



HEALTHY CITIES INDIA

High Impact Approach Webinar Series:

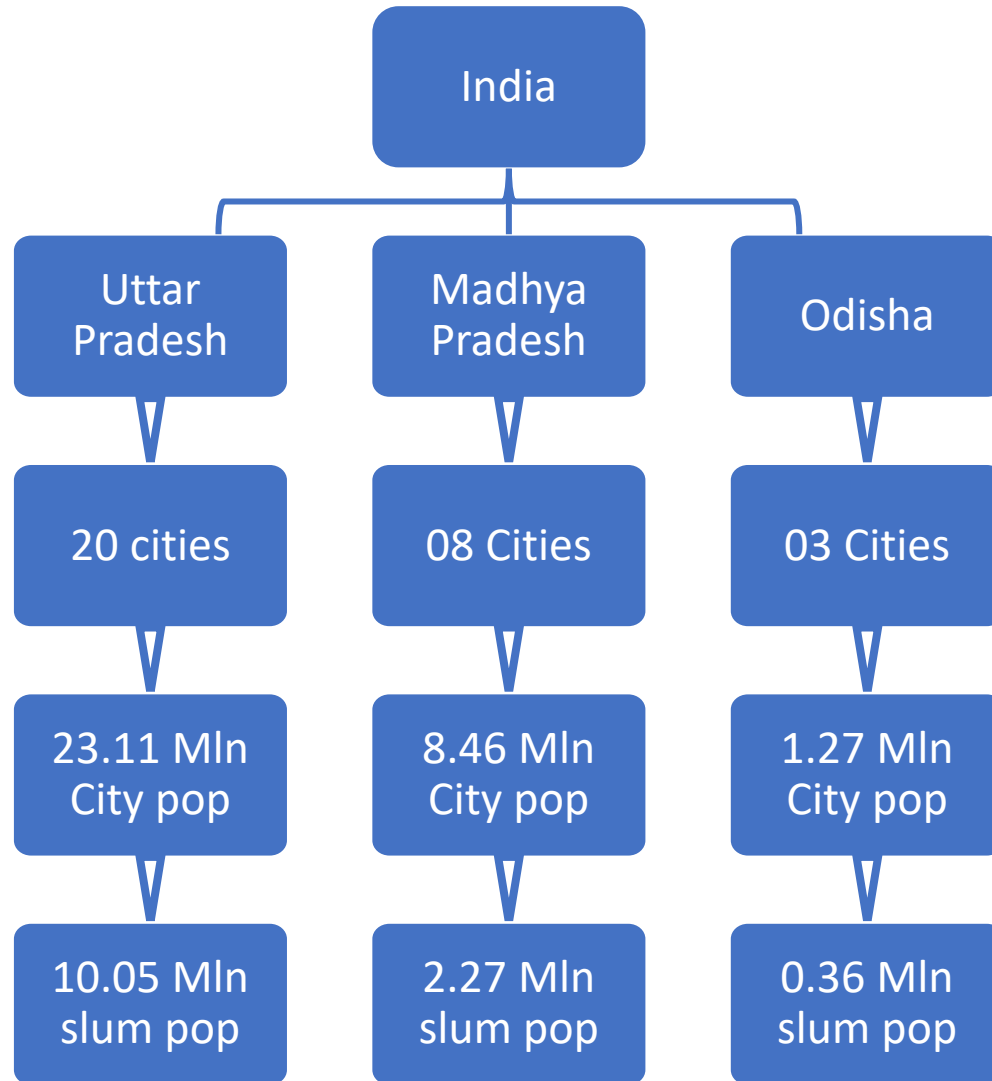
In the Driver's Seat: Frontline Health Workers leading the way in improving contraceptive use among young first-time parents (FTPs)

TCIHC Envisions...

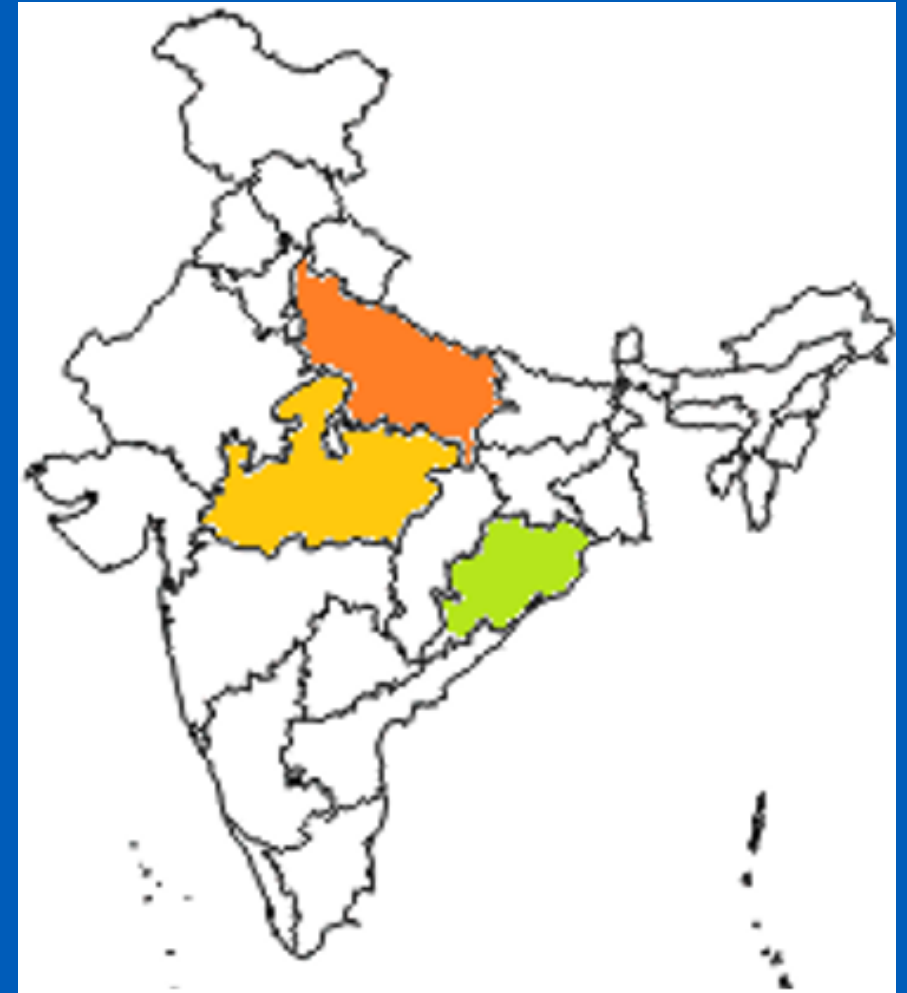
A world where young people are empowered to live an optimal reproductive life by rapidly and sustainably scaling up proven urban reproductive health solutions, using a “business unusual” approach



