

Introducing a New FP Method through the Private Sector: The *Dimpa* Program in India

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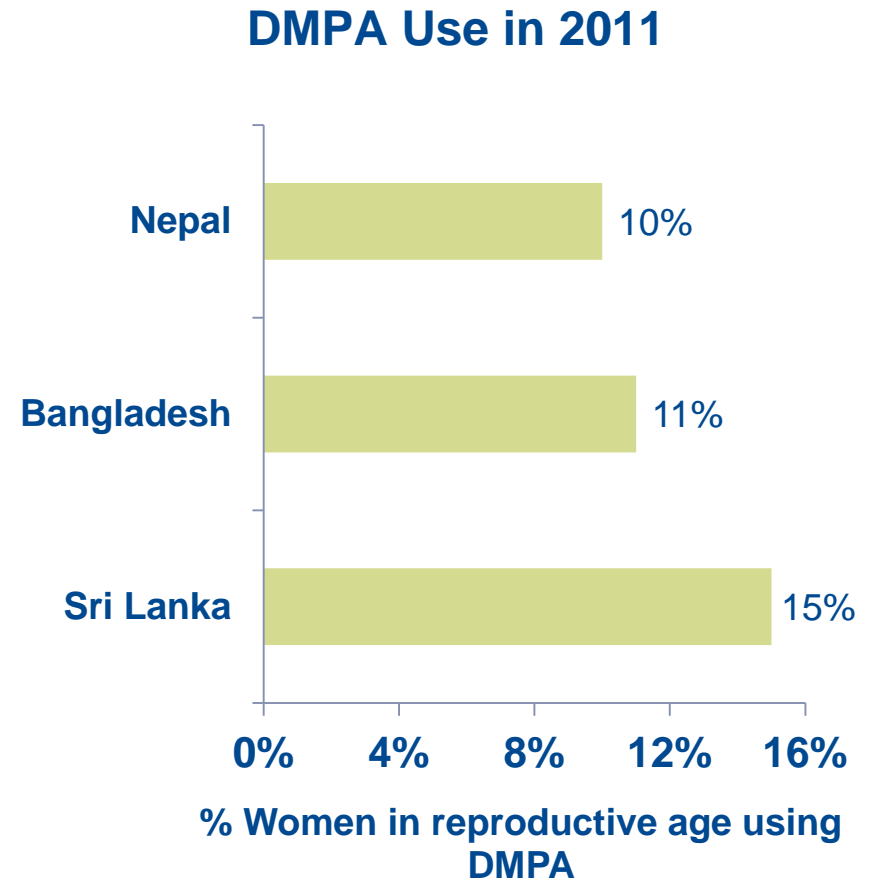
Marie Stopes International

Monitor Group

O'Hanlon Health Consulting

DMPA is the method of choice for millions of women worldwide

- More than 68 million women use DMPA in 114 countries
- High acceptance in neighboring countries – included in National Family Planning programs



But, mired in controversy in India

Centre to stop promoting injectable contraceptives

BLACK DIAGNOSIS

Health ministry has been conducting clinical trials on injectable contraceptive Depo Provera. US food 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, hampers progress in AIDS if user HIV-positive
- Pre-mature menopause
- Irreversible atrophy of ovaries
- Death due to formation of clots in blood vessels
- Ten-fold increase in chances of user producing child with Down Syndrome
- Increased chances of death in children born to users
- Increase in the risk of breast, cervical cancer
- Baby born to former user may be unhealthy



By Lakta Panicker/TNN

New Delhi: Reacting to concerns raised by women activists about the health impact on users, the government has given an assurance it would not introduce injectable contraceptives in state mandated family planning programmes.

Health secretary J K Jain assured a delegation of women activists led by Brinda Karat, CPM politician member and member of the All India Democratic Women's Association (AIDWA), that the government is urging the health ministry to stop ongoing clinical trials of the contraceptive Depo Provera because of its severe side-effects.

The US Food and Drug Administration recently mandated that Depo carries 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 its use should be limited to two years unless other forms of birth control are insufficient.

But what is more alarming is that other studies show that Depo users are at an additional risk of contracting sexually transmitted infections. A joint study funded by

the National Institute of Child Health and Human Development and USAID found that the use of Depo increases three fold a woman's chance of contracting chlamydia and gonorrhoea.

A study published in the January 2004 issue of The Journal of Infectious Diseases found a correlation between taking hormonal contraceptives, both injectable and oral, and acquiring HIV. The study further concluded that the use of Depo at the time of HIV transmission hastened the rate of disease progression. With the rise in HIV infection levels, the recent findings that Depo increases the risk of contracting STIs and hastens HIV are 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 15 years. Its severe side-effects are well documented.

However in the light of new research women's groups and health groups feel that it would be unethical to continue clinical trials on Indian women. The average Indian woman is of poor health and that she has low bone density is a recognised problem. The injectable Depo itself has pointed out the risk of depressed bone density.

- Though approved for marketing and use in India, not included in the National FP program
- In the private sector, low sales, high price, limited availability

Introduce DMPA to expand method choice

2003

- Demonstrate feasibility by establishing a network of private clinics offering DMPA (the *Dimpa* Network)

2004 - 06

- Develop management mechanisms for scale

2007 - 2011

- Test demand generation themes and platforms

2012-2014

- Develop solutions to address high discontinuation rate

The *Dimpa* Network

- Private practitioners (mostly Ob-Gyn, female GPs)
- Trained on provision of DMPA
- Agree to offer DMPA as one of the contraceptive options to their clients



Key interventions

Building capacity of private providers

Generating demand



Establishing sustainable product supplies

Using mhealth to support continuation

Building Capacity of Private Providers

Provider segmentation for scale-up

HIGH Number of DMPA clients per month	Supporters <i>Boost FP client flow</i>	Dimpa champions <i>Local expert; Endorse network</i>
	Low contributors <i>Deprioritize</i>	Not persuaded <i>Prioritize for capacity building</i>
LOW	Number of FP clients per month	

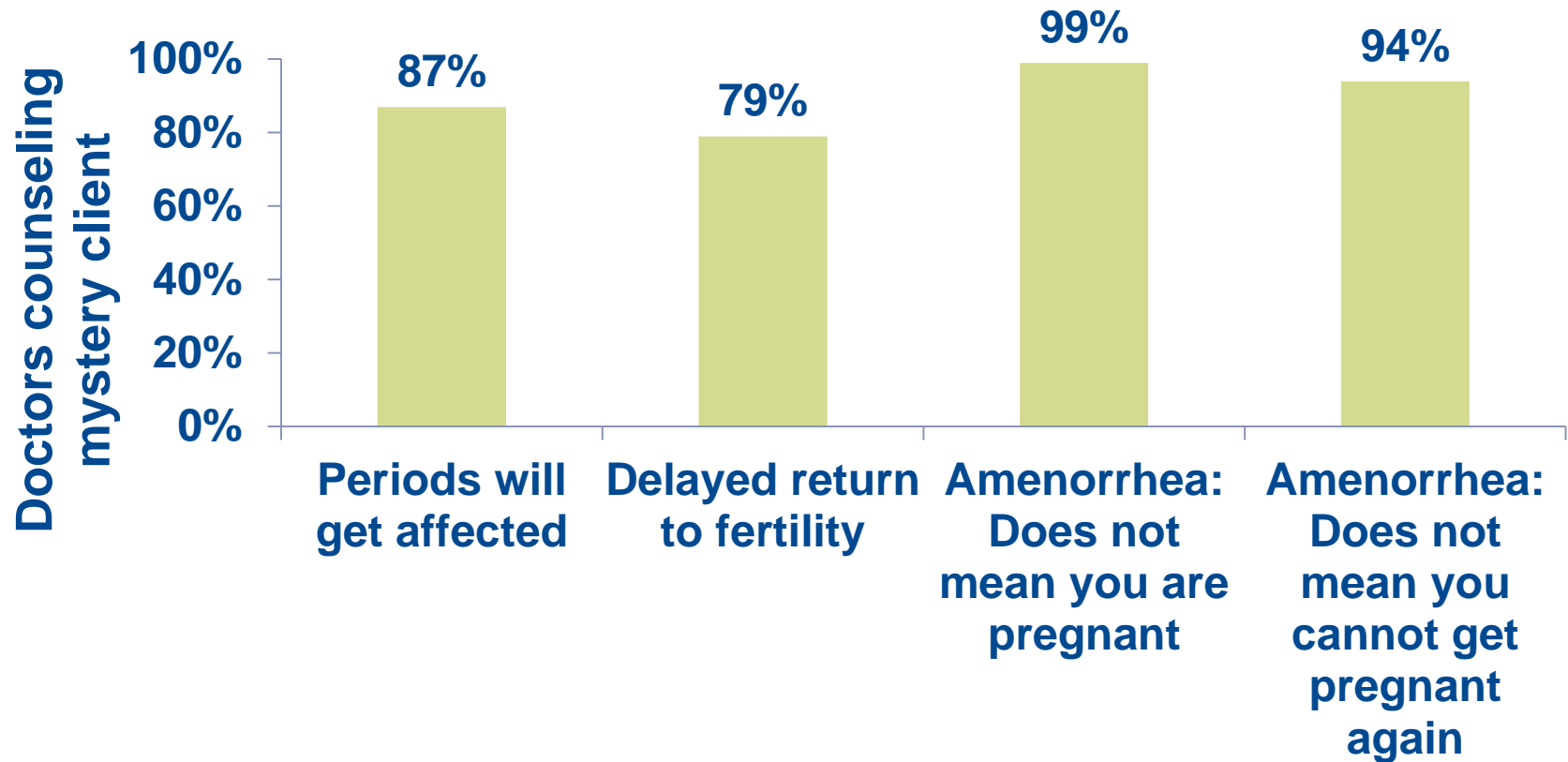
Reaching a population of 28 million today

Project Coverage



- **2003:** 3 towns, 105 clinics
- **2015:** 108 towns, 2,500+ clinics
- Covering 65% - 70% of the unmet need for FP in urban Uttar Pradesh and Bihar

Segmented approach to capacity building assures high quality in service provision



mHealth to Support Continuation

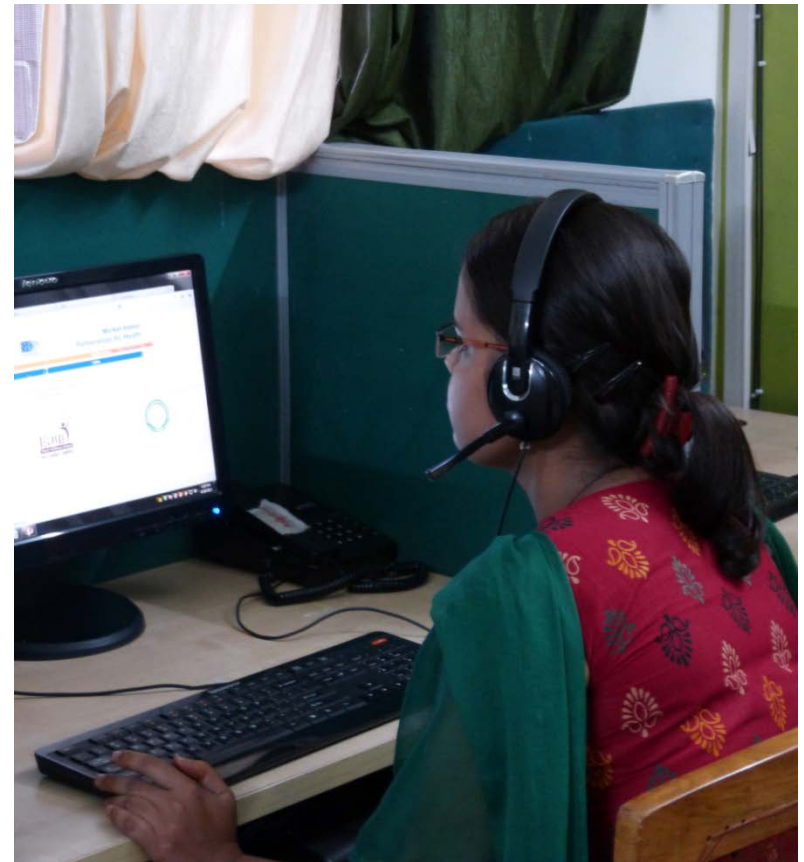
Telephonic follow-up to reduce contraceptive discontinuation

- High rates of discontinuation is a key challenge
- Women need confirmation / reassurance *when experiencing the effects*
- Providing this support over telephone is advantageous:
 - **To clients:** Convenience
 - **To implementers:** Cost-efficient

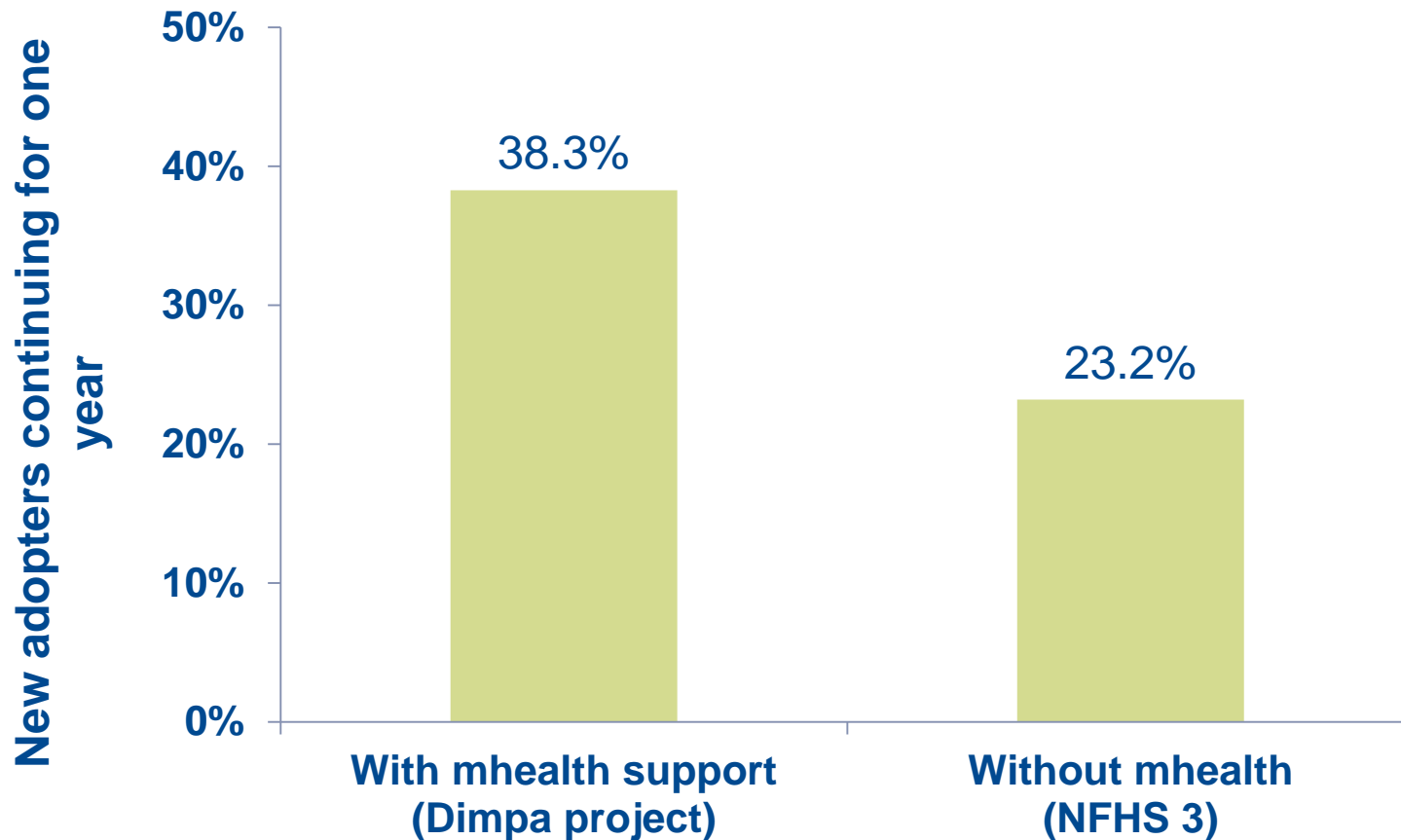


Support through voice calls to DMPA users

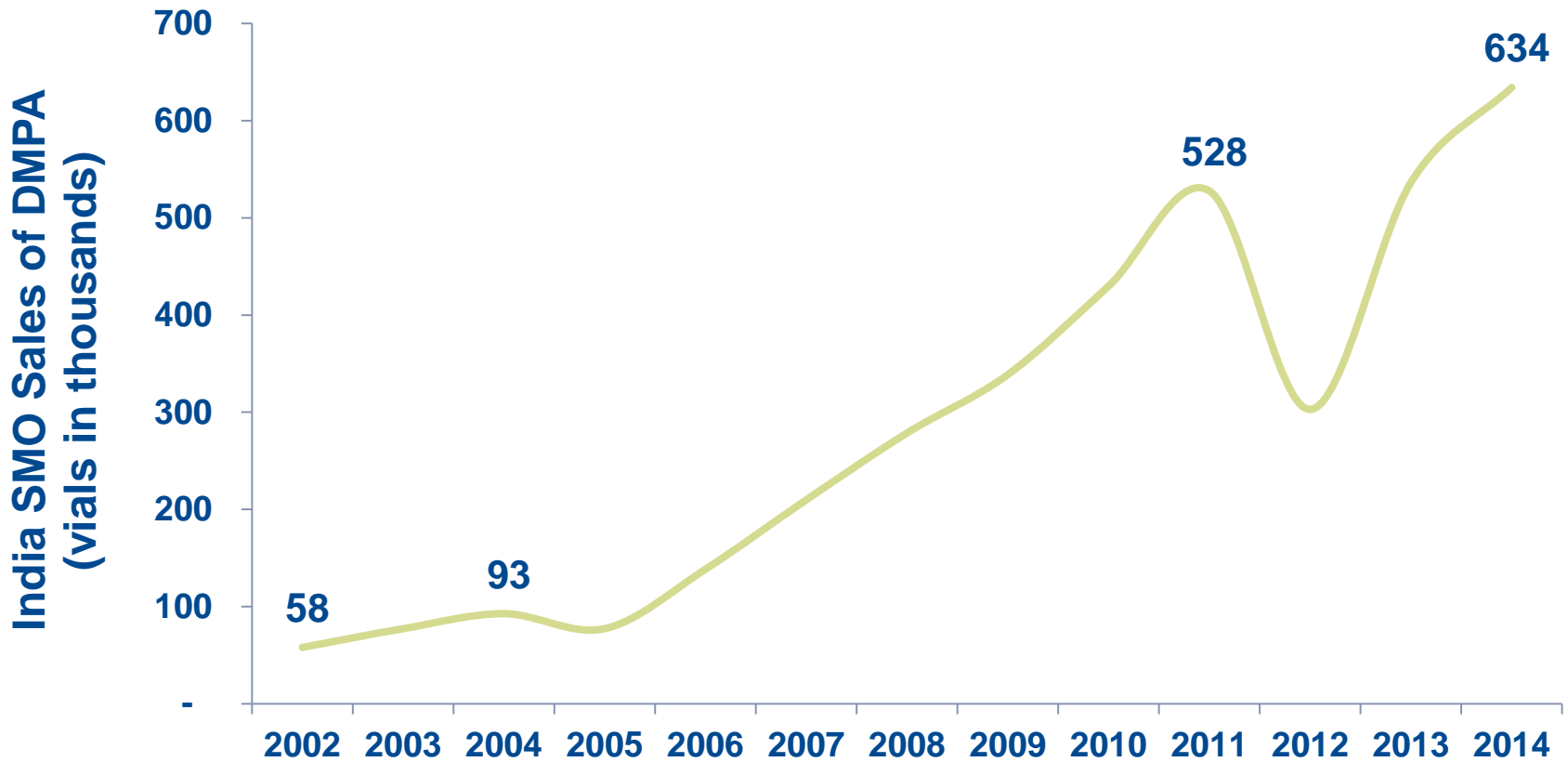
- Call-back to new adopters of DMPA who own mobile phones and consent to receiving calls
- Voice calls preferred over text messages
- Managed by Indian Society of Health Professionals



Continuation rate is nearly double with telephonic support



The market has grown by 20% annually



Method acceptance fosters potential policy change

Evidence of acceptance by health care providers and consumers is building support for DMPA

- Provided free through a few public facilities; in some others, offered to those willing to purchase DMPA from the market
- MOH has proposed inclusion of DMPA in the National FP program, subject to review and approval by regulatory authority
- Pilot introduction being considered

Increased access, quality, and continuation

1. Even if initially unpopular, a new FP method can be introduced in a country through the private sector
2. Growing acceptance among users and providers builds “bottom-up” advocacy pressure for policy change
3. Segmented strategies for provider engagement support efficient scale-up
4. mHealth can be an effective tool to increase FP continuation rate



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