



Expanding the Scale of Emergency Contraceptive Programme in Rajasthan



Final Narrative Report
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EXECUTIVE SUMMARY

With the support of the William and Flora Hewlett Foundation, PSI has completed a successful programme for expanding access to and use of emergency contraceptives (EC) in Rajasthan state of India. This programme was a follow-on to a pilot programme which concluded in mid-2006, that introduced EC in eight districts of Rajasthan.

The main accomplishment of this follow-on programme was that it strongly established EC as a post coital contraceptive in the basket of modern contraceptives in Rajasthan. **Since this follow-on programme launched in June 2006, a total of 151,450 doses of EC pills have been sold in 173 towns across all districts of the state, helping to avert an estimated 10,097 unplanned pregnancies.** This represents 126% of the target set for sales of EC during this programme. Sales of other contraceptives through PSI's distribution network resulted in achievement of 188% of the sales target for condoms, 237% of the sales target for oral contraceptives and 168% of the sales target for injectable contraceptives. Demand generation activities covered four major urban towns with a focus on 500 urban slums that account for 61% of the total urban slum population of the state. Multiple communication vehicles, such as outreach to women and mass media, were used to disseminate messages addressing key behavioral barriers among the target population. To create an enabling environment in the state, PSI trained 4,000 chemists and 1,750 qualified public and private health providers on 'how and when to take EC'.

These activities led to statistically significant gains in the two purpose level indicators of this programme. **The percentage of women in Jaipur reporting having ever used EC (any brand) significantly increased during the programme, from 3.9% (baseline) to 6.7% (end line). At the same time, the percentage of women in Jaipur who started using a regular modern spacing method after the use of EC significantly increased as well from 3.2% at baseline to 4.9% at end line.**

PSI is continuing its work to ensure availability of EC in Rajasthan beyond conclusion of this programme by launching its own EC brand called "Emergency Goli." This EC brand has been introduced into the marketplace on a cost recovery basis.

II. PROGRAMME DESCRIPTION

The overall goal of this programme was to improve reproductive health in Rajasthan by increasing contraceptive prevalence and reducing the incidence of abortion and unwanted pregnancies. This project served as a follow-on phase to PSI's "Social Marketing Emergency Contraception in India" project, funded by the William and Flora Hewlett Foundation, which concluded in mid-2006. The original programme served as a pilot to introduce emergency contraception (EC) and increase knowledge and use of EC within eight districts in the state of Rajasthan. During the course of the original project, advocacy efforts by the NGO alliance 'Advocating Reproductive Choices' (ARC) succeeded in gaining over-the-counter (OTC) status for EC pills in August 2005. This development opened the door for an expanded EC program and led to commencement of this current follow-on phase programme.

This current programme has aimed to scale-up access to and use of EC across the entire state. In addition to expanding the scope to a state-wide effort, this follow-on phase has also aimed to demonstrate a scalable, replicable model for EC in the basket of modern contraceptive methods. The target group included married, unsterilised couples (15-29 years of age for females and 18-34 years for males) residing in urban slums of four towns (Jaipur, Ajmer, Jodhpur and Kota). The project had four primary outputs:

1. Increased access to contraceptive products, including EC;
2. Increased demand (opportunity, ability and motivation) for modern contraceptives, including EC;
3. Increased capacity of the Government of Rajasthan to support EC programming; and,
4. Increased sustainability of PSI operations in Rajasthan.

The follow-on phase of the programme has been supported by a generous grant from the William and Flora Hewlett Foundation.

11.1. ACCOMPLISHMENT OF DELIVERABLES

To achieve the purpose of this programme, PSI sought to achieve increases in two key indicators: 1) percent of women reporting having ever used EC; and 2) percent of EC users reporting graduation to regular birth spacing methods. On both indicators, PSI conducted a baseline and an end line survey in Jaipur and found statistically significant increases from programme commencement to programme conclusion. The percentage of women in Jaipur reporting having ever used EC (any brand) increased significantly from 3.9% (baseline) to 6.7% (end line). The percentage of respondents reporting positively for this indicator across the other three towns

(Kota, Ajmer and Jodhpur) at end line was 2.9%. A baseline survey was not conducted in Kota, Ajmer or Jodhpur because this programme represented the first time that EC was introduced in these towns. Therefore, it was assumed that the logframe indicators would have very low values as was reported in the findings in the first phase of this programme.