Where TCIHC Works



Supported Geographies



Meet the Presenters



Devika Varghese, TCIHC's Associate Director for Adolescent & Youth Sexual and Reproductive Health, provides strategic direction for the scale up of high impact proven strategies for adolescent sexual and reproductive health in Uttar Pradesh. She has over 18 years of experience in designing, implementing and managing projects in developmental issues that include elementary education, education for out-of-school adolescent and reproductive health for women.



Emily Das, Associate Director, leads monitoring and evaluation for TCIHC in India. She has over 16 years of experience in planning and implementation of M&E activities of various projects relating to MNCH programs in India. Trained as a demographer with a Ph.D. degree from IIPS, Mumbai, she has a proven track record in promoting timely availability and use of data and research findings for program decision-making and advocacy efforts.



Ipsha Singh, Manager, AYSRH-TCIHC, plays a key role in scale-up of AY strategies, such as Identifying and prioritizing first-time parents and facilitating Adolescent Health Days (AHD). Ipsha has worked across issues of reproductive health, adolescent-youth, gender equality and women's rights. With over 14 years of experience, she has honed her skills in project management, networking, capacity building and community processes.



Manish Saxena, Senior Manager, Advocacy, plays a key role in pilot of demand aggregation through ASHA for private sector, advancing training for urban providers, and facilitating government ownership for City Consultation Workshops (CCW) for AY cities, among other things. He has over 18 years of experience in social franchising, government liaison & advocacy, public-private-partnership, program management, and social marketing.



Webinar Objectives

- Introduce participants to this proven approach
- Share key guidance and tips for how to implement it
- Outline key considerations for making them sustainable
- Offer an opportunity for Q&A so participants can adapt the approach to their context



Meet the Character: First-Time Parents

De-prioritized by family planning value chain

Low use of contraceptives

High rates of rapid repeat childbearing

Social vulnerabilities and isolation



Low correct knowledge on family planning methods

Inability to negotiate use of FP methods with gate keepers

Lack of agency

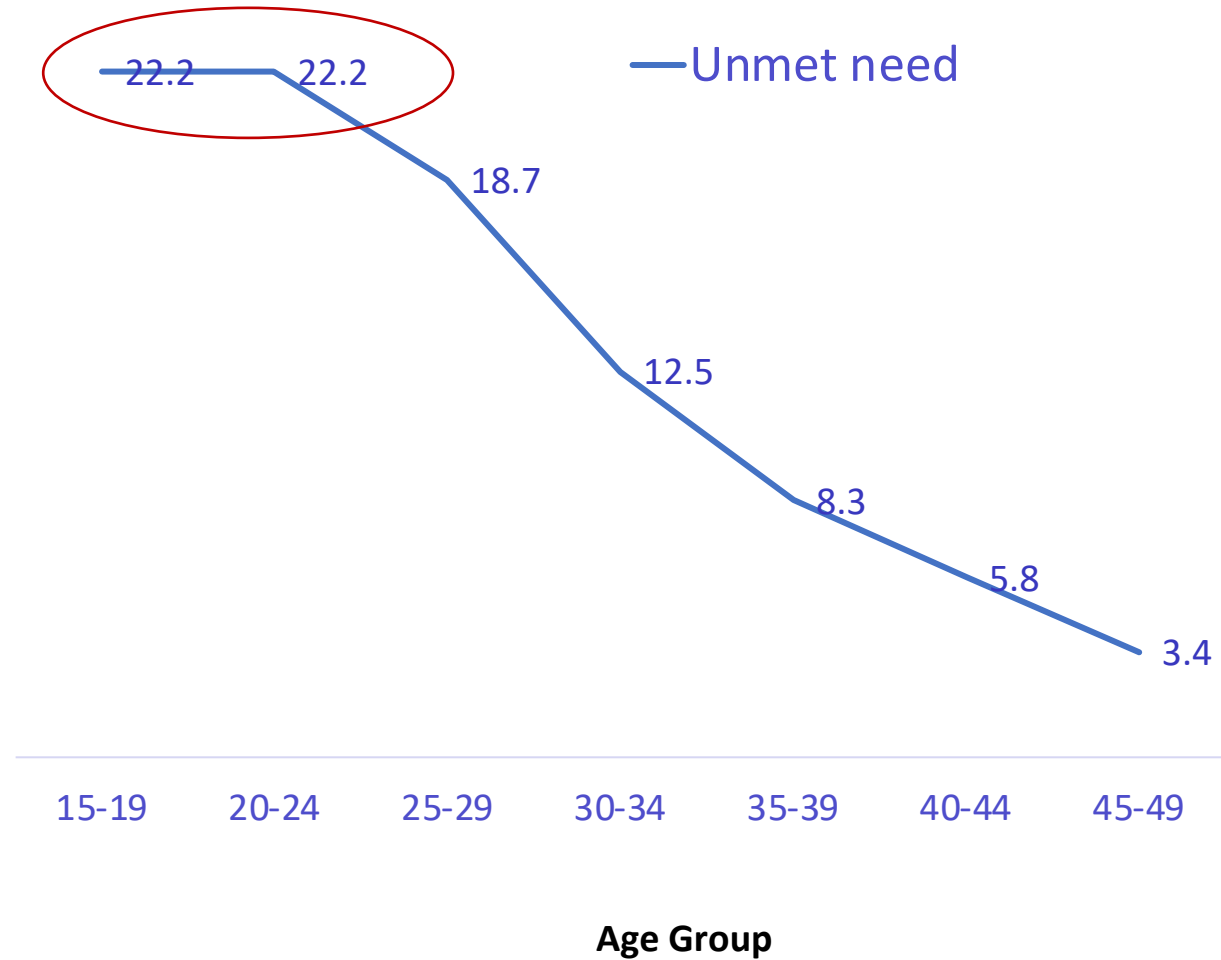


Key Implementation Steps

1. MAKE IT YOUR HEADLINE

'market is failing for young first-time parents 15-24 years'

