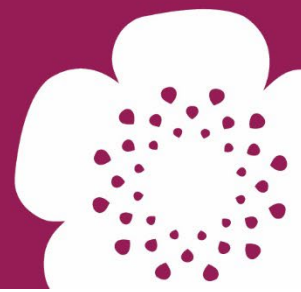


Enhancing Community-Based Family Planning Using a Train–Assist–Graduate Framework

Supporting Accredited Social Health Activists to Facilitate Voluntary, Informed Decisions



Project Background

Approximately half of all pregnancies in India are unintended (Singh et al. 2018). The KARMA project, led by EngenderHealth, aimed to strengthen institutional capacity for sustainable delivery of quality family planning (FP)—including particularly postpartum and postabortion FP—in Karnataka and Maharashtra to help address this issue. To achieve our goal, we adopted three strategic approaches, including strengthening clinical capacities at service delivery points with high delivery caseloads; identifying and addressing demand-side barriers for FP by increasing the breadth of methods available to include newer contraceptives (e.g., injectable and weekly oral contraceptives), and institutionalizing successful project interventions within the existing government health system.

Community health workers, known as accredited social health activists (ASHA) in India, are key to achieving universal health coverage and can play a pivotal role in increasing demand for and uptake of FP services. With one ASHA per population of 1,000, these healthcare workers are trusted resources within their communities and are optimally positioned to counsel clients about their reproductive health intentions in support of voluntary, informed FP decisions. Further, as ASHAs serve an estimated four pregnant clients—or fewer—at a time, they are a particularly well-positioned to provide counseling for postpartum FP and to facilitate voluntary, informed FP decisions.



Photo credit: Debashis/EngenderHealth

The Train-Assist-Graduate (TAG) Approach

Recognizing that the provision of regular services can facilitate provider behavior change and improve FP service quality, and respecting the role of the ASHAs at the community level, the KARMA project

Figure 1. TAG Model



sought to improve ASHAs' knowledge about FP methods and strengthen their abilities to deliver key FP information to clients by providing them with mentoring support. However, we quickly learned that a key challenge for ASHAs was understanding how to center conversations on each client's specific needs. Specifically, we observed that ASHAs were often prescribing the contraceptive method they felt was appropriate rather than counseling clients to make informed decisions for themselves. To address this challenge, we designed and implemented the train-assist-graduate (TAG) approach, which included providing classroom training on available contraceptives and effective communication techniques; providing subsequent assistance, which included tailored mentoring and site observations followed by the provision of constructive feedback; and finally graduating those who demonstrate competencies in line with an established set of criteria (see Figure 1).

Over the course of nine months, KARMA trained and assisted more than 369 ASHAs working in the catchment areas surrounding project-supported facilities to facilitate voluntary, informed FP decisions. Furthermore, through this initiative we were able to demonstrate a promising approach to expanding contraceptive uptake through community-based services, an approach that the public health system could expand through its block-level facilitators who supervise anywhere between 20 and 100 ASHAs within their geographic areas.

TAG Implementation

Train

EngenderHealth has been training ASHA's since we launched the KARMA project in 2017, and has since trained more than 16,000 ASHAs on various postpartum FP topics.

Assist

Additional Orientation on the REDI Framework

KARMA initiated a specialized orientation for this initiative in February 2020 and was able to meet with a total of 369 ASHAs in person at least once before the shutdowns related to the COVID-19 pandemic. During the initial visit, we oriented ASHAs to our approach to client-centered care, which uses EngenderHealth’s proven Rapport Building-Exploring-Decision Making-Implementing the Decision (REDI) counseling framework. The “rapport building” component comprised a respectful and culturally appropriate greeting; an introduction, with a welcome for spousal participation; assurances of confidentiality and privacy; an explanation of the purpose of the meeting, including the need to discuss sensitive and personal issues; and effective communication throughout the discussion. The “exploring” component focused on discussing the benefits of FP, including healthy timing and spacing of pregnancy, and detailing FP methods available. The “decision making” component centered on supporting clients in identifying their preferred contraceptive method. The project also designed and disseminated counseling kits to help ASHA facilitate this decision-making, which included contraceptive samples (to allow clients to see and touch the method) and other promotional materials to distribute to clients. Finally, the “implementing the decision” component focused on encouraging clients to consider potential barriers (and solutions) to uptake and continuation and to seek further care from their local service provider (if needed), and then summarizing the discussion and offering any assistance for moving forward.



