Technical Working Paper

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MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

Measurement, Learning & Evaluation of the Urban Health Initiative: Uttar Pradesh, India, Endline Survey 2014

MLE Technical Working Paper 3-2014

www.urbanreproductivehealth.org

This report presents the findings from an analysis of the endline survey results from samples in six cities in Uttar Pradesh, India. The report was written by the Measurement, Learning & Evaluation (MLE) Project of the Urban Reproductive Health Initiative. The MLE Project was implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill (UNC-CH), the International Center for Research on Women (ICRW) and the African Population and Health Research Center. The Urban Health Initiative (UHI) was implemented in India by a consortium led by FHI360.

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Information about the Urban Reproductive Health Initiative and the MLE project may be obtained at *www.urbanreproductivehealth.org.*

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Cover photograph:

A mother and child attend a family planning counseling session in Chiabasa, India.

Acknowledgments

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Contents

List of Abbreviations

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Workers
BMGF	Bill & Melinda Gates Foundation
CEB	Census Enumeration Blocks
CHW	Community Health Worker
DMPA	Depot Medroxyprogesterone Acetate
EC	Emergency Contraception
FP	Family Planning
HV	High Volume
ICRW	International Center for Research on Women
IUCD	Intrauterine Contraceptive Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
MLE	Measurement, Learning & Evaluation Project
MDG	Millennium Development Goal
NGO	Non-governmental Organization
NTO	Non-traditional Outlet
OCP	Oral Contraceptive Pill
ORG	AC Nielsen ORG MARG
PSU	Primary Sampling Unit
RH	Reproductive Health
RMP	Registered Medical Practitioner
SDM	Standard Days Method
SDP	Service Delivery Point
UHI	Urban Health Initiative
UNC-CH	University of North Carolina at Chapel Hill
UP	Uttar Pradesh
USHA	Urban Social Health Activist

Executive Summary

Background

The benefits of family planning go beyond the prevention of maternal and child mortality and extend to poverty alleviation, environmental sustainability and the empowerment of women. The Bill & Melinda Gates Foundation is committed to reducing unintended pregnancy in the developing world by increasing access to high-quality, voluntary family planning services. The Urban Reproductive Health (RH) Initiative, initiated in 2009, is one component of the foundation's strategy that targets the expansion of quality family planning services in selected urban areas of Uttar Pradesh, India; Kenya; Nigeria; and Senegal. To build scientific evidence for urban family planning efforts, the Measurement, Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina at Chapel Hill (UNC-CH), in partnership with the International Center for Research on Women (ICRW), conducted an impact evaluation of the country-specific Urban Health Initiative (UHI) program in Uttar Pradesh, India.

MLE designed a rigorous evaluation, which included individual surveys of women of reproductive age and surveys of health facilities, providers and clients at service delivery points (SDP) at baseline, mid-term and endline. The MLE evaluation comprises three design elements that allow researchers to measure programmatic impact across cities, over time and among the urban poor and non-poor. At endline, three surveys were conducted: the longitudinal household survey in the six study cities (Agra, Aligarh, Allahabad, Gorakhpur, Moradabad and Varanasi), the cross-sectional household follow-up in the four initial intervention cities (Agra, Aligarh, Allahabad and Gorakhpur), and the facility survey in all six cities. This report presents the methods and results from this endline work.

Endline data collection was completed in the four core cities plus the two control cities from December 2013 to July 2014. Using contact information collected at baseline and updated at mid-term, households and women selected at baseline and still residing in one of the six study cities were re-interviewed at endline. SDP data collection at endline targeted the initial full sample of facilities audited in 2010 plus additional facilities identified by UHI in 2012 (mid-term) and 2014 (endline) as expanded intervention sites. Provider interviews were conducted at all facilities, and client exit interviews were conducted at all high-volume (HV) facilities.