- Prioritize the cohort; make it visible
- Amplify in national/state/city level family planning monitoring meetings
- Support with evidence from health information systems (PMIS/HMIS) and other population level studies conducted in the state/country



Source: NFHS 4, India

Unmet need is the highest in the lower age group



Key Implementation Steps

2. IDENTIFY THE INFLUENCER

ASHA

- Saturate 100% non-users (FTP) with information on family planning methods and refer them to FP - Fixed Day Services

DEMAND



Medical Officer/ Doctor

- Offer all methods including IUCD/IC to FTPs

SUPPLY



Chief Medical Officer

- Expanding method choice in UPHC

ENABLING
ENVIRONMENT



Meet the Protagonist: ASHA



Accredited Social Health Activist (ASHA), are trained community members who provide a range of services including family planning counseling and information.

A woman resident of the cluster.

Serves a population of 2000.

Basic fixed pay and large part of the compensation linked to task performance.

ASHA – Triggers and Barriers

Triggers

Motivated by community recognition and health system rewards

Timely reimbursement of performance incentives

Barriers

Directed by community norms and beliefs

Immunization, deliveries and antenatal visits in the order of priority.

Family planning deprioritized, specifically for young cohort

Interesting points

Community perceives ASHA as an important interface between them and the health system.



Key Implementation Steps

3. COACH YOUR INFLUENCER

ASHA collect a significant amount of data. However lacks a systematic approach to analyse the data at the last mile of service and information delivery



No. of pregnant women in her area



No. of eligible couple in her area



No. of couples adopted permanent method



No. of couples adopting spacing methods

TCIHC coaches build capabilities in ASHA to re-organize data that is already available in her multiple registers to view, comprehend, and utilize for the decision-making



