

# **SCALING UP SDM IN JHARKHAND, INDIA:**

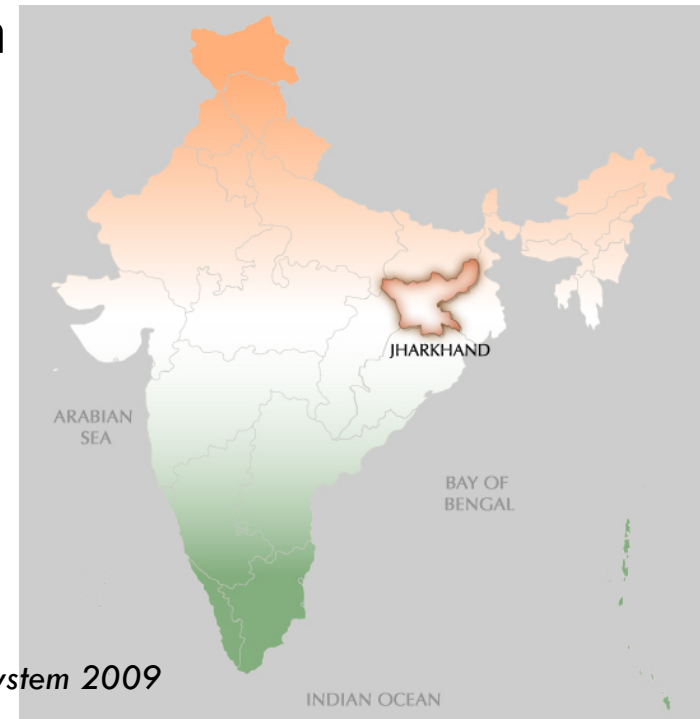
---

## **LEARNINGS, EXPERIENCES AND RELEVANCE FOR COMMUNITY HEALTH WORKERS**



# Jharkhand profile: Population

- Population of 33 million in 24 districts with 260 blocks and 32,620 villages
- 76% live in rural areas
  - Only 26% live in villages with road connectivity
- 56% literacy in women; 78% in men
- Naxalite-affected areas



# Jharkhand profile: Fertility

## Contraceptive knowledge

- Any method: 95.1%
- Methods most aware of: Female sterilization (92%), Pill (78.5%), Male sterilization (70.7%)

## Contraceptive use

- CPR: 35.7%  
(56% nationally)
- Methods most used: Female sterilization (33.5%), Traditional methods (10.1%), Condom (7.9%)

- Total fertility rate: 2.7
- Unmet need for Family Planning: 34.7%

*Sources: Census of India 2011, India DHS 2005-2006, DLHS 2007-08, Sample Registration System 2009*

# SDM integration and scale-up activities

- ❑ Background: Pilot research conducted in two districts and provided evidence on how to integrate SDM within MOH/GoJ programs
- ❑ Scale-up phase: Increase access to and use of SDM in 12 of 24 districts of Jharkhand



