



**World Vision**  
India

# ***Mobilizing for Maternal and Neonatal Health through birth spacing and advocacy***

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# Presentation Overview

- MOMENT India Objectives
- Background/Context
- Implementation:
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- Critical success factors
- Lessons Learned
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- What Next?



# MOMENT Project - Overall GOAL

*Improve maternal, neonatal and child health by creating global and local enabling environments for MNCH service provision and use.*



## MOMENT INDIA OBJECTIVE

*Strengthen community knowledge and civic action for improved service delivery and use of HTSP/FP services*



# MOMENT India Background/Context



□ Uttar Pradesh (UP) State

□ 2 / 75 Districts of UP

## 1. Urban Lucknow (60 Slums)

- Population 150,000 (approx.)

## 2. Rural Hardoi (4 / 19 blocks)

- Kacchauna
- Behadar
- Kothawan
- Sandila

Population 300,000 (approx.)



# MOMENT India Background/Context

Indicator	National	Uttar Pradesh
Total Fertility Rate	2.3 (SRS- 2014)	3.2 (SRS-2014)
Contraceptive Prevalence rate	54 (DLHS III)	CPR- 38.4, mCPR- 26.7 (DLHS III)
	mCPR- 47.1 (DLHS III)	CPR- 59.0, mCPR- 37.6 (AHS 2012-13)
Unmet Need for Contraception	21.3 (DLHS III)	Unmet need 33.8 (DLHS III) 8.8M (48% Limiting, 52% Spacing)  20.7 (Total Unmet need) 11.2 (Spacing) 9.5 (Limiting)- (AHS 2012-13)

## Programmatic Activities Focus - All Persons of Reproductive Age

Type	Age Range	Target Population	
		Rural	Urban
Married WRA	15-49	75,000	37,500
Men	15-49	60,000	30,000
Total Number of Beneficiaries		135,000	67,500



# MOMENT India

## Implementation Framework

	<b>Four Key HTSP Messages</b> (tweaked to reflect NHM FP Goals for Uttar Pradesh)
<b>Too early a marriage</b>	<b>Marriage at 18 or older (Girls-18, Boys-21)</b>
<b>Too soon a pregnancy</b>	<b>First pregnancy at age 20+</b>
<b>Too less a gap between pregnancies</b>	<b>Three year gap between two children</b>
<b>Too many children</b>	<b>Keep your family small</b>



# MOMENT India

## Implementation Framework

### Input-

- Community education on MNCH, HTSP and FP linkages
- Capacity Building of FLW and select HFV
- Supportive Supervision



**Enabling Environment**  
Strategy, Managerial & Technical  
Support to district and block  
level government institutions  
Monitoring & Evaluation

### Output / Outcome

- Enhanced community & HFV knowledge about HTSP & FP methods and where to seek
- Increase in the number of FP service provision sites
- Increase in FP use



# MOMENT India Critical Milestones (CM)

CM1

Percentage increase in community knowledge/awareness of accurate HTSP/FP messages **(20% from baseline)**.

CM2

Percentage increase in service provider knowledge/awareness of accurate HTSP/FP messages and appropriate counseling for modern FP methods **(20% from baseline)**

CM3

Percentage increase in new FP acceptors, per contraceptive method at project public and private HTSP/FP service provision sites **(4% from baseline)**

CM4

Percentage increase in number of public and private HTSP/FP service provision sites that provide modern contraceptive methods **(3% from baseline)**

CM5

Two local level champions (faith leaders, opinion leader, civic leaders, influencers) publicly advocating for HTSP/FP per target project area per year

CM6

Four documented community and service provider discussions per year

CM7

One local-level program finding included in national media and/or advocacy bulletin per year





# Strategies / Approaches

1. Community Education, Counseling, Social and behavior change and communication: **(CM1,2,3,6)**
  - ASHAs on interpersonal communication, house-to-house,
  - IEC materials developed and use for counseling
  - Visual and audio activities e.g. wall paintings, drama/role plays, community games, mobile vehicles etc.
  - Targeted Counseling (Sasmatas, Lactating Mothers Meeting, MWRA),
  - Fixed Days Services/Health Camps at Community Health Centers



# Strategies / Approaches

## 2. Strengthening Government Systems (CM1,2,3,4,5,6):

### a. Capacity building through different types of training

- *Skill based training for nurses, ASHA, AWW*
- *IEC for ASHA workers and Peer Educators*
- *Fixed Days Service Delivery/Health Camps*



# Strategies / Approaches

## 3. --- Local Advocacy --- (CM1,2,3,4,5,6):

### a. Citizen Voice and Action (CVA) approach / Community & Government Interface Meetings to:

- ✓ Educate on Entitlements, Revitalize Auxiliary Nurse Midwife Sub-Centers, and Use “Untied Funds” to improve services
- ✓ Revitalize VHSNCs in Hardoi & Pressure Groups in Lucknow

### b. Leveraging WV’s Child Health Now Campaign to engage Religious Leaders



# RESULTS - Community Strategies



TOGETHER FOR CHILDREN. FOR CHANGE. FOR LIFE.