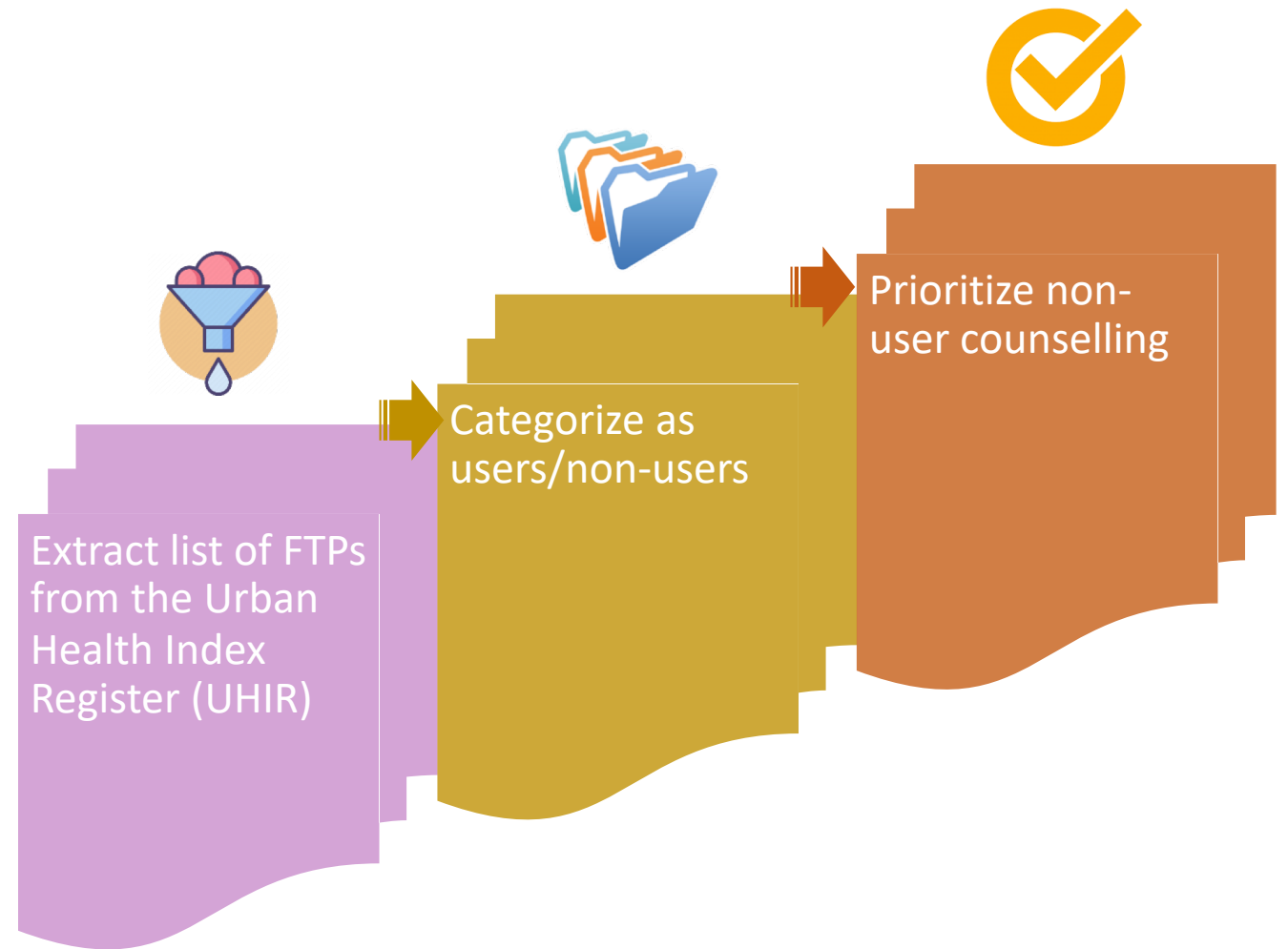
Key Implementation Steps

3. COACH YOUR INFLUENCER

Making data useful for decision making

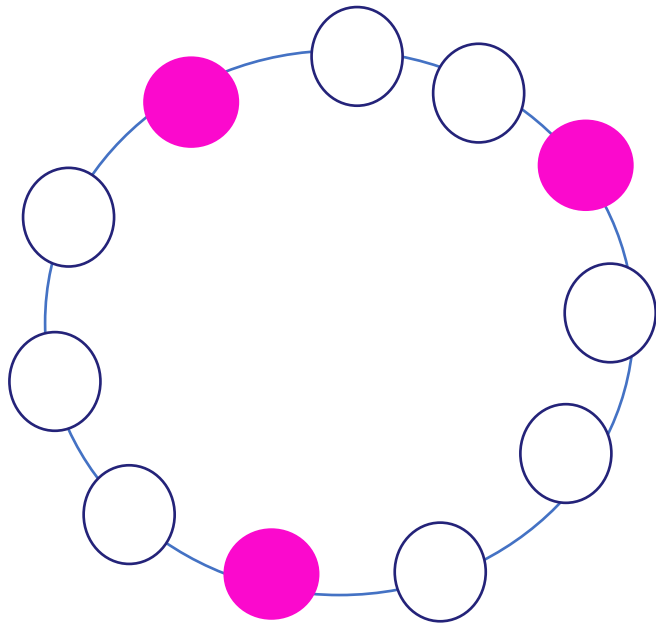
the sales funnel approach

- 1126 ASHAs benefited from this coaching
- The coaching informed their route mapping, prioritizing house visits of FTPs



Key Implementation Steps

3. COACH YOUR INFLUENCER – TACTIC



Re-organizing data to develop a priority list of first-time parents (FTP)

Create a normative pressure

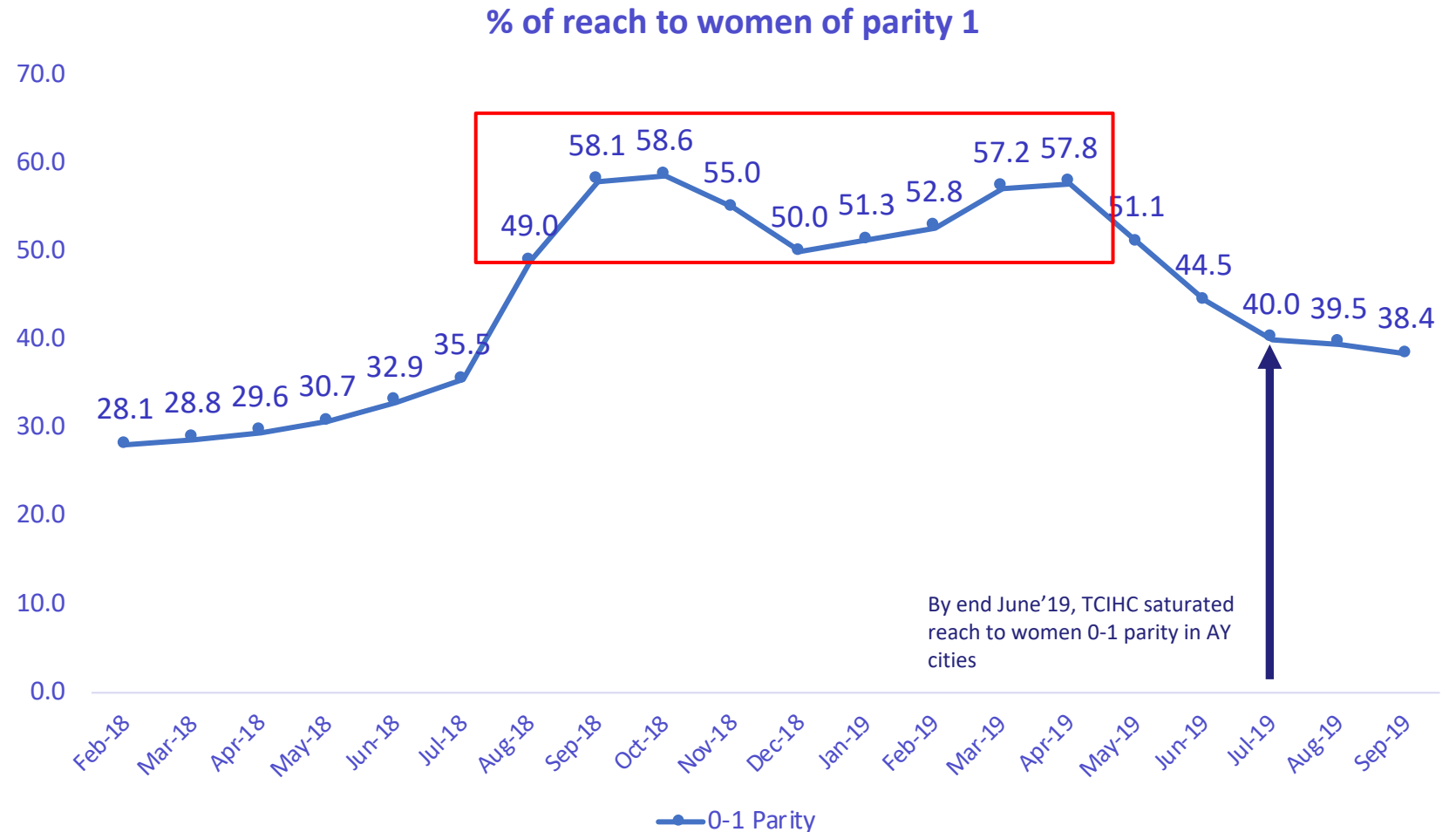
- Organize ASHAs into small clusters (basis geography)
- A heterogeneous cluster basis early adopters and nay-sayers
- Behaviors of early adopters in organizing data creates a normative pressure for the group to follow the behavior



Key Implementation Steps

4. MONITOR INFLUENCER PERFORMANCE

- Improved reach to FTPs
- Increased uptake of services at UPHC
- Demand for services at UPHCs motivate provider to overlook their own personal biases

