

Taruni - 2

Revisiting contraceptive choice in the era of FP-2020

Introduction

Lack of access among poorer young women to information, counseling and services for reproductive health underlies low use and high unmet need for contraception. This lacuna is compounded whenever they face uncertainty and anxiety about becoming pregnant. Preventing or dealing with unwanted pregnancy often entails psychological or social costs, which when coupled with the inability to seek information or calmly take informed decisions, can lead to avoidable stress and non-use of services among young women.

The Taruni intervention being implemented by Action Research & Training for Health (ARTH) since Dec 2014, enables women to readily self-assess their pregnancy status, seek information and commodities from neighbourhood entrepreneurs, consult a telephone helpline, and easily access RH counseling and services at primary care clinics backed by escorted referral to specialists. All these interventions aim to enable reproductive choice and greater adoption of contraceptives and other reproductive health services, on part of young women aged up to 30 years. The 1st phase was implemented in a population of 1,80,000, the 2nd phase has scaled intervention across 2½ blocks and utilizes field experience as a platform for communicating and advocating the safeguarding of choice and reproductive rights within India's Family Planning Program in the run up to 2020.

Goal

To contribute to lowering the fertility rate by demonstrating delivery of integrated sexual & reproductive health (SRH) information and services for young women, in a manner that widens contraceptive choice and avoids reliance on method specific targets or incentives, and to utilize the experience to advocate for changes in India's National Family Welfare Programme

Implementation Area

Taruni-2 is being implemented across 11 clusters covering a population of 5,23,333 in 479 villages of Udaipur & Rajsamand districts. Each cluster covers 35,000 - 50,000 population and is mobilized by community mobilizers or Taruni Preraks, who select, train and support entrepreneurs at village level to serve 700-1000 persons.



Major interventions and key results

Selection and training of Community Health Entrepreneurs (Taruni Sakhis)

Taruni Sakhis (Neighbourhood Volunteers) distribute kits to women in the community

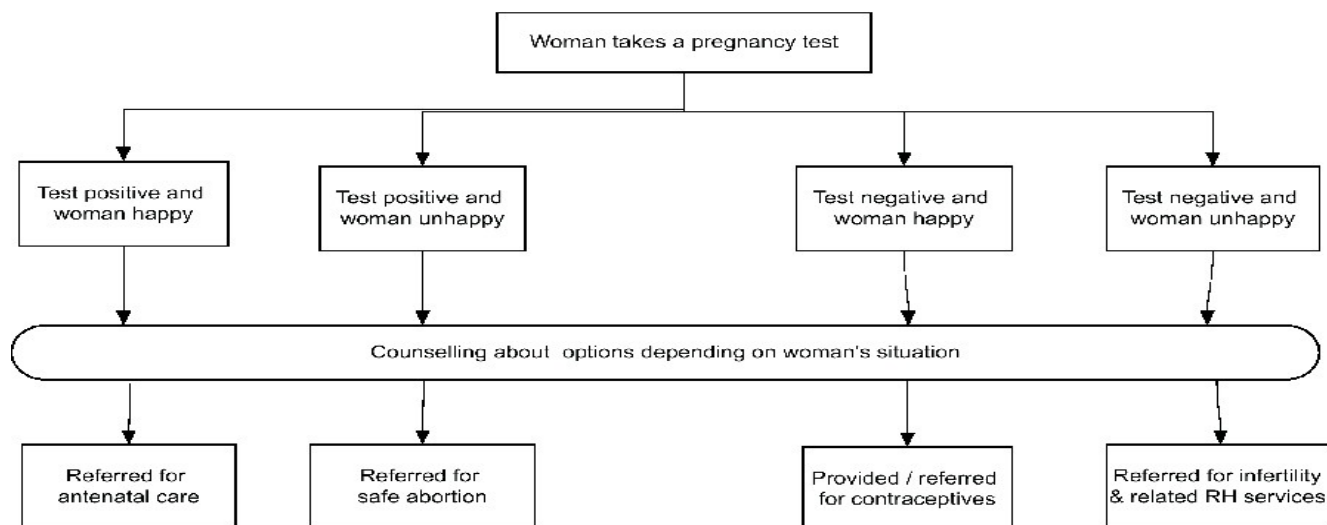
These are young school educated women living in poorer sections of the community, carefully chosen by trained community mobilizers and oriented at spot for about 2 hours on pregnancy testing and contraceptives through educational videos and demonstration. They are subsequently invited to attend quarterly training. They pro-actively encourage women to use the helpline, distribute nominally priced pregnancy test kits, condoms, oral pills, EC pills and sanitary pads, and offer to refer or accompany women to the nearest clinic as needed.