Percentage of target group ever used an EC

	Jaipur Baseline	Jaipur End line	Statistical Significance (p<0.05)	Combined End line for Kota, Ajmer, Jodhpur
Adjusted proportions ^b	3.9%	6.7%	**	2.9%
95% Confidence Interval	3.0 – 4.8%	5.5 – 7.9%		1.9 – 3.8%

Base: All Respondents

^b Adjusted proportions calculated by controlling for key population characteristics

The percentage of women in Jaipur who started using a regular modern spacing method after the use of EC also demonstrated a significant increase from 3.2% at baseline to 4.9% at end line. This increase is statistically significant and demonstrates the achievement of the programme in terms of promoting graduation of EC users to regular birth spacing methods.

Percentage of Target group started using regular contraceptive after use of EC

	Jaipur Baseline	Jaipur Endline	Statistical Significance (p<0.05)	Combined End line for Kota, Ajmer, Jodhpur
Adjusted proportions ^b	3.2%	4.9%	**	2.5%
95% Confidence Interval	2.4 – 3.9%	3.9- 5.9%		1.6 – 3.3%

Base: All Respondents

^b Adjusted proportions calculated by controlling for key population characteristics

To achieve the results described above, PSI implemented a number of activities under four output areas and achieved a variety of programme targets related to sales and behavioral determinants of EC use.

OUTPUT 1: Increased access to contraceptive products, including EC

This programme sought to increase access to EC and other modern contraceptive products at chemist outlets in the state through a robust distribution system. The strategy was to improve availability (both actual and perceived) and visibility of modern contraceptive methods, including EC.

Results

Results from PSI's end line research show the percentage of the target group aware of an outlet where they can obtain EC increased significantly from 15.7% (baseline) to 61.8% (end line) in Jaipur, clearly indicating significant progress in increasing access to EC. The percentage of respondents reporting positively for this indicator across the other three towns (Kota, Ajmer and Jodhpur) was 43.4%.

Percentage of Target group aware of place where to obtain EC

	Jaipur Baseline	Jaipur Endline	Statistical Significance (p<0.05)	Combined End line for Kota, Ajmer, Jodhpur
Adjusted proportions ^b	15.7%	61.8%	**	43.4%
95% Confidence Interval	14.1-17.4%	59.6-63.9%		41.2 – 45.6%

Base: All Respondents

^b *Adjusted proportions calculated by controlling for key population characteristics*

A distribution survey conducted in January 2008, using lot quality assurance sampling (LQAS), found that 83% of outlets in the state were currently stocking Preventol.¹

Activities

To achieve this increase in availability of EC, PSI improved and expanded its procurement and distribution activities. PSI procured and supplied the EC brand *Preventol* under license from a leading manufacturer. The entire state of Rajasthan was divided into territories, each assigned to a sales manager for ensuring placement of EC and other contraceptive products. Mobile Field Agents (MFAs) were hired to make *Preventol* available at chemist shops and to provide point of availability promotional materials. During this programme, EC was made available at more than 6,500 outlets in 173 towns across the state thereby achieving 115% of the programme target of 150 towns. The programme sales exceeded targets for EC and most other modern contraceptive products, as depicted below:

Product	Sales target for the programme period	Sales achieved during the period
EC (Preventol)	120,000	151,450
Condoms	24,300,000	45,743,200
Oral Contraceptive Cycles	675,000	1,590,428
Injectables	30,000	50,420

¹ 95% Confidence Interval for outlets currently stocking Preventol is 75 – 91%

MFAs ensured that contraceptive products were available in increasing numbers of outlets across the state. During routine MFA visits, more than 4,000 chemists were trained on product knowledge (i.e., how and when to take EC) and how to counsel their clients on regular and consistent use of modern contraceptives. In addition, PSI oriented 1,829 chemists on EC in group meetings across all 32 districts in the state (against a target of 2,000 chemists). PSI's Distribution Coverage showed that more than 90% of chemists stocking EC were knowledgeable about when EC should be taken and how it acts to prevent pregnancy.