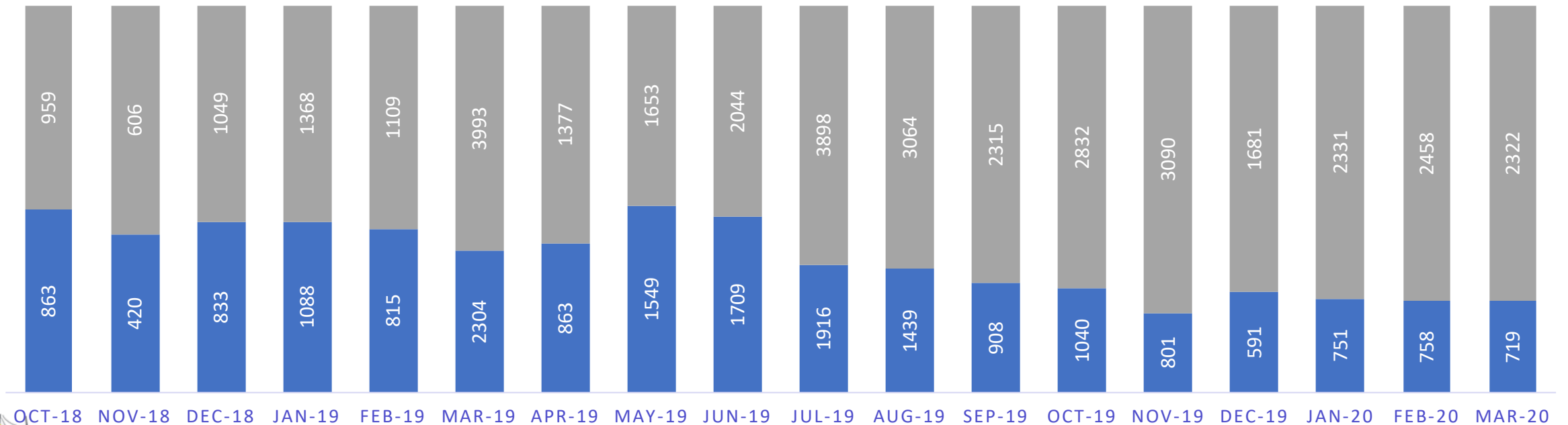


Key Implementation Steps

4. MONITOR INFLUENCER PERFORMANCE

IUCD+INJECTABLE UPTAKE IN AY CITIES (BY PARITY)

■ 1 parity ■ 2+ parity



Key Implementation Steps

5. LINKING PERFORMANCE TO REWARD/RECOGNITION

What Is In It For Me:

- Leveraging government incentive schemes linked to spacing methods
- Training to ASHAs on scheme; benefits and processes
- High performing ASHAs recognized by awards and featured as champion in TCI University

“Learning how to properly fill my diary has helped me to maintain client records in a systematic manner and now I can easily and quickly extract specific information like first-time parent and adolescent couple details for family planning.”



“परिवारों का सर्वेक्षण और योग्य दम्पतियों की सूची”

आशा के लिए अनुमानित लाभ

दम्पति आयु वर्ग	दम्पति आयु वर्ग
15-19 वर्ष	20-24 वर्ष

बच्चों की संख्या

अनुमानित महिलाओं की संख्या

बच्चों की संख्या

अनुमानित महिलाओं की संख्या

स्वर्द सखी से	अनुमानित आय
3+17 = 20 x 500 =	10,000
3+28 = 31 x 500 =	15,500
1+19 = 20 x 1000 =	20,000
तीन साल या तीन साल से पहले कुल अनुमानित आय	45,500

Source: PSI OTS सर्वे, Aug 2018

जन्म और आवश्यक अंतराल योजना

tcu THE CHALLENGER INITIATIVE HEALTH CENTERS

NATIONAL HEALTH ASSOCIATION

C-445, Chittaranjan Park, New Delhi-110019

Key Implementation Considerations

- The health system value chain, encompasses many influencers. It is important we chose wisely
- Define the behavior that we seek from influencer
- Leverage existing health systems schemes and policies to build desired behavior
- Reward and recognize:
 - [ASHAs Provide Family Planning Counseling to Women in Gau Ghat – an Urban Slum in Allahabad](#)
 - [System-Level Improvements Boost ASHAs' Morale and Performance in Indore](#)
 - [TCIHC Helps Accelerate Family Planning Services for Allahabad's First-Time Parents](#)



“When I met TCIHC people in a meeting where a woman demonstrated how to interact with women about contraception, I was highly shocked to listen to her conversation. I asked myself, how could I be so open asking people about their sexual relationship with contraception? ... I feared that people are going to fire me for making such open conversation about family planning. But, I was wrong ... Now, I hold these conversations independently, and rather enjoy doing so because I find that women are making their own decision about contraception.”



Key Implementation Considerations

It is critical that the service delivery platform responds to the demand generated by ASHA.



ACCESS to a broad range of contraceptives including injectables

Dedicated fixed day services for FTPs





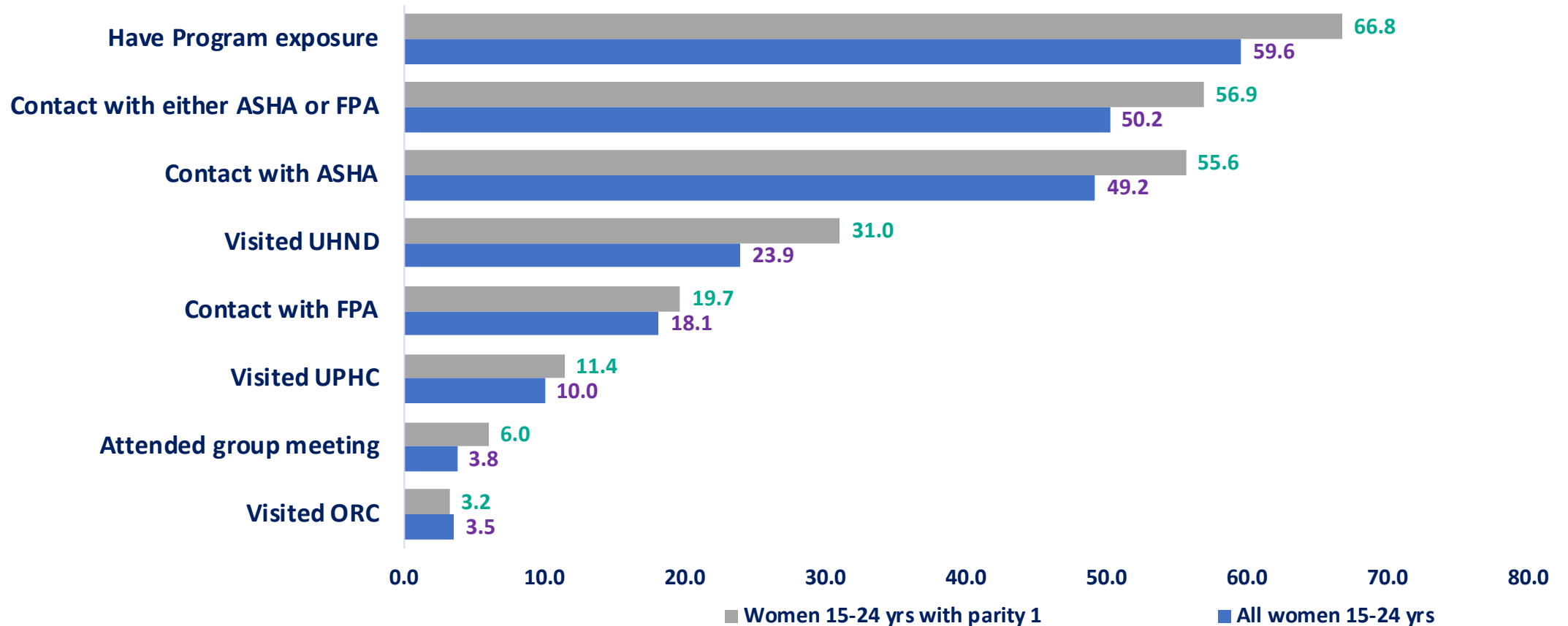
What are the results?



