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

Demand Generation through Mass Media & Outreach

Building Partnerships with Commercial & Social Marketing Agencies

The Dimpa Clinic
Mostly Ob-Gyn, female GPs

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

Ob-Gyn: Obstetrician / Gynecologist, GP: General Physicians
Methods of evaluation

• Quantitative studies
  o Networked providers
    ▪ Baseline: 159 providers, August 2009
    ▪ Endline: 160 providers, October 2011
  o 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:
  o Post user support: Continuation rate among users registered at Helpline, number of users who received services
  o Inbound call: Profile of callers, information sought on type of FP methods
Results
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

% of providers discussing specific aspects of DMPA is high $^b$

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Percent 2009</th>
<th>Percent 2011</th>
<th>2009 N</th>
<th>2011 N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periods will get affected</td>
<td>85.5</td>
<td>93.8*</td>
<td>159</td>
<td>160</td>
</tr>
<tr>
<td>Effective in preventing pregnancy</td>
<td>69.8</td>
<td>81.9*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reversible</td>
<td>62.9</td>
<td>97.5*</td>
<td></td>
<td></td>
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</tbody>
</table>

*: Significantly (p<0.05) different from baseline
b: Significantly (p<0.05) different from the benchmark
Intention to use, current use and ever use of DMPA among currently married women

<table>
<thead>
<tr>
<th></th>
<th>Intention to use</th>
<th>Current use</th>
<th>Ever use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2009</td>
<td>2011</td>
</tr>
<tr>
<td>Intention to use</td>
<td>1.5</td>
<td>2.7*</td>
<td></td>
</tr>
<tr>
<td>Current use</td>
<td>0.2</td>
<td>0.7*@</td>
<td></td>
</tr>
<tr>
<td>Ever use</td>
<td>1</td>
<td>1.7</td>
<td></td>
</tr>
</tbody>
</table>

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

## Contribution of program activities

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

*: 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
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

*Results from a pilot test*
Program implications and lessons learned
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 *
  o Large network of providers offering DMPA with high QoC (improved from 51% to 71%)**
  o No backlash from activists in spite of national mass media advertising
• Market catalyzed
  o Increased number of marketers, one to five
  o 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
  o 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
Thank You

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