# RESULTS - Community Strategies

## IEC brochure



## Counseling



# Results - Community Knowledge

		Hardoi		Lucknow	
		BL	EL	BL	EL
	Four Key HTSP Messages				
Too early a marriage	Marriage at 18 or older (Girls-18, Boys-21)	78.4	73.7	67.5	62.4
	Age at time of marriage	17.6	17.1	18	19.7
Too soon a pregnancy	First pregnancy at age 20+	Mean age-19.5	19.5	Mean age-20.3	21.2
Too less a gap between pregnancies	Three year gap between two children	69.0	94.4	63.6	98.1
Too many children	Keep your family small	0		0	



# Results - Service Providers (ASHA, ANMs)

## Knowledge

- Study for Rural Hardoi only
- % increase in the knowledge of ASHA- 9.6%
- # of ASHA trained - 110
- # of ANM trained - 21

### Key Questions Asked

- ANC
- New Born Care
- Birth preparedness
- HTSP, Family planning
- VHSNC collaboration

	Hardoi Rural (%) n=51	
	BL	EL
<b>ASHA Knowledge</b>	60.3	69.9
<b>% increase</b>	9.6%	



# Use: FP Methods

	Rural		Urban	
	Baseline	Endline	Baseline	Endline
Female Sterilization	1.6	1.6	<b>1.3</b>	<b>5.8</b>
Male Sterilization	0	0	0	0
IUCD/ Copper-T/Loop(PPIUCD/IIUCD)	<b>0.4</b>	<b>5.7</b>	<b>4.6</b>	<b>11.3</b>
Injectable*	0.8	0.3	1.3	2.2
Pill	8.5	4.1	14.7	3.6
Condom	<b>8.9</b>	<b>23.7</b>	<b>18.6</b>	<b>25.1</b>
Female Condom	0	0.7	0	0.3
Lactational Amen. Method	17.7	0.2	10.1	0.9
Cycle Beads/ Standard Days Method	0.4	2.6	0	0
OTHER	1.2	0.2	8.1	0
	39.5	39.1	58.7	49.2





# Family Planning Methods

- Contraceptive Prevalence Rate

	Hardoi		Lucknow	
	Rural (%)		Urban (%)	
	BL	EL	BL	EL
Contraceptive Prevalence Rate	39.5	47.3	58.7	60.2
% increase	7.8		1.5	



# Results - Systems Strengthening

## CVA: Community & Government Interface Meetings

**40** VHSNCs revived in  
24 months in Hardoi District

**7** Pressure Groups revived in 24  
months in urban Lucknow District

**17** ANM sub-centers revived since  
February 2015 using Untied Funds

### No. of Women who received a Contraceptive Method at revived ANM sub-centers since February 2015 (Source: MOMENT Project data and ANM records):

- ✓ 1064 women are using an intra-uterine contraceptive device (IUCD)
- ✓ 3052 women are using oral contraceptive pills
- ✓ 28423 couples are using condoms

### Benefits of reopened ANM centers:

- ✓ Addition of HTSP and FP services to the government-approved MNCH services.
- ✓ Services have come closer to households, increasing easy access and reduced travel time and distance to the Primary Health Center (PHC) and Community Health Center (CHC).
- ✓ Possible economic savings for families



## Child Health Now Campaign March - Respected Faith Leader in UP



Government & Community Interface Meetings (CVA)



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## Critical Success Factors

- Working with Govt. of India
- Collaboration with Chief Medical Officer in Hardoi
- When people know and understand the topic, they are likely to “try” out the product

## Challenges

- Working with Faith Leaders and Men
- Competition for donor funds among NGOs
- Migration of people in urban Lucknow

## Take Home - Pass it On

- Shift to urban focus
- Integration of HTSP & FP into RMNCH+A
- Lack of recognition that social norms impacts understanding of HTSP and use of contraceptives
- Work on HTSP & FP cannot be rushed...



# Selected Document Sharing Link

- CVA summary brief
- SBCC brief
- Personal Success Stories
- Data flow diagram



**CVA Community Interface Meeting**

<https://www.dropbox.com/sh/l1c2ktwgr7w9m8f/AABeqljNxpOT4FWHzHls9Jzna?dl=0>





Thank You!



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