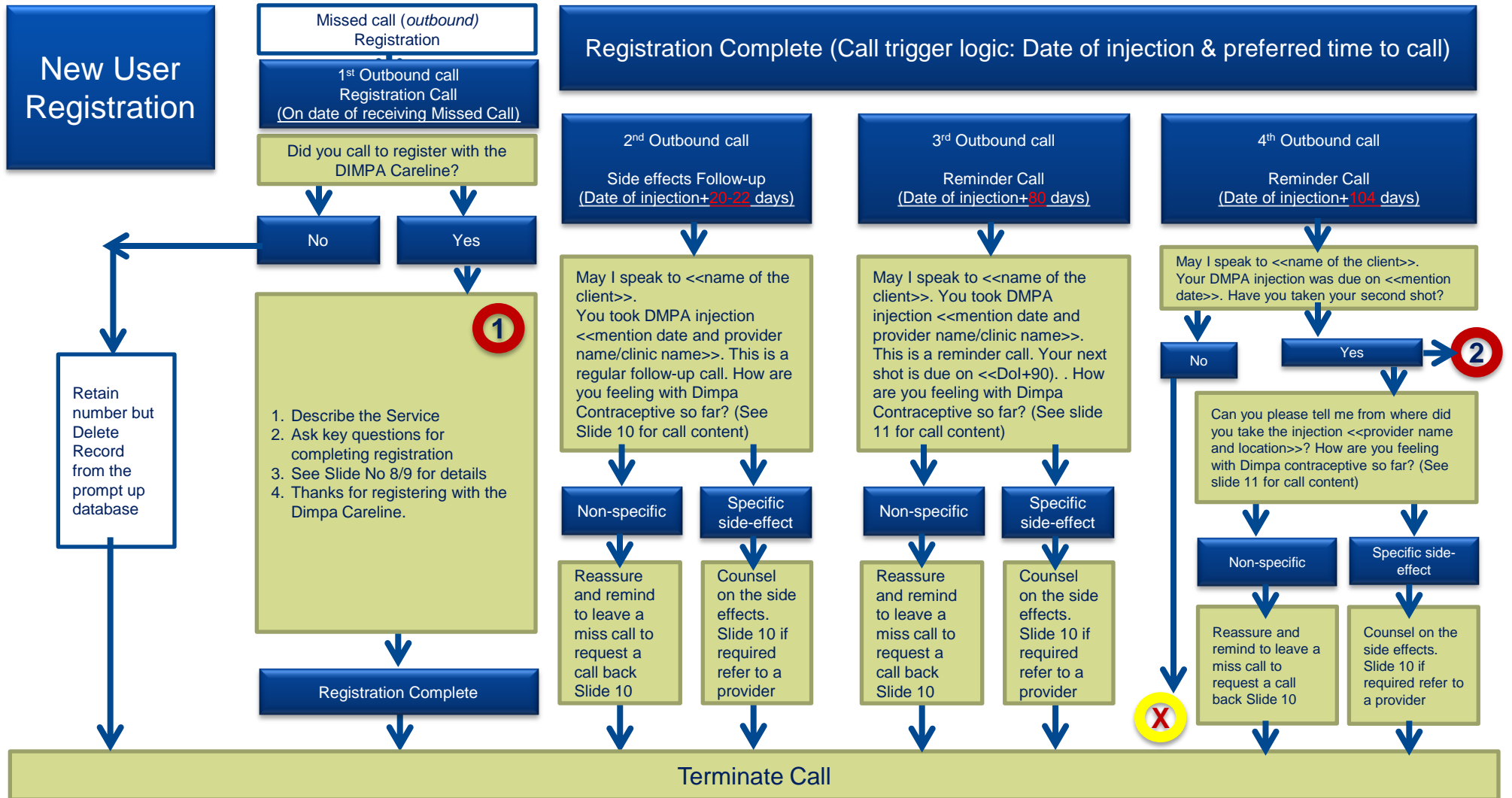
**Counseling at provider  
clinic**

# Call-back sequence

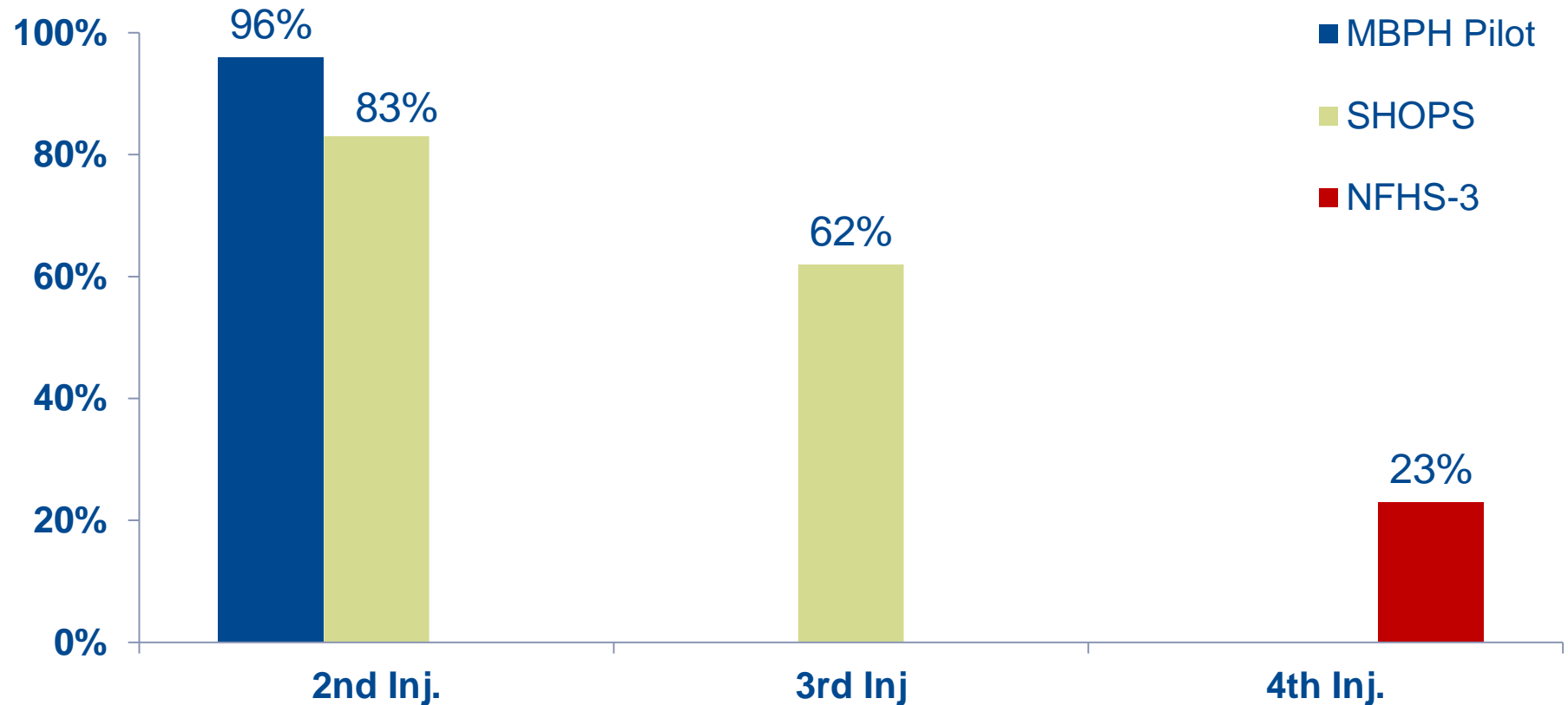
- Call 1: Registration Call Day 0
- Call 2: Follow-up call about side effects Day 21
- Call 3: Reminder of due date of 2<sup>nd</sup> injection Day 76
- Call 4: Confirm continuation to 2<sup>nd</sup> injection Day 104
- Call 5: Reminder of due date for 3<sup>rd</sup> injection Day 166
- Call 6: Confirm continuation to 3<sup>rd</sup> injection Day 194
- Call 7: Reminder of due date for 4<sup>th</sup> injection Day 256
- Call 8: Reminder of due date for 4<sup>th</sup> injection Day 284

(Provision up to 2 calls per client for additional side-effect counseling requirements)

# Careline Counseling Algorithm



# Early Results



- **NFHS-3 (2005-06), All India**
- **SHOPS Data for 2<sup>nd</sup> Injection; N = 37**

# Adoption and Replication of the Careline

- **Adoption**

- Independent assessment by MSI rated the DMPA call-center as one of the best in India
- The processes and counseling algorithm has been adopted by MSI, PSI, Janani, IRH (most have contracted the SHOPS supported call-center operator)
- The Abt-led DMPA promotion project in UP and Bihar (BMGF & Packard) will use the Careline for DMPA and IUDs

- **Replication**

- The Careline now being used to support IUD users by SHOPS Jordan
- Similar mechanism being implemented to support adherence to TB treatment in India
- Early discussions on supporting Frontline health worker performance through telephone-based follow-up

# Summary

- Leadership, counseling algorithm and training key in ensuring quality of call-center operations
- Telephone-based follow-up improves DMPA continuation rates; becoming an 'industry standard' across different health areas

# Thank You

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