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

Ramakrishnan Ganesan
SHOPS Technical Director, India

June 16, 2015
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

![Bar chart showing DMPA use in 2011 in different countries](chart.png)

- Nepal: 10%
- Bangladesh: 11%
- Sri Lanka: 15%

% Women in reproductive age using DMPA
But, mired in controversy in India

- 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

Centre to stop promoting injectable contraceptives

BLACK DIAGNOSIS

Health ministry has had a claim to be the injectable contraceptives idea behind its success in the National Family Planning Programme.

Adverse effects of Depo Provera are dangerous for women, particularly for adolescent and young girls. The injectable contraceptives product has been widely advertised in India, and its side effects, including sexual dysfunction, have been reported.

A study, published in January 2015, found a correlation between taking hormonal contraceptives, including Depo-Provera, and the risk of HIV transmission. The study suggested that the use of hormonal contraceptives increases the risk of HIV transmission, particularly among women in sub-Saharan Africa.

New Delhi: Row has been growing over the use of injectable contraceptives in India, with concerns being raised about their safety and effectiveness. The injectable contraceptives product has been widely advertised in India, and its side effects, including sexual dysfunction, have been reported.

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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

<table>
<thead>
<tr>
<th>Number of DMPA clients per month</th>
<th>Number of FP clients per month</th>
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</thead>
<tbody>
<tr>
<td><strong>HIGH</strong></td>
<td><strong>Supporters</strong></td>
</tr>
<tr>
<td></td>
<td><em>Boost FP client flow</em></td>
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<tr>
<td><strong>LOW</strong></td>
<td><strong>Low contributors</strong></td>
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<tr>
<td></td>
<td><em>Deprioritize</em></td>
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<tr>
<td><strong>HIGH</strong></td>
<td><strong>Dimpa champions</strong></td>
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<td></td>
<td><em>Local expert; Endorse network</em></td>
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<tr>
<td><strong>LOW</strong></td>
<td><strong>Not persuaded</strong></td>
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<tr>
<td></td>
<td><em>Prioritize for capacity building</em></td>
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</tbody>
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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

- 87% for Periods will get affected
- 79% for Delayed return to fertility
- 99% for Amenorrhea: Does not mean you are pregnant
- 94% for Amenorrhea: Does not mean you cannot get pregnant again

Doctors counseling mystery client
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

With mhealth support (Dimpa project) - 38.3%
Without mhealth (NFHS 3) - 23.2%
The market has grown by 20% annually.

*India SMO Sales of DMPA (vials in thousands)*

- 2002: 58
- 2003: 93
- 2004: (minimum value)
- 2005: (minimum value)
- 2006: (minimum value)
- 2007: (minimum value)
- 2008: (minimum value)
- 2009: 528
- 2010: (minimum value)
- 2011: 528
- 2012: (minimum value)
- 2013: 634
- 2014: (minimum value)
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