While MFAs trained chemists, a team of detailers was engaged specifically for detailing products with health care providers. Detailers regularly visited doctors to promote contraceptive use including injectables and EC. PSI trained 1,750 public and private health care providers in the state against a target of 2,000 health care providers.

OUTPUT 2: Increased demand (opportunity, ability and motivation) for modern contraceptives, including EC

As PSI worked to increase access to EC across the state, activities to overcome behavioral barriers to the use of modern contraceptives, including EC, were conducted simultaneously, thus addressing both the demand and supply side of contraception use. These activities targeted a similar population as the first phase of the project (i.e., slum populations). Therefore, research conducted in the first phase of the project about behavioral barriers was relevant to the target population in this phase of the project as well.

Results

Behavioral barriers to use of modern contraception among the target group include:

- Myth that a single act of unprotected sex could not lead to pregnancy; and
- Lack of spousal support to women in making family planning decisions. Spousal support was viewed as critical to modern contraception use due to women's low status in the familial hierarchy.

Population based surveys conducted at programme baseline and end line tracked the changes in these barriers in Jaipur and showed success in overcoming some of the key behavioral determinants to use of modern contraception, including EC.

- Percentage of the target group who understand that a single act of unprotected sex can lead to pregnancy showed a statistically significant increase from 77% to 82% in Jaipur and stood at 77% for the other three towns.

- Percentage of the target group who reported perceived spousal support for EC use showed a statistically significant increase from 49% to 69% in Jaipur and stood at 64% for the other three towns.

In addition to these two indicators, PSI tracked the percentage of the target group aware of EC. This indicator increased from 46% to 65% in Jaipur and stood at 44% for the other three towns.

Activities

To achieve the results noted above, PSI undertook a multimedia communication campaign to address and overcome barriers to use of modern contraceptive products and EC.

Surround and engage activities

PSI conducted interactive activities, which included games such as cricket and wheel of fortune, at male congregation points, including mazdoor mandis (places where day laborers gather for work), railway stations, bus stands and industrial areas. These interactive activities combined engaging games with messages to sensitize men about the risk of pregnancy due to unprotected intercourse and the harmful physical and financial effects due to repeated abortions to terminate unplanned pregnancies. A total of 2,627 shows were conducted in the four target towns and 63,746 males in the target audience were contacted and provided information through these types of activities.



Mass media campaign

A generic communication campaign, designed in the first phase of this programme, was carried through into this phase of the programme for about four months. The campaign included a television commercial placed in two serials, Gorband Nakhralo and Chirimi (highest viewer ratings among the target group), on the state run channel Doordarshan, the dominant TV channel in the state. In addition, a regional satellite TV channel called E TV was selected for placement of the commercial due to its high viewership among urban households in the state. Newspaper advertisements were placed in top line local news dailies with the highest readership ratings.

During the programme, several FM radio stations popped up in major towns throughout the state. Therefore, jingles were placed on FM stations in Jaipur and Jodhpur.

PSI experimented with implementing a unique packaging of radio and surround and engage activities in Jaipur to achieve higher impact and cost effectiveness. The FM station recorded the voices of slum dwellers at select locations in slums where surround and engage activities were taking place. These individuals were given fixed frequency radio sets as prizes and told that their sound bites would be broadcast at particular times the next day. During those pre-set times, the PSI jingles containing messages about contraception were played frequently to ensure high probability that the jingles were heard by the target audience. It was a win-win situation for both PSI and the FM station.

Outreach to women



Many female members of the target audience have limited access to mass media. Therefore, PSI's trained female outreach workers conducted one-on-one and group discussions in the slums of the selected towns. Thirty interpersonal communication (IPC) agents were hired, trained and deployed to cover 500 identified slums targeting approximately 60,000 beneficiaries during the programme period. IPC agents in each town were supervised by a District Communication

Officer who was responsible for supervising their work.

PSI developed a unique IPC tool called "*Glass and Water*" to counter the existing myth among the target audience that a "single sex act cannot lead to pregnancy". In addition, pictorial leaflets were used to communicate messages about regular use of contraceptives and the nearest outlets stocking contraceptives, including EC. A total of 104,162 contacts were made with female members of the target group during the programme.