Photo credit: Namratha/EngenderHealth

Site Observations

To assist ASHAs practice what they learned, we developed a simple observation checklist to measure performance, which our project associates used to complete site visits wherein they observed client-ASHA interactions. Based on the ASHA’s performance, we then provided feedback to support improvements; this included sharing written feedback using Google Forms and conducting demonstrations with clients, as necessary. Upon completing a couple rounds of site visits, we were able to identify successes and begin documenting promising results.



Photo credit: Namratha/EngenderHealth

Ongoing Virtual Support, Including Special Support for COVID-19

In addition to physical visits, KARMA also supported ASHAs virtually. This virtual support was both a cost-effective approach for providing ongoing mentoring to the ASHAs and an important strategy for continuing programming amid pandemic-related travel restrictions. Further, as the last mile service provider in their respective communities, ASHA also assumed responsibility for identifying potential cases of COVID-19 and supporting COVID-19 surveillance activities when the pandemic hit. And, while the government provided a required standard training for COVID-19, ASHAs reported facing several challenges in implementing their related responsibilities. Therefore, to further assist project-supported ASHAs, KARMA, in consultation with the government, organized virtual support sessions to provide periodic knowledge updates related to COVID-19, to identify new and continuing challenges as the pandemic evolved, and to enable ASHAs to ask questions and receive needed clarifications. We provided this assistance in concert with FP counseling follow-up support, including through weekly telephone calls, which aimed to reinforce the importance of client-centered counseling and offering of a variety of contraceptive methods. This outreach included direct, one-on-one outreach, as well as virtual meetings via WhatsApp and Zoom (see Table 1) with small groups (with three to five ASHAs per group).



Photo credit: Namratha/EngenderHealth

Table 1. Virtual Support

Platform	Telephone Calls	WhatsApp Messages	Zoom Meetings
Outreach Conducted	13,396	72,750	8,705

Targeted Follow-On Reinforcement Training

Through our initial site visits, and by tracking feedback in Google forms, we were able to track trends in performance and identify eight areas in which we felt reinforcing learning could improve the quality of counseling. We developed eight training modules and conducted multiple sessions of each module virtually, with the intention of enabling ASHAs to focus on improving in the particular areas most relevant to their needs (see Table 2).

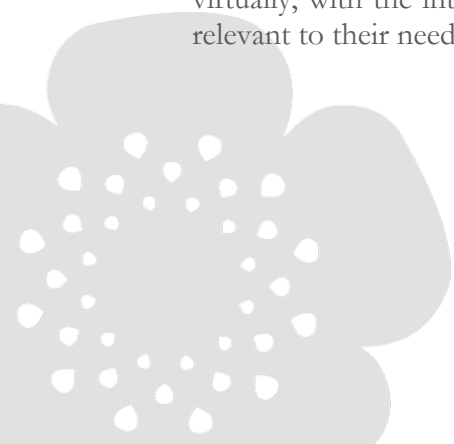


Table 2. Reinforcement Training

Training Module	# of Sessions	#. of Participants
1. Explaining the purpose of the counseling session	36	123
2. Assuring and maintaining confidentiality and privacy	45	155
3. Explaining referrals	34	113
4. Discussing the importance of partner involvement	49	153
5. Explaining the benefits of FP	35	114
6. Summarizing the methods available	38	120
7. Providing additional details for potential preferred methods (e.g., side effects and key points to remember)	47	150
8. Ensuring clients understand how to access additional FP care (e.g., from a facility-based provider)	40	128

Graduate

To graduate from this program, we required ASHAs to receive an assessment score of 75% or higher during site observations and to demonstrate that at least three of their clients adopted a postpartum contraceptive method. To date, more than 80% of project-supported ASHAs (309 of the total 369) have met these criteria and graduated. ASHAs who met these criteria received a graduation certificate, which we also shared with the government. We had planned to present ASHAs with these certificates in collaboration with our government partners, but were unable to convene these presentation ceremonies due to COVID-19 constraints.