# Intervention



Advocacy

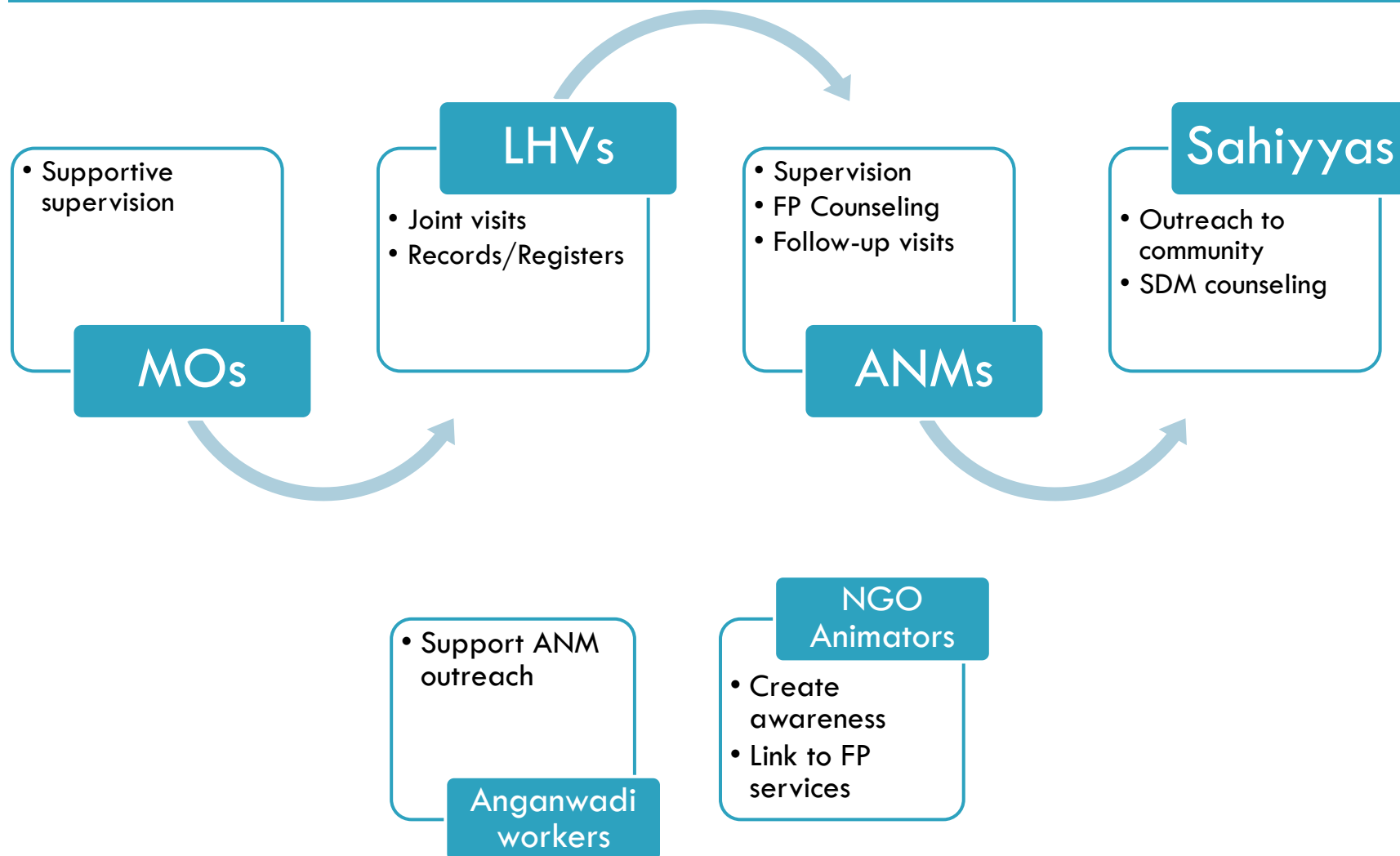
Capacity  
Building

Awareness  
raising

Logistics

Monitoring &  
Supervision

# Community Health Workers



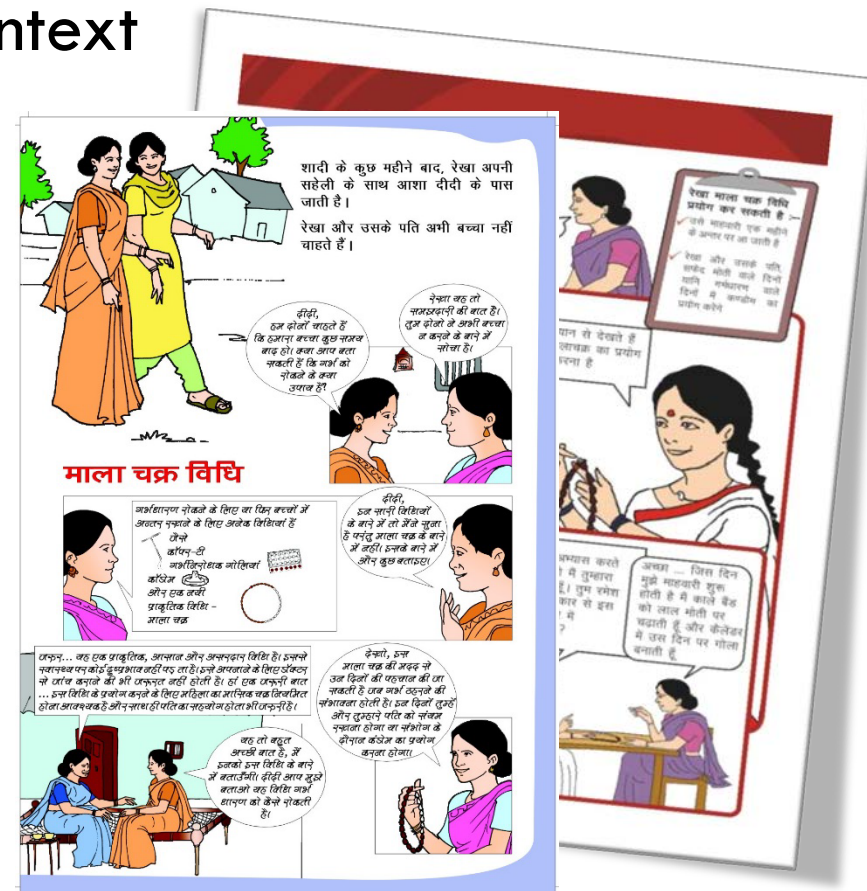
# FP Capacity Building

- ▣ Full range of birth spacing methods
- ▣ Principle of informed choice
- ▣ Client follow-up
- ▣ FP stock maintenance
- ▣ Supportive supervision skills
- ▣ Referral process
- ▣ Gender equity:
  - Couple decision-making