Till date, March 2019, 613 Taruni Sakhis (CHEs) have been identified, and 413 have been trained. To promote the work of CHEs in the campaign, awareness generation measures like wall paintings, hoarding, pole kiosks, pamphlets, village awareness campaigns, meetings with SHGs groups and orientation of adolescents in high schools have been conducted at scale.

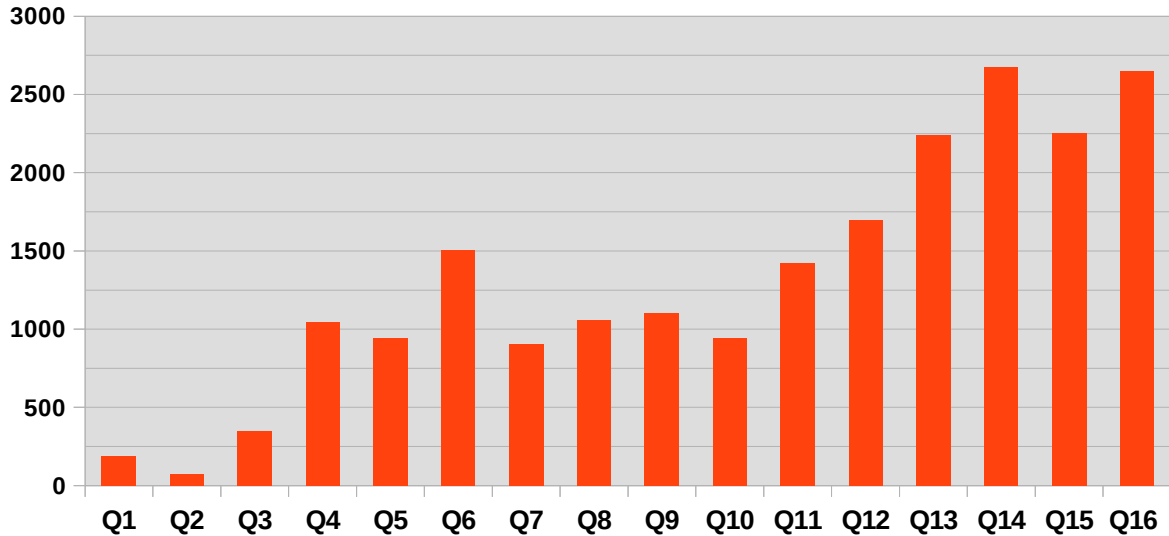


The following diagram illustrates how pregnancy testing can lead to greater reproductive choice among women



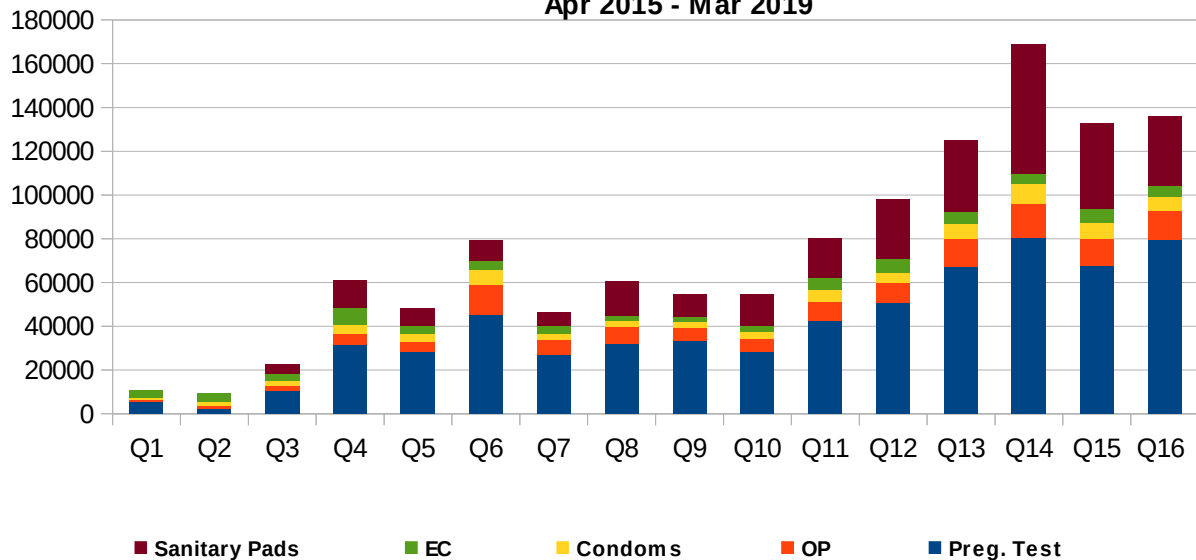
Access to RH commodities and information on care options, from neighbourhood volunteers

Quarterly sales of Pregnancy test kits by CHEs
(Apr 2015 - Mar 2019; 19,994 kits)



A total of 19,994 pregnancy test kits, 13,649 oral contraceptive cycles, 46,862 condom pieces, 2,107 emergency pill packs and 9927 sanitary pad packets (of 8 each) were provided by Taruni Sakhis to the community at nominal, below market rates during the period April 2015 to Mar 2019. To smoothen supplies of commodities to sakhis, a supply chain system was established whereby a two-wheeler borne supplier undertakes trips to deliver supplies as per demand.

Sale value of commodities by quarter (INR)
Apr 2015 - Mar 2019



Telephone Helpline

Call Centre Helpline: At any time between 9 am and 5 pm on weekdays, women can call a local dialect helpline for advice regarding their health (especially reproductive health), irrespective of whether or not they have self tested. In case they have tested themselves, women can of course seek help on their options, based on the test result, and their reproductive intentions at that point.



Call-Centre

The call centre helpline is run by a team of two social workers who counsel and guide women on reproductive health options over phone and help them to take a decision.

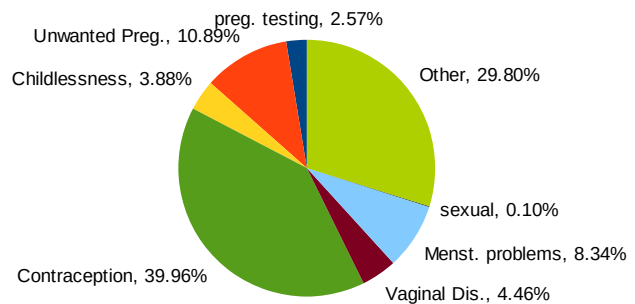
Incoming calls: Women – members as well as non-members, can contact the 9 am to 5 pm helpline at 8003 112 112 or 1800 313 12 9999 (toll free). Depending on the situation, helpline operators provide advice, suggest products that can be acquired from the local Taruni Sakhi or market, suggest a visit to a Taruni clinic, or referral to a hospital.

Outgoing calls: Call centre counselors call up consenting women who have undergone abortion or delivery at an ARTH Health centre 1-2 months after the event, to educate her about postpartum contraceptive options.

The call centre also performs management support functions by receiving and making calls to entrepreneurs regarding supply of commodities/ participation in training and/ or referral services.

Reason for incoming Calls

During the period April 2015 –Mar 2019, the call centre handled 7901 incoming & 5225 outgoing calls. Most incoming calls from the community were related to contraception, followed by unwanted pregnancy. Outgoing calls were related to post partum and post abortion contraception follow up, and management support calls were for facilitating supplies of commodities, training, etc.



Taruni clinics staffed by nurse-midwives and visiting doctors

Taruni clinics operate within four health centres – 1 urban and 3 rural. Trained, locally resident nurse-midwives are available at the clinic on daily basis while a doctor (gynecologist) visits one to two times a week. 58,926 young women visited the clinics for RH services. During this period, 989 LNG-IUS, 5317 doses of DMPA, 60 copper-Ts, 2972 MTPs and 2993 deliveries were provided to women of the area.

For more information, contact

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