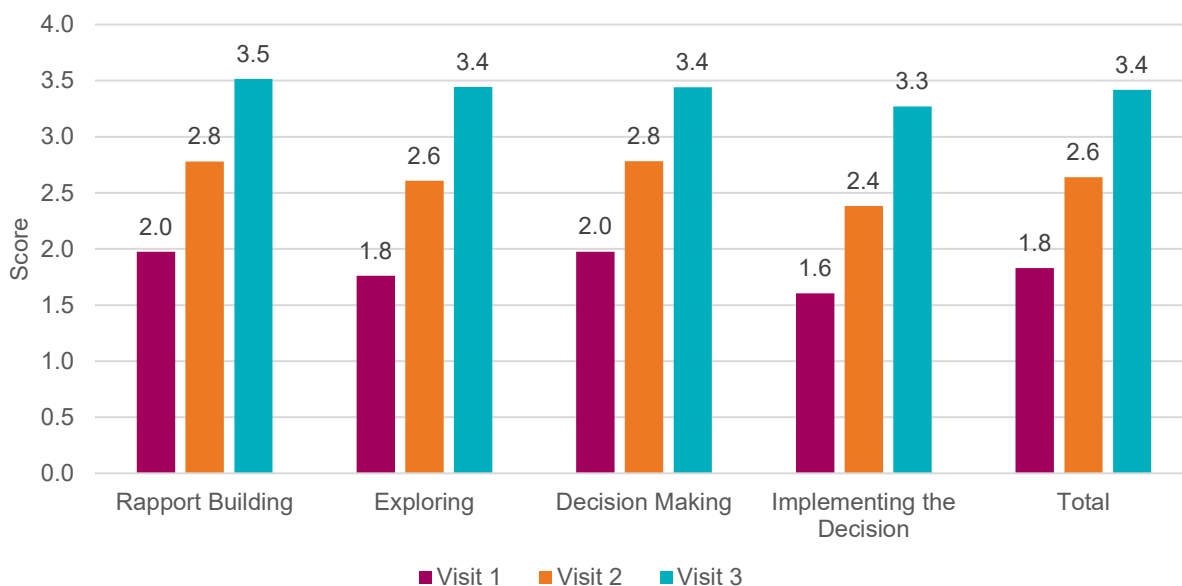
Photo credit: Debashis/EngenderHealth

Results and Achievements

Our TAG program significantly improved ASHAs abilities to provide client-centered, community-based FP counseling. Specific results and achievements are described below.

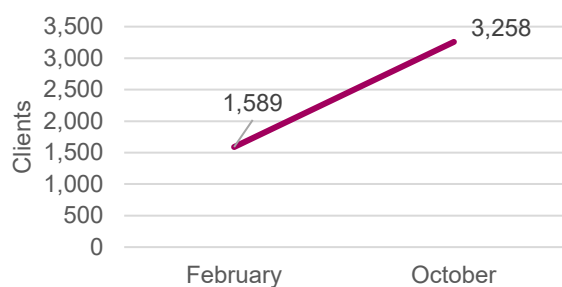
ASHAs completed training, demonstrated improved skills, and graduated. In total, KARMA identified and supported 369 ASHAs through the TAG program. Over the course of the intervention, and using a scoring scale of 0 to 4, our project associated observed consistent improvements in counseling performance of the ASHAs in all four components of the REDI framework, as measured through a series of three observational visits (see Figure 2). Further, 80% demonstrated the required skills for client-centered contraceptive counseling and supported informed decision-making and uptake of postpartum FP of at least three clients, as required to graduate from the program.