# SDM training methodologies

- ❑ Modules adapted to local context and translated
- ❑ Materials simplified (Comic books)
- ❑ Training videos and aids developed
- ❑ Interactive and participatory activities
- ❑ Low literacy instructions for CycleBeads





# Awareness-raising

- ❑ Posters
- ❑ Wall paintings
- ❑ Village meetings
- ❑ Street theater
- ❑ Puppet shows
- ❑ Community radio



# Community Radio

- ❑ MOH/GoJ worked with local partners to train community animators as Radio Jockeys to promote FP messages, including SDM
- ❑ Radio programmes focused on:
  - ▣ Birth spacing
  - ▣ Role of men in FP
  - ▣ Role of community representatives and providers in FP



# Logistics



```
graph TD; A[Road permits issued by MOH/GoJ to CycleBeads manufacturer to facilitate shipment of donated CycleBeads] --> B[CycleBeads registered and stored in MOH/GoJ warehouses]; B --> C[CycleBeads distributed to districts per MOH/GoJ requests];
```

The diagram illustrates a three-step logistics process for CycleBeads. It begins with the issuance of road permits by the Ministry of Health (MOH) and the Government of Jordan (GoJ) to the CycleBeads manufacturer to facilitate the shipment of donated beads. The beads are then registered and stored in MOH/GoJ warehouses. Finally, the beads are distributed to districts based on requests from the MOH/GoJ.

Road permits issued by MOH/GoJ to CycleBeads manufacturer to facilitate shipment of donated CycleBeads

CycleBeads registered and stored in MOH/GoJ warehouses

CycleBeads distributed to districts per MOH/GoJ requests

# Quality Assurance



- ❑ Pre and post tests before and after trainings
- ❑ Monitoring and supervision visits
- ❑ 'Knowledge Improvement Tool' applied 2-3 months after trainings
- ❑ Service statistics collected and analyzed

# Results of SDM integration activities

## □ Over 3,300 CHWs trained

- Mean score for knowledge of SDM: 84%\*
- 89% able to screen for cycle length

## □ By end of scale-up phase:

- 93% of CHWs interviewed offered SDM
- 49% of women and 42% of men had heard of SDM
- Among women using FP, 6% were using SDM
  - Of these women, 40% obtained the method from a Sahiyya

\*All providers

Source: *SDM Endline Household and Facility Survey, 2013*





# Providers responses to SDM integration

*“The training on SDM has helped us in enhancing skills on new contraceptive updates and also we have learnt the effective counseling skills.”*

*“First time we have seen men getting involved themselves in planning pregnancy.”*



# User responses to SDM integration

*“Now we need not to depend on ANM or doctors, the method is self explanatory.”*

*“ANM Didi has given me a wonderful gift with SDM. No fear of side effects!”.*

*“My in-laws wanted me to use some herbals, I was not convinced, whether it will work or not. With SDM I feel more confident”*



# Challenges

- Community-level:
  - ▣ Lack of systematic trainings
  - ▣ Incentive/target-based approach to offering FP
  - ▣ Inability of CHWs to conduct regular visits to remote areas
- District/State-level:
  - ▣ SDM integration activities not allocated funds by central government per requests by GoJ
  - ▣ Frequent changes in GoJ leadership
  - ▣ CycleBeads were not procured by the GoJ (issues with MOH central procurement system)



# Facilitating factors



- ❑ Positive and enthusiastic response from CHWs and community about SDM
- ❑ Existing relationships and experiences with communities facilitated integration
- ❑ Familiarity with the tribal languages facilitated communication
- ❑ Existing interest in natural methods supported SDM uptake

# Current status and way forward

- MOH/GoJ receiving technical assistance from local NGO for SDM scale-up in the remaining 12 districts of the state
  - ▣ Technical assistance includes:
    - Training over 20,000 CHWs (mostly Sahiyyas)
    - Continued support for demand creation activities
    - Monitoring and supervision support
- Scale-up of SDM in Jharkhand (all 24 districts) can serve as a model for scale-up of other states

# THANKS



**Ragini Sinha**  
Training Coordinator  
Xavier Institute of Social Service (XISS)  
Ranchi, Jharkhand  
+91-9430379009  
rgnsinha17@gmail.com

