Effectiveness Of Personalized Interpersonal Behaviour Change Model For Adoption Of Modern Family Planning Services In India

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1. Background

The Women’s Health Project (WHP) is the flagship program for family planning of PSI/India and is implemented in thirty high priority districts across three states, namely—Uttar Pradesh, Rajasthan, and Dhubali. Despite the fact that the IUCD is one of the most effective reversible contraceptive options, its use in India has remained low at approximately two percent of women of reproductive age (WRA) over the last couple of decades. Therefore, one of the one key objectives of WHP is to increase access to family planning methods, including the long-acting reversible IUCD.

As part of the demand generation component of this program, PSI/India developed the “Conventional IPC Model” in 2009, using a team of outreach interpersonal communication (IPC) agents. The IPC agents offered family planning information and counselling services to all WRA irrespective of their current use or need for family planning (FP) services. Analysis of the model’s results revealed that 1) the IPC program led to more method shifting between current users than method adoption by new users, and 2) the community IPC model was expensive, as measured by cost-per-successful IUCD referral, and performing poorly, as measured by the number of successful IUCD referrals generated by each IPC agent.

2. Program Intervention

In response to those results, the IPC program was redesigned as the “Personalized IPC Model”. Current non-users of any modern FP method were pre-identified through a rigorous process of household listing that mapped every family dwelling in the target areas, assigning every non-user of modern FP methods a unique identification code and address. Every IPA agent then assigned a directory of 1800-2000 non-users, enabling them to not only locate each individual but also customize the counselling they would provide based on the individual’s specific needs. The IPA agent worked in the assigned area for eighteen months before moving to a new area.

3. Methodology

In order to increase contraceptive prevalence rates, IPC agents specifically targeted non-users of modern FP methods, defined as married women between 15 and 49 years of age, currently not using any modern family planning method, inconsistently using a family planning method, currently pregnant, or using a traditional method.

Program intervention areas had a high density of lower socio-economic families. Physical maps of the areas were drawn with distinct landmarks to facilitate the IPA agent’s daily work. In the project’s current phase 2013-15, approximately 1,200,000 households were visited and mapped and the family planning profiles of about 11,00,000 eligible women were collected. This data was fed into a specially designed management information system (MIS) that created unique IDs for 600,000 exclusive, non-user women.

The three key monitoring metrics were 1) Productivity, or the average number of referrals every month per IPA agent; 2) Efficiency, or the percent of referrals that resulted in a successful IUCD insertion; and 3) Cost Effectiveness, or the IPC budget divided by the number of referrals that resulted in IUCD insertion.

4. Results & Key Findings

- During the last 18 months of the program 615,000 non-users of modern FP methods were identified and approximately 60,000 adopted an IUCD while 107,000 adopted other methods.
- During the first phase of the Personalized Model from 2011 through 2012, it took on average 4.3 exposures to an IPA agent before a woman would adopt an IUCD. This dropped by more than half to 2.0 exposures in 2014.
- Compared to the earlier Conventional IPC Model, the Personalized IPC Model had the following results: 1) Productivity more than doubled from 7.9 to 17; 2) Cost Effectiveness nearly halved from $26.50 to $14.00; and 3) Efficiency more than tripled from 1.7% to 7%.

5. Lessons Learned & Program Implications

- The success of the Personalized IPC Model led PSI/India to scale up the program to thirty new towns.
- The Personalized IPC Model is a quicker, more effective and less costly model than the Conventional IPC Model in terms of motivating women to access family planning services.
- Pre-identifying a woman’s family planning needs and customizing messages accordingly results in faster behaviour change and uptake of family planning services.
- The Personalized IPC Model also improves the effectiveness of the IPC agents, which brings down the overall operational cost.

### Chart: IPC IUCD Productivity

<table>
<thead>
<tr>
<th></th>
<th>Number of IUCD referrals per IPC agent per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Model 2009-10 (Ph-1)</td>
<td>7.9</td>
</tr>
<tr>
<td>Personalized model 2011-12 (Ph-2)</td>
<td>13</td>
</tr>
<tr>
<td>Personalized Model 2013-2015(Ph-3)</td>
<td>17</td>
</tr>
</tbody>
</table>

### Chart: IUCD Cost Efficiency

<table>
<thead>
<tr>
<th></th>
<th>IPC Costs per Successful IUCD Referral</th>
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</thead>
<tbody>
<tr>
<td>Conventional Model 2009-10 (Ph-1)</td>
<td>$26.50</td>
</tr>
<tr>
<td>Personalized model 2011-12 (Ph-2)</td>
<td>$19.00</td>
</tr>
<tr>
<td>Personalized Model 2013-2015(Ph-3)</td>
<td>$14.00</td>
</tr>
</tbody>
</table>

### Chart: IUCD Efficiency

<table>
<thead>
<tr>
<th></th>
<th>% of IPC contacts That Results in Successful IUCD Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Model 2009-10 (Ph-1)</td>
<td>1.70%</td>
</tr>
<tr>
<td>Personalized model 2011-12 (Ph-2)</td>
<td>3.70%</td>
</tr>
<tr>
<td>Personalized Model 2013-2015(Ph-3)</td>
<td>7.00%</td>
</tr>
</tbody>
</table>
Productivity: Adopters per IPC agent per month
IUD Productivity

Productivity: Adopters per IPC agent per month
Lorem Ipsum Dolor sit Amet, Consectetur Adipiscing elit
Donec Lacus arcu, Dignissim Vestibulum eros et, Laoreet Convallis Nulla Vestibulum

1. significance/background


2. program intervention/activity tested


3. methodology


4. results & key findings


5. lessons/program implications