Figure 2. ASHA Performance Scores in REDI Framework



Contraceptive uptake from ASHA referrals more than doubled. We initiated the TAG program in February 2020, at which time ASHA records indicated 1,589 clients had been referred for and accepted a FP method. As of October 2020, records indicated 3,258 ASHA clients had been referred for and accepted a FP method—representing an increase of 105% in FP uptake (see Figure 3).

Figure 3. FP Uptake among ASHA Clients



Challenges

We encountered two primary challenges during implementation, both related to COVID-19.

- ❁ **Difficulty in safely reaching clients.** Despite government guidelines easing lockdown restrictions, safety precautions prevented us from participating in home visits with ASHAs to observe counseling sessions and provide feedback.
- ❁ **Fear and stigma.** Because ASHAs' work involves visiting facilities, many in the community were reluctant to meet with them, fearing that they might contract COVID-19. This required ASHAs to adapt their approach to home visits and to modify their communication strategies to address clients' fears related to COVID-19.

Key Learnings and Recommendations

The TAG model proved effective for improving the quality of FP counseling delivered by ASHAs and demonstrated potential for scale-up. Herein we provide three primary recommendations based on our lessons learned from this experience.

- ❁ **Employ a simple, structured discussion framework to improve communication skills.** ASHAs are not typically trained to provide comprehensive, client-centered FP counseling, but they are well-positioned to conduct such counseling, given their established relationships within their communities. To help ASHA's build their counseling skills quickly, we used a structured communication framework, developed based on our proven REDI framework.
- ❁ **Provide job aids to assist ASHAs in facilitating awareness around contraceptive options.** By providing counseling kits with sample contraceptives, the project helped ASHAs present comprehensive information around available methods and support clients in making informed decisions.
- ❁ **Use technology resources to deliver real-time feedback, track trends, and modify programming.** By using Google Forms, project associates were able to provide immediate feedback to the ASHA on their performance. Further, project managers used these forms to track progress in real-time, identify areas in which additional support could help further strengthen ASHAs' capabilities, and quickly refocus activities to provide targeted support.



Photo credit: Debashis/EngenderHealth



Photo credit: Namratha/EngenderHealth

References

Singh, S., Shekhar, C., Acharya, R., Moore, A.M., Stillman, M., Pradhan, M.R., Frost, J.J., Sahoo, H., Alagarajan, M., Hussain, R., Sundaram, A., Vlassoff, M., Kalyanwala, S., and Browne, A. 2018. “The Incidence of Abortion and Unintended Pregnancy in India, 2015.” *The Lancet Global Health* 6, no. 1 (January): E111–E120.

Acknowledgements

EngenderHealth appreciates all of the project associates and community coordinators in Karnataka and Maharashtra for their support in implementing the activity—without their efforts we would not have accomplished these results. We thank all of the participating ASHAs who embraced this opportunity to learn new communication skills and improve their counseling techniques to better support clients in their catchment areas. We also wish to acknowledge the leadership of Dr. Dhanyakumar and Dr. Bhavana Joshi in implementing this initiative in their respective states and extend our sincere appreciation to Dr. Harshwardhan Dere, who spearheaded all efforts as a team leader. Our sincere gratitude to Dr. Chandrika, Deputy Project Director from Department of Health and Family Welfare in Karnataka, and Dr. Archana Patil, Director Health Services in Maharashtra, for their support.

This document was written by Dawood Alam, Manoj Pal, S Kaushik, Sunita Singal, and Amy Agarwal. We thank Ana Aguilera, Renu Golwalkar, and Kathryn A. O’Connell for their review.

Suggested Citation

Alam, D., Pal, M., Kaushik, S., Singal, S. and Agarwal, A. 2021. *Enhancing Community-Based Family Planning Using a Train-Assist-Graduate Framework: Supporting Accredited Social Health Activists to Facilitate Voluntary, Informed Decisions*. Washington, DC: EngenderHealth.