Postpartum Counseling

In addition to outreach through IPC, PSI also tested outreach and counseling to larger congregations of women. A pilot initiative was undertaken in two tertiary government-run maternity hospitals in Jaipur city. Women generally visit post partum clinics in these hospitals for post delivery care and immunization of their children. These women were targeted as women in the post partum stage are more likely to adopt contraceptive methods. Two counselors within the post partum clinics were trained on EC and modern contraceptive methods. Between February and December 2007, the period of this pilot, 5,509 females were counseled in the two hospitals.

Reminder media

PSI experimented with mobile publicity in two urban towns by placing signs on the back of auto rickshaws (three wheeled vehicles for public transport). The rationale behind trying mobile publicity was that auto

rickshaws access remote corners of the city throughout the day providing excellent visibility for messages. Moreover the drivers of these rickshaws are slum dwellers themselves and would park the vehicles in the slums affording additionally visibility. However, this activity proved a challenge in that signs were removed quickly after installation, much before the committed period for placement. While itself not a successful activity, PSI learned a valuable lesson for similar activities in the future in that vehicle owners need to be enfranchised in the programme activities so that they are more motivated to display the signs for the entire placement period.

Glass and Water

In this demonstration, an empty glass “A” represents a women’s uterus. The glass is placed on a plate “B” representing the female’s body. A second glass “C”, this one filled with water, is regarded as the male penis and the water represents semen. The target group is asked to pour water from “C” into plate “B” without letting it go into “A”. While the participant is performing this task, their hand is intentionally pushed causing the water to spill into “A”. This push represents the sometimes uncontrolled nature of sexual intercourse where intentions are not always followed in the heat of the moment.



The activity is repeated a second time, this time using a shield placed on top of “B”. The shield denotes any type of contraception. When the water is poured this time, even a push prevents water from spilling into “A”. This activity aims to increase the risk perception among the target group that unplanned pregnancy can result if contraception is not used.

OUTPUT 3: Increased capacity of Government of Rajasthan to support EC programming

PSI conducted orientations for public health providers in all districts of the state. In addition to providing information about the programme and EC, these orientation sessions also served as a reminder to the health providers that EC is a part of the public health system. Through 30 orientation sessions, approximately 950 medical officers of primary health centres (PHCs) were trained.

PSI shared the findings of both phases of the programme with the Government of India (GOI). Part of this sharing of lessons included a recommendation by PSI to the GOI to include EC as part of the GOI 'Contraceptive Social Marketing program'. This program provides products at subsidized prices to social marketing organisations, but is presently restricted to condoms and oral contraceptives.

OUTPUT 4: Increased sustainability of PSI operations in Rajasthan

PSI measured success of its efforts to increase sustainability using two indicators:

1. Higher volume of contraceptive sales generating more revenue for contraceptive revolving fund;
2. Funding received from at least one other family planning donor by programme end.

PSI has successfully continued to expand its sales of family planning and maternal and child health products. During the programme period, product sales recorded significant increases that greatly exceeded programme targets in all instances (e.g., sales of condoms and oral contraceptives exceeded targets by 88% and 137% respectively). These increases in sales resulted in significant cost recovery to cover distribution of the products. According to the ORG-MARG² retail off take survey, PSI maintained its number one position in terms of market share in the state for its condom and oral contraceptive pill brands. In addition, PSI launched its own brand of EC to be sold on a cost recovery basis.

PSI has successfully continued fund raising efforts to sustain operations in the state in the areas of family planning and reproductive health and has secured a new grant in this area. PSI received a grant from the national government for promotion of condoms to prevent HIV and unwanted

² ORG-MARG is a well known research agency that conducts retail off take surveys of FMCG products on quarterly basis.

pregnancy. Additionally, PSI has submitted a proposal to the state government of Rajasthan to continue and intensify efforts in the areas of family planning/reproductive health.

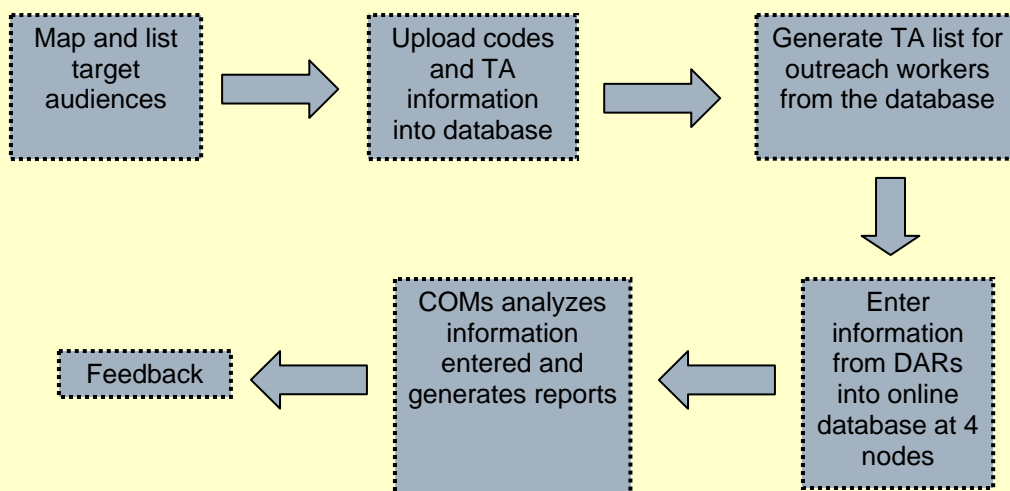
IV. RESEARCH, MONITORING & EVALUATION

PSI used a number of monitoring and evaluation (M&E) tools to measure progress towards achievement of targets and indicators in this programme.

Communication Outreach Monitoring System (COMS)

As outreach to women was an integral part of the demand generation activity (output two), a system was required to record and monitor the contacts made by the programme’s IPC agents with the target audience in each of the 500 slums. Daily activity reports needed to be tabulated and collated for quick corrective action on a continuous basis. A unique software package called “Communication Outreach Monitoring System” (COMS) was designed to meet this need. The software was designed and developed to provide real time information on activities in the four towns. The software generates standard and customized reports on various parameters and for different time periods for each slum or group of slums.

During a mapping and listing exercise at project commencement, a code was given to each target audience in each targeted slum and codes were entered into COMS. Each day, IPC agents would fill out, by hand, daily activity reports (DARs). At the end of each day, supervisors received the DARs and uploaded the information into COMS via the internet. Once all the DARs were uploaded, COMS could generate reports of the audiences that needed to be reached the next day. Supervisors would use these COMS reports to provide each IPC agent with a list of audiences to target the next day.



The COMS software resulted in availability of real time information for quick feedback and corrective action and optimized utilization of IPC agents’ time.

Distribution Coverage Survey

A chemist coverage study was conducted to assess availability of EC at chemist outlets, awareness level of EC among chemists and knowledge among chemists about its correct use. The study was conducted by a third party using the Lot Quality Assurance Sampling (LQAS) technique. Out of 4,000 chemist outlets, 95 samples (19 chemist outlets from each of five zones called 'lots') were randomly selected.

The Distribution Coverage Survey conducted in January 2008 found the following:

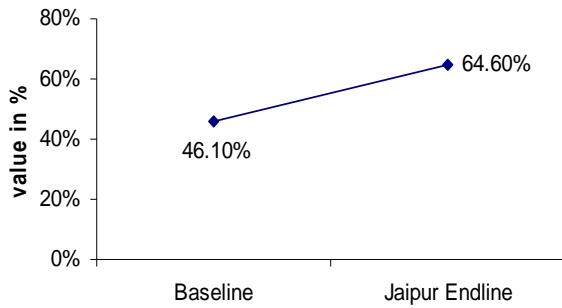
Indicator	Percent	95% Confidence Interval
Outlets currently stocking Preventol	83%	75-91%
Outlets which stocked Preventol during last one month	89%	84-94%
Outlets which ever stocked Preventol	93%	89-97%
Outlets currently stocking EC (any brand)	93%	88-98%
Visibility of Product at Shop	42%	33-51%
Awareness of chemist: That EC is not an abortifacient: When to take EC:	89% 93%	83-95% 89-97%

Population-based Survey

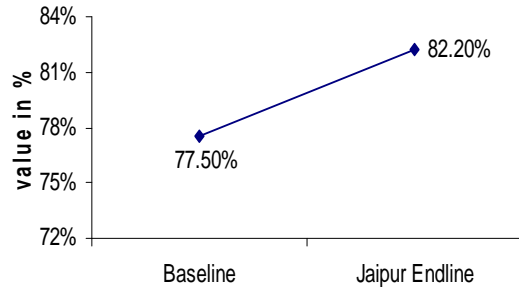
An end line survey was conducted during June – July 2008 to capture changes in key logframe indicators in Jaipur as well as the status of indicators in Kota, Ajmer and Jodhpur. The sample allocation was 3,555 respondents proportionate to the total target group present in each town. Quantitative questionnaires were used as study instruments and were similar to the Jaipur baseline so as to compare the findings. Results were analyzed through quantitative software and were compared against the baseline (conducted in Jaipur in November 2005). Comparative assessment of indicators could not be conducted for the other three target towns (Kota, Ajmer and Jodhpur) as there was no baseline data. Graphs showing the changes in indicators between baseline and end line in Jaipur are included below.

Snapshot of Performance of Jaipur town on LogFrame Indicators

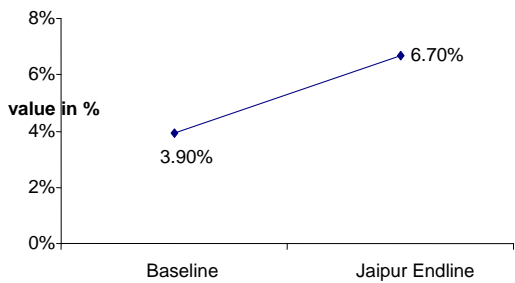
Percentage of Target group aware of EC



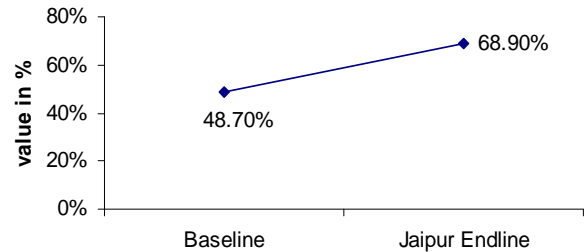
Percentage of target group understand that single unprotected sex can cause pregnancy



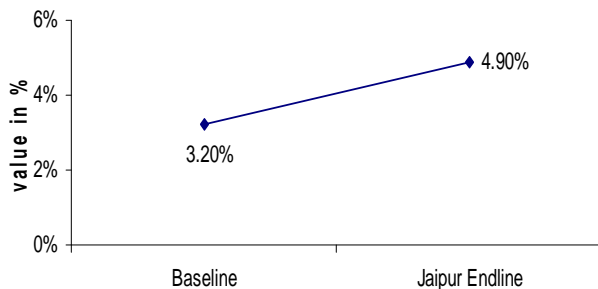
Percentage of target group ever used an EC



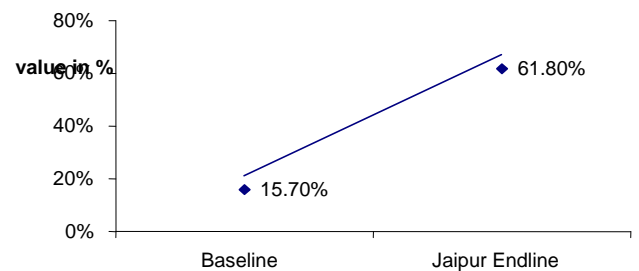
Percentage of target group who reported perceived spousal support to use EC



Percentage of Target group started using regular contraceptive after use of EC



Percentage of target group aware of a place to obtain EC



V. WAY FORWARD

The generic communication and distribution efforts during both phases resulted in entry of six to seven brands of EC from commercial and social marketing organizations. To capitalize on this growing market and for sustainability of the programme post closure of funding, PSI has developed its own brand of EC called “Emergency Goli”. The brand name has been developed through pre-testing among the target audience as “a solution from fear, anxiety and stress”. A branded communication campaign has been designed and developed for promotion of the EC brand through television, radio and printed media. The brand has been launched in Rajasthan and will be shortly introduced in six other states.

PSI thanks The William and Flora Hewlett Foundation for its generous support of this important programme, which impacted lasting changes in perceptions about and availability of EC in Rajasthan.