Household Population Distribution

Of the 13,912 eligible households at endline, 13,270 were interviewed, a response rate of 95.4 percent overall (ranging from 92.9 to 96.4 percent across the six cities). Of the eligible individual longitudinal respondents, 88.9 percent were found either at their baseline location or a new location, and 14,043 of these women (83.6 percent) completed interviews. The highest percentage of women found was in Gorakhpur, at 91.4 percent, and the lowest percentage found was in Agra, at 87.1 percent. The overall response rate for the women's survey was 83.6 percent, with Allahabad having the highest response rate at 85.5 percent. By endline, 10% of the women had moved from their baseline residence; just under half of these women (656 or 4.6%) had moved within the study area and remained eligible for the endline interview.

Socio-economic Profile of the Longitudinal Sample

At baseline, married women ages 15-49 from the six cities were sampled. By endline, fewer than 1 percent of the longitudinal respondents were under 20 years of age and 6 to 9 percent of the women were 50 years or older. The majority of women were in the 30-39 age group, ranging from 37.4 percent in Gorakhpur to 42.6 percent in Allahabad. As anticipated, the majority reported being married or in union, although 1 to 3 percent across cities reported being widowed, separated or divorced by endline. Most women were literate and had two to three children. Slum residence ranged from 9.6 percent in Gorakhpur to 26.6 percent in Varanasi.

Family Planning

By endline, modern contraceptive use ranged from 48.1 percent in Aligarh to 59.6 percent in Moradabad (Table Key Indicators). All cities reported a significant increase in use of modern contraceptives by approximately 5 to 10 percentage points. A corresponding decline in non-use of family planning (FP) methods was measured in each city, while use of traditional methods remained relatively stable. In Agra, Aligarh, Gorakhpur and Moradabad, the poorer two-fifths of the populations reported the largest increases in modern method use from baseline to endline, ranging from 9.6 to 14.1 percentage-point increases among the poorest quintile in Gorakhpur and Aligarh, respectively. Likewise, substantial improvements in use of modern methods among slum residents were measured in each city ranging from 6.8 to 13.6 percentage point changes in Agra and Aligarh, respectively.

Executive Summary Table of Key Indicators at Baseline and Endline

Percent distribution of women ages 15-49 for selected key indicators. India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Key Indicators	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Contraceptive Use by Method												
Modern method	48.1	52.7	37.7	48.1	48.5	56.1	46.2	54.6	50.7	59.6	52.9	58.8
Traditional method	14.9	14.6	19.1	12.0	17.3	14.3	17.8	16.1	13.3	8.9	8.8	15.3
Non-use	37.0	32.7	43.2	40.0	34.2	29.6	36.0	29.2	36.0	31.6	38.3	25.9
Contraceptive Use Among Slum Residents												
Modern method	46.0	52.8	36.7	50.3	45.7	57.0	44.4	56.1	46.4	58.4	47.8	59.4
Traditional method	14.2	11.5	17.3	11.0	14.2	11.6	17.5	13.5	11.4	6	11.5	14.4
Non-use	39.8	35.7	46.1	38.7	40.2	31.4	38.1	30.4	42.2	35.7	40.6	26.2
Contraceptive Use Among Women with Birth in Past Year												
Modern method	35.9	36.3	21.4	40.3	28.9	36.5	27.9	28.5	42.1	52.0	41.8	34.0
Traditional method	16.1	16.6	13.7	6.3	21.1	7.3	19.0	10.9	11.3	3.5	6.7	18.3
Non-use	48.0	47.1	64.9	53.3	50.0	56.2	53.1	60.6	46.6	44.5	51.5	47.7
Unmet Need for Family Planning*												
For spacing	4.1	2.3	3.9	2.4	3.7	1.7	3.8	1.2	3.2	1.1	4.3	0.7
For limiting	7.2	6.0	8.7	8.4	5.7	5.8	6.5	6.1	5.0	5.5	8.3	4.4
Demand satisfied	88.6	91.8	87.4	89.4	90.7	92.5	89.4	92.7	91.7	93.4	87.3	95.0

* Among women in union only

Female sterilization and male condoms remain the two leading modern choices, with a majority of women from the upper wealth strata using condoms and women from the lowest wealth strata relying on sterilization. Intrauterine contraceptive devices (IUCDs) and contraceptive pills maintain some market share, although in most cities less than 5 percent of women report using these methods at endline. Public facilities remain the primary supplier of female sterilization, although some shifting to the private sector occurred from baseline to endline. IUCDs and injectables are still provided largely through private facilities, while condoms and pills are purchased from pharmacies or often purchased directly by husbands.

