Evaluation of Dimpa Injectable Contraceptive Network in India

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Structure

- Genesis of the Dimpa program
- Program Objective
- Key interventions
- Methods of evaluation
- Results
- Implications
- Lessons learned

Genesis of the *Dimpa* program

- DMPA – a 3-monthly injectable contraceptive – cleared for marketing by Drug Controller General of India in 1993
- The product faced hostile environment
  - Misinformed opposition from women's rights group questioning safety and quality of provision
  - Triggered Govt. towards non acceptance of DMPA as a part of the basket of methods in the FP program
  - Low awareness among clients and health care providers
- Continuing USAID's commitment to expanding contraceptive options available to couples in India:
  - Decision to support introduction of DMPA through the private sector
  - Project to demonstrate the feasibility of providing DMPA and consumer acceptance; build evidence to support inclusion of DMPA in the national program

Objective of the *Dimpa* program

Increase overall use of modern reversible contraceptive methods by introducing DMPA to the method mix of contraceptive choice through a network of qualified private providers

Key interventions

Creating & Capacity Building of Network of Private Qualified Providers

The Dimpa Clinic

Mostly Ob-Gyn, female GPs

Demand Generation through Mass Media & Outreach

Building Partnerships with Commercial & Social Marketing Agencies

From 3 towns, 105 clinics, by 2003
to
45 towns, 1200 clinics, by 2009

Developing & Implementing Dimpa Telephone Helpline

Ob-Gyn: Obstetrician / Gynecologist , GP: General Physicians

Methods of evaluation

- Quantitative studies
  - Networked providers
    - Baseline: 159 providers, August 2009
    - Endline : 160 providers , October 2011
  - Currently married women aged 15-49 & not-sterilized
    - Baseline: 1646 women, April 2009
    - Endline : 1760 women , December 2011
- Sales reports of Dimpa network clinic & chemist
- Helpline data :
  - Post user support: Continuation rate among users registered at Helpline, number of users who received services
  - Inbound call: Profile of callers, information sought on type of FP methods

Results

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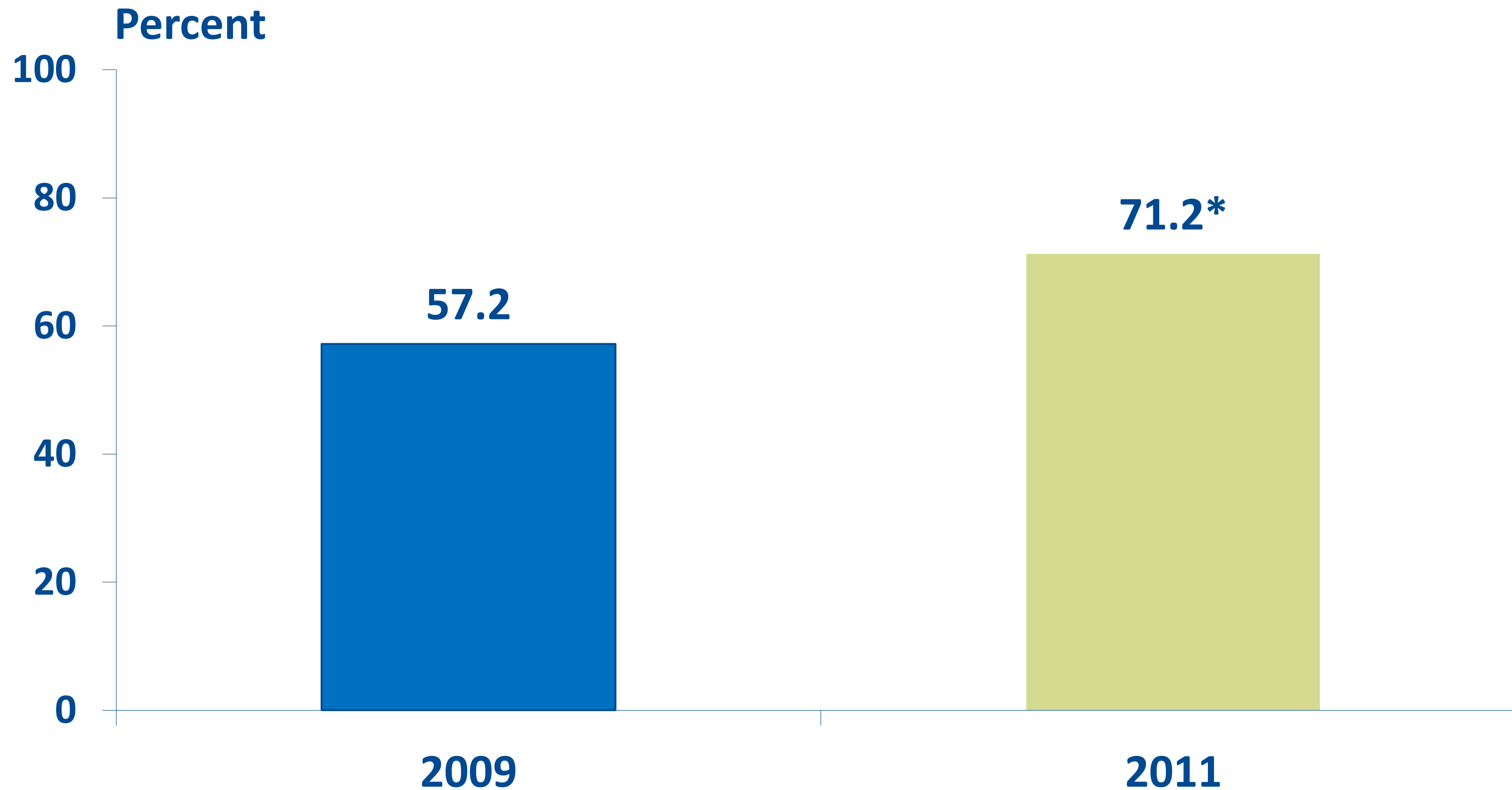
Significant increase in % of providers adhering to prescribed QoC standards



QoC standards : Discussed DMPA and at least one other FP method spontaneously and screen client appropriately (menstrual history taken and age of the youngest child and currently breastfeeding was asked)

*: Significantly ($p<0.05$) different from baseline   N (2009)=159, N (2011)=160

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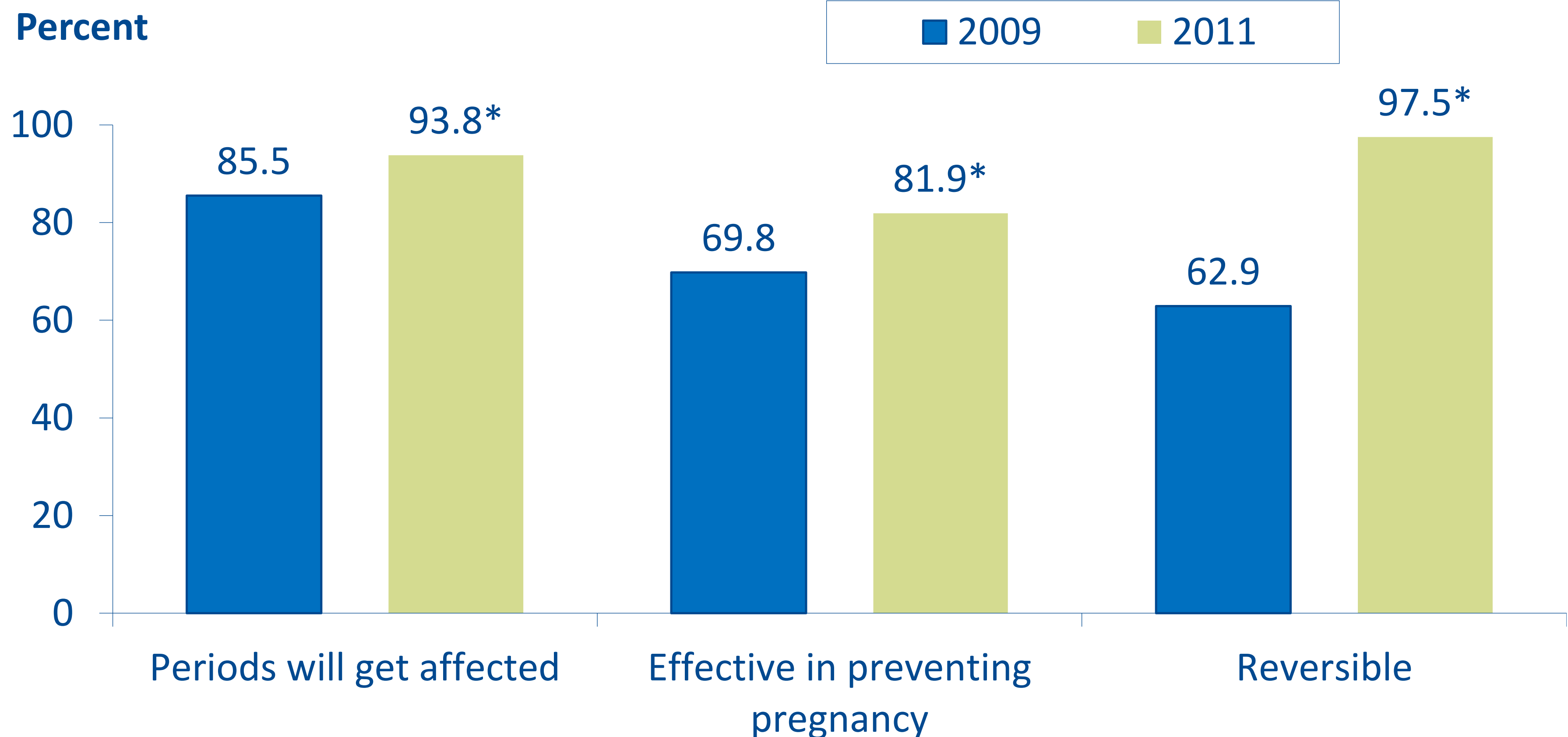
% of providers discussing specific aspects of DMPA is high [b]



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

b: Significantly ($p<0.05$) different from the benchmark

N (2009) =159 N (2011)=160

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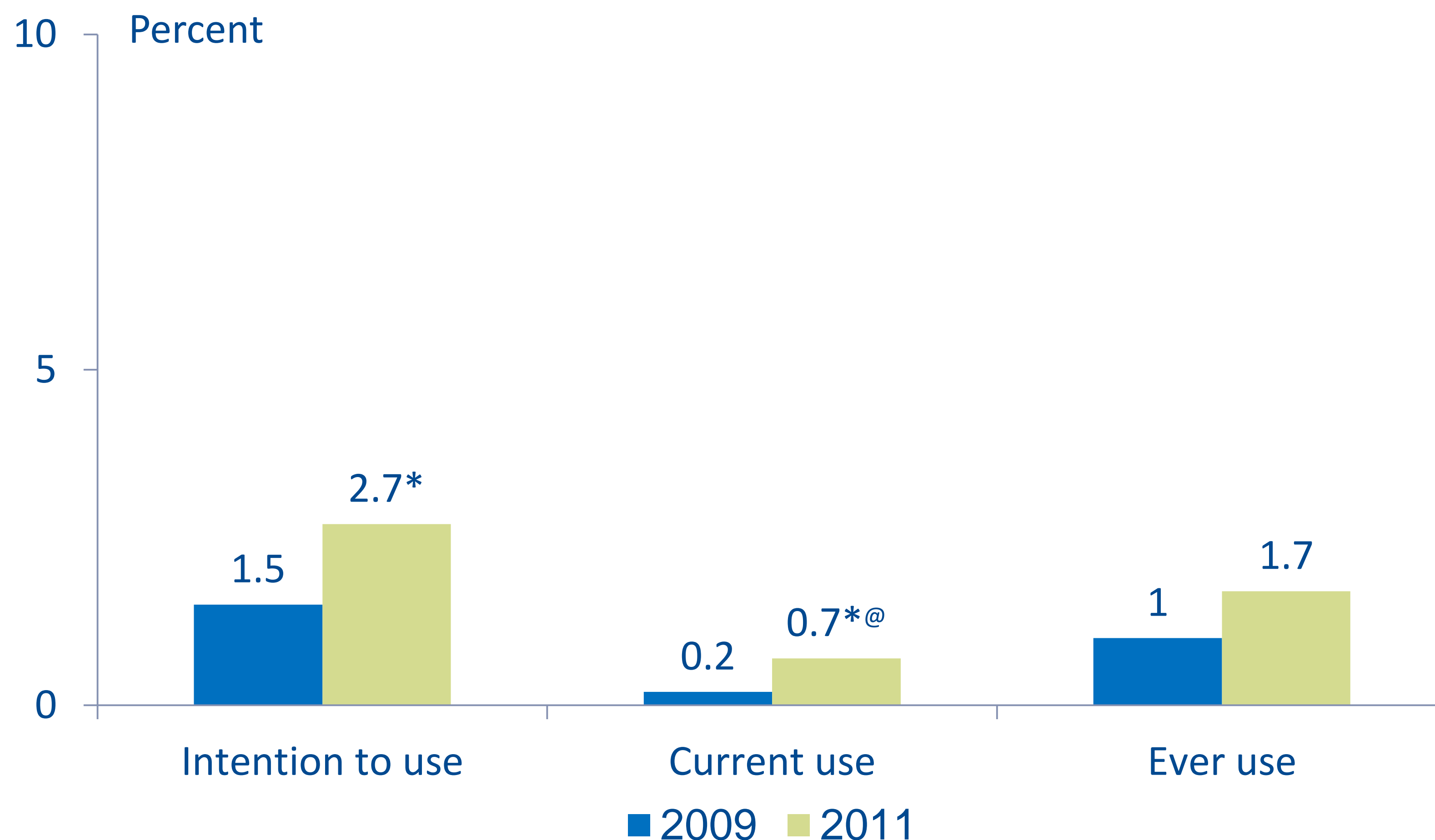
Intention to use, current use and ever use of DMPA among currently married women



*: Significantly (p=<0.05) different from baseline
(@: Fisher exact test)

N (2009) =1646 N (2011)=1760

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Contribution of program activities

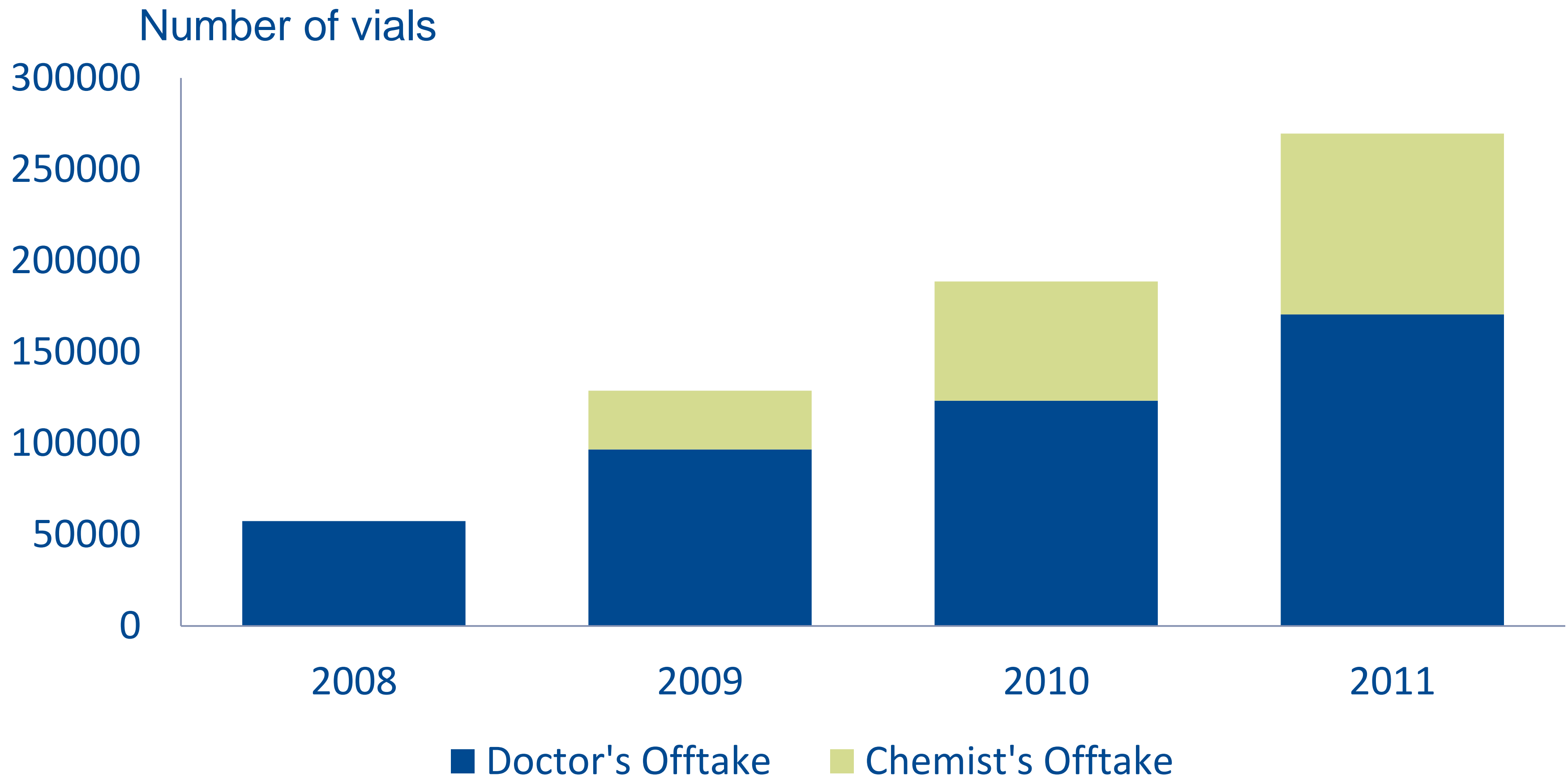
S.No.	Activities	Baseline	Not exposed (Endline)	Exposed (Endline)
1	Ever use of injectable contraceptive (IC)	1.0%	1.1%	3.9%*
2	Aware of IC	74.0%	67.7*	80.6**
3	Know IC for 3 months	26.4	21.5*	50.0*
4	Aware of a clinic where DMPA is available	9.1%	15.3%	29.9*
5	Intend to use injectable in near future	1.5%	1.7%	6.6%*

Evidence of program contribution

*: Significantly (p=<0.05) different from baseline
**: Significantly (p=<0.10) different from baseline
Underline: Significantly different from not exposed

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

Sales from network clinics and trained chemists counters grew approx. 70% year-on-year basis*



*Source: MIS sales data

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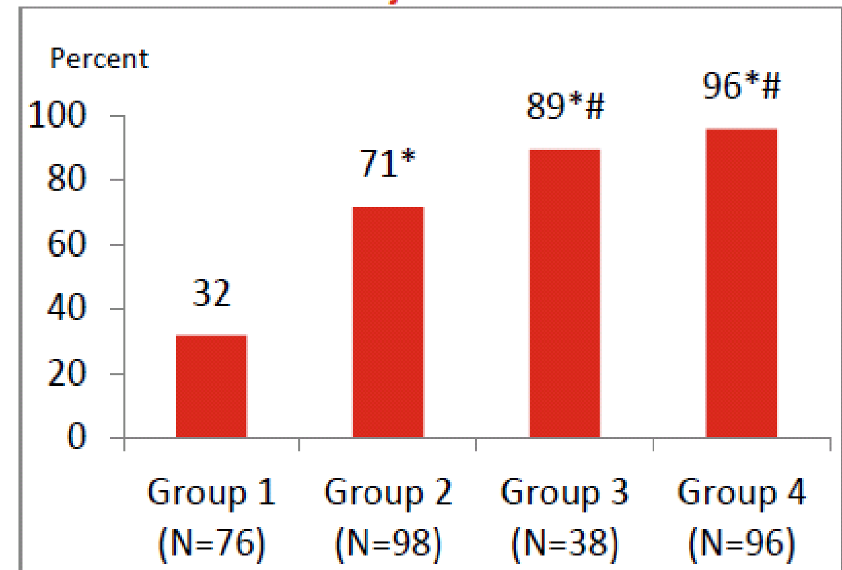
Telephone-based support to DMPA users increased continuation of the second injection*

Group 1: First time users who did **not** receive any calls

Group 2 (one call) : Received a reminder call two weeks before the due date of the next injection

Group 3 (two calls): Received, in addition, a counseling call one month after their injection

Group 4 (three calls): Received, in addition, a reassurance call one week after their injection



* indicated significantly different from Group 1 ($p \leq 0.05$) # indicated significantly different from Group 2 ($p \leq 0.05$)

*Results from a pilot test

Program implications and lessons learned

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Program implications

- DMPA is at the threshold of being a widely accepted method
- Significant increase in use of DMPA among currently married women aged 15-49 years *
  - Large network of providers offering DMPA with high QoC (improved from 51% to 71%)**
  - No backlash from activists in spite of national mass media advertising
- Market catalyzed
  - Increased number of marketers, *one to five*
  - Reduced price *from $4-6 per vial to $1-2 per vial*
- Increased donor interest in supporting DMPA - Gates, Packard in India

* ***MBPH end-line target group survey***
** ***MBPH Mystery Client survey***

Lessons Learned (1/2)

- The 'network' approach vs. training
  - The Network acts as a support community, important source of reassurance & confidence
- Follow-on training & support provides tangible difference in provider performance
- Once network is established, it requires minimal support for providing quality of services
- Shifting counseling task from doctor to paramedics can better address missed opportunities

Lessons Learned (1/2)

- It is more appropriate to position FP networks as a way to increase client satisfaction, not just increased client flow
- ICT interventions can help improve continuation rates
  - Helpline is 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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Thank You

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