Program Exposure in Last Six Months

Women 15-24 years in AYSRH cities

TCIHC Program exposure includes women who **met either with ASHA or FPA for FP**, participated in **group meetings** organized by PSI and **visited either UHND/ORC/UPHC** in last 6 months preceding the survey

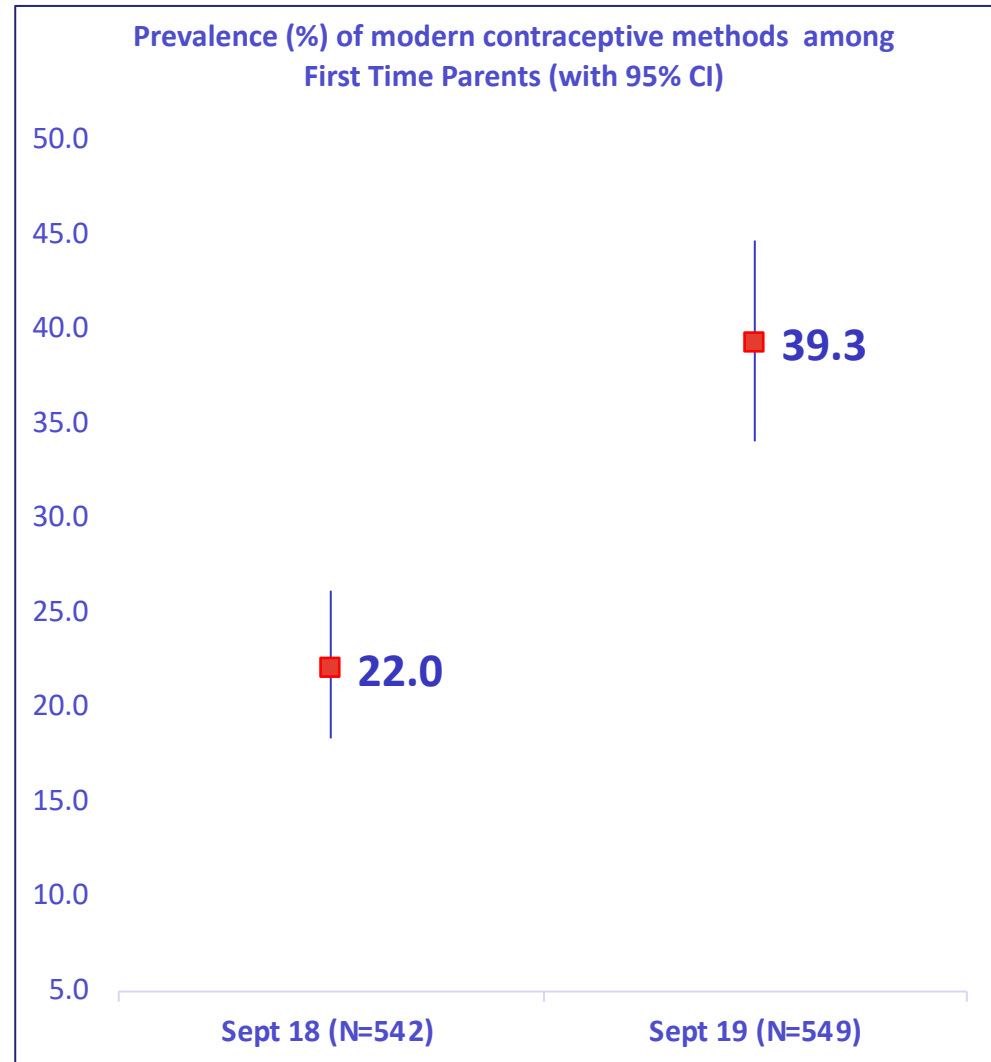
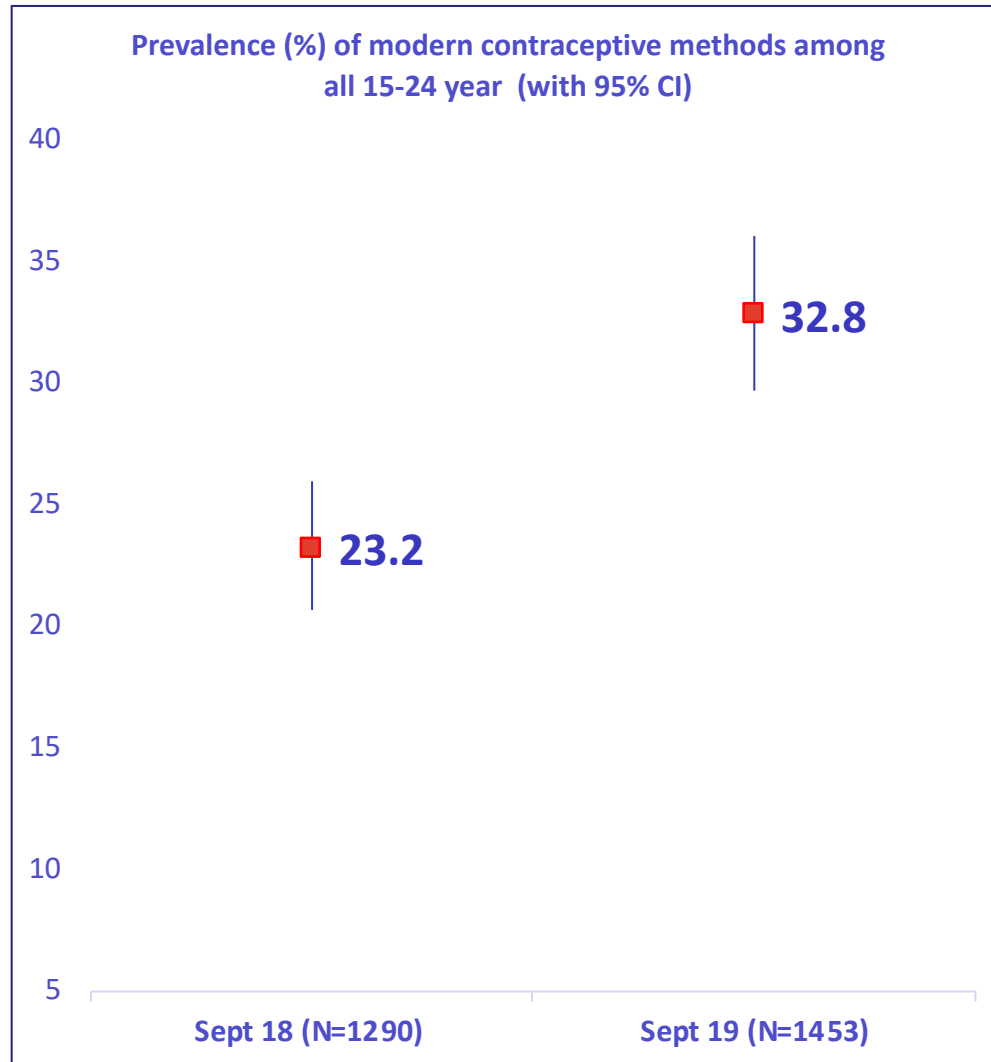


Program exposure in last 6 months among women 15-24 yrs is 60% and this is relatively higher (66.8%) among FTPs. Similarly contact with ASHA or FPA for FP is higher among FTPs with 57% compared to 50% among all women



Use of Modern Contraceptive Methods

Women aged 15-24 in 5 AY Cities

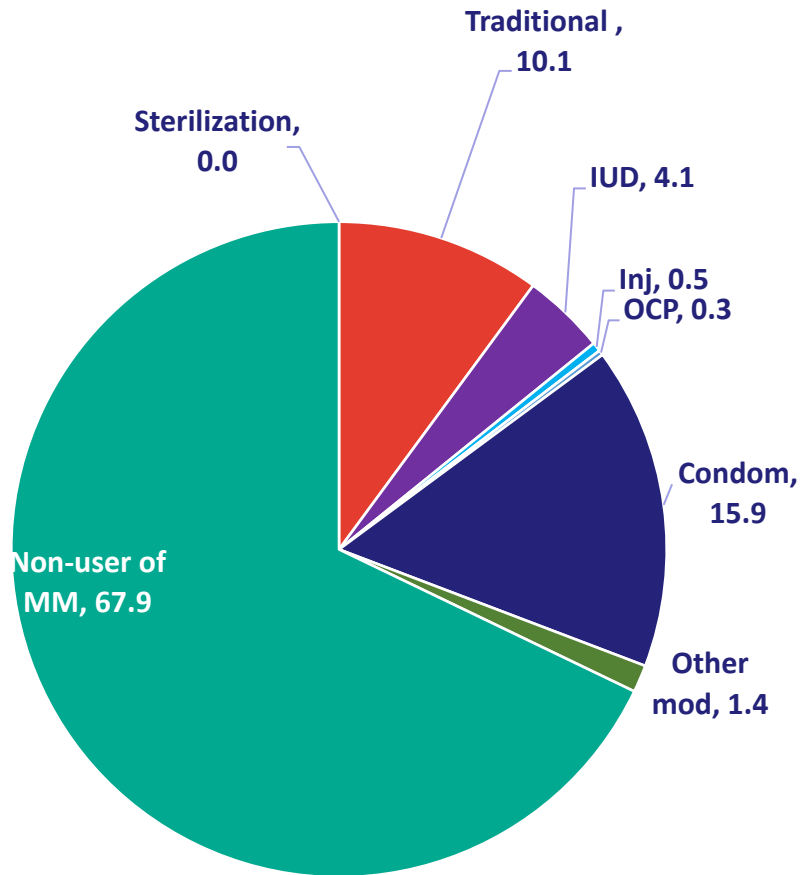


Analysed using calendar data from 5 AYSRH cities, Included only those women who were married in particular month

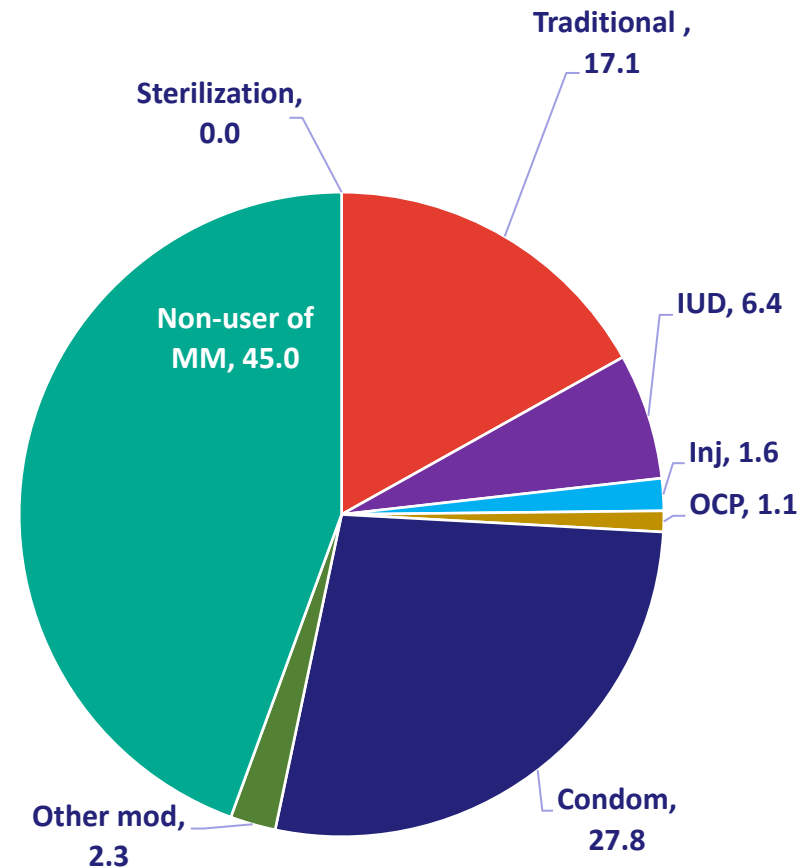


Method-Mix among FTPs 15-24 years -OTS II-

mCPR=22.1 Sep,18



mCPR=39.3 Sep,19



Method mix is skewed with high dependence on condom, consistent increase in use of condoms

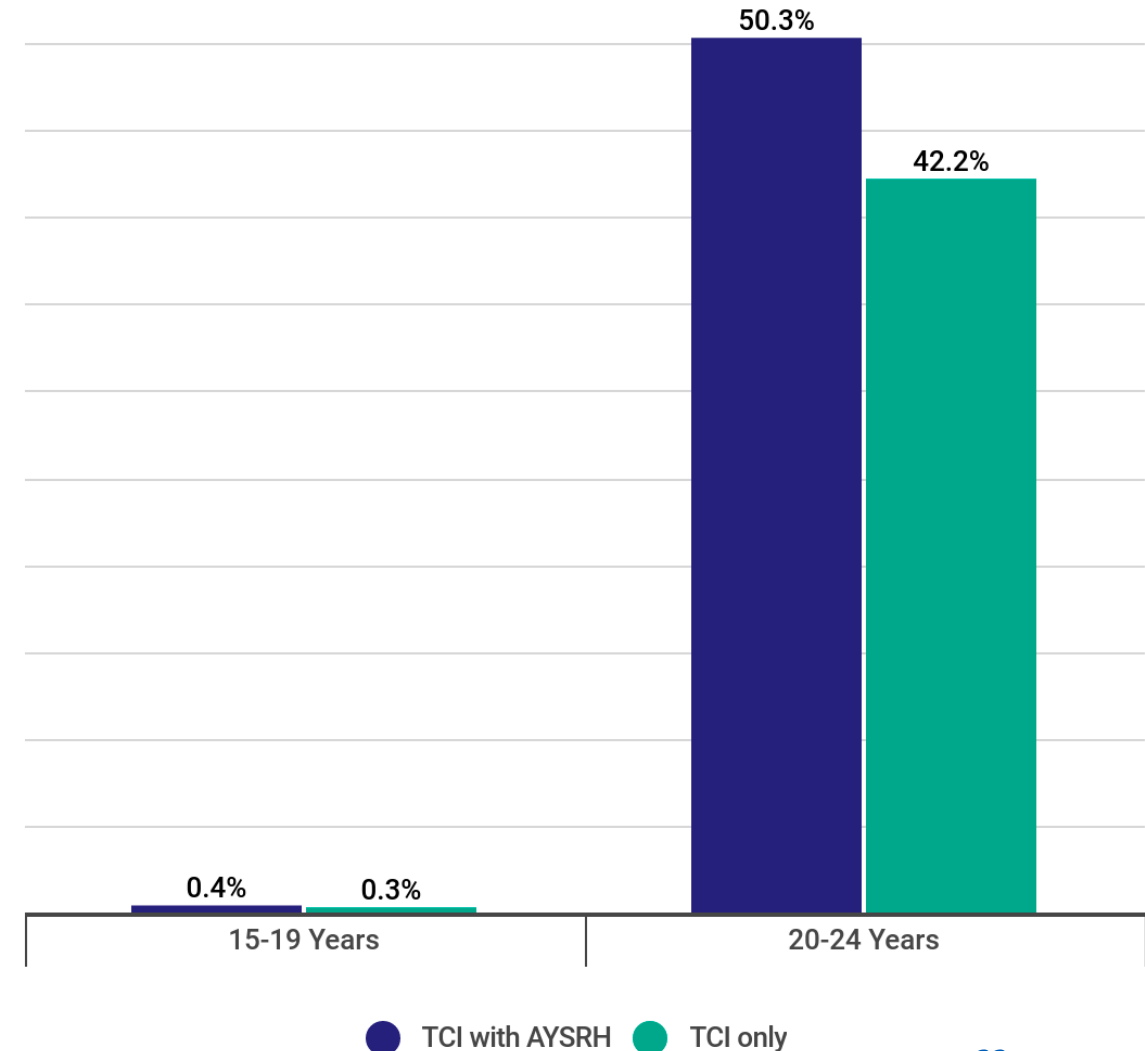
Analysed using calendar data from 5 AYSRH cities



What have we learned?

- Many TCiHC family planning-only cities began to informally add-on AYSRH activities as a result of learning about AYSRH cities' impact
- These cities also began to exhibit increased results in reaching women 15-24 years and referring them to FDS. While TCiHC AYSRH cities still reached more young women, ages 20-24, (50.3%) than TCI family planning only cities (42%), the fact that there is not a large gap between the two different city groups speaks to the scalability of the AYSRH approaches.

[Reaching First-Time Parents in the TCiHC-Supported Youth-Friendly Cities of Uttar Pradesh](#)



What Have We Learned?

1

Demonstration
is key to
influence
growth mindset
and scale up

2

Mentoring and
coaching
requires human
interface

3

FP interventions
strengthen
overall service
delivery and
quality

4

Prioritizing FTPs
is key as they
are in highest
need of FP

5

Creating
coaches within
the system is
important for
sustainability

6

Estimating
denominator
for FP non-users
is key for
sustained scale
up





QUESTIONS?

Please direct any additional questions
that you may have to:

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Thanks!