As a woman's reproductive health needs change over time so do her contraceptive choices. By matching the women in the longitudinal panel, we were able to examine these changes in method use over the five-year time

period. Almost 36 percent of all respondents switched among modern, traditional and non-use from baseline to endline, while 39 percent maintained modern contraceptive use during both survey periods. Among the 35.6 percent of women not using a method at baseline, approximately one-third (10.1 percent) switched to modern methods by endline.

Unmet need for spacing or limiting pregnancies remained low. At endline, 89 to 95 percent of women in all cities reported satisfied family planning demand. The majority of women who reported not currently using a family planning method were either trying to get pregnant, were already pregnant, were breastfeeding, were menopausal or had undergone a hysterectomy.

Awareness of contraceptive use and attitudes in the community in general increased in most cities from baseline to endline. On average across all cities, approximately 43 percent of women in union reported discussing family planning with their husbands in the past six months. Approximately half of the women reported that someone else initiated a conversation with them, such as a spouse, sister-in-law, neighbor or community health worker.

Service Integration

UHI adopted service integration as one of the strategies to identify and serve women with unmet family planning needs who were seeking other reproductive health services. Antenatal care (ANC) coverage was high even at baseline in the study cities, while institutional deliveries increased dramatically from baseline to endline. However, exposure to family planning counseling remained low during both types of visits. In Agra, Aligarh and Gorakhpur, more than half of the women reported meeting with a community health worker (CHW) within 12 months of delivery, but less than 40 percent reported so doing in other cities. Among women who reported meeting with a CHW postpartum, receipt of FP information from these CHWs was highest in the four focus cities, ranging from 48.7 percent in Agra to 60.7 percent in Aligarh. Use of modern contraception among women who gave birth in the previous 12 months increased substantially from baseline to endline in Aligarh (18.9 percentage points), Moradabad (9.9) and Allahabad (7.6). However, less than a 1 percentage point change was measured in Agra and Gorakhpur, while Varanasi declined considerably (7.8).

Demand Generation

UHI CHWs were deployed after the baseline survey to promote family planning. The percentage of women who had met with UHI CHWs at endline ranged from 4.8 percent in Varanasi to 35.4 percent in Aligarh. During contact with CHWs, discussions about family planning and the provision of family planning services drastically increased across all cities from less than 5 percent at baseline to more than 65 percent by endline.

Mid-media exposure (street plays, magic shows, etc.) remained very low at endline across all cities, and less than a quarter of the women surveyed reported exposure to the UHI Happy Dampatti events at endline. Mass media exposure to TV spots was more favorable. At endline, 30–55 percent of women in each city reported exposure to at least one of the three UHI TV/radio spots. Exposure to each one of the UHI spots had increased since mid-term across all cities.

Service Delivery Point Survey

In total, 741 health facilities and 441 pharmacies were audited, 1,583 providers were interviewed, and 3,732 clients were interviewed for roughly 600 interviews per city. In general, high-volume facilities in every city—both public and private—offered antenatal care, delivery and postnatal services. Abortion and post-abortion services were not as prevalent. Other public and private facilities offered limited services for delivery, abortions and post-abortion care.

A majority of the facilities surveyed were not providing any modern methods at baseline, but had started providing modern methods at endline. Among public facilities, an increasing proportion offered at least four modern contraceptive methods at endline. Few high volume facilities experienced shortages in contraceptive stock by endline, but smaller public and private facilities reported a less reliable supply chain.

The client exit interviews revealed that most current users in study cities were asked by health providers about current problems and counseled on managing potential side effects. Moradabad, Aligarh and Allahabad had notable improvements in the number of clients who reported assistance with solving problems with their current methods. Among the nonusers who came for FP services, quality of reported services was also very high and improved across the board. More than 92 percent of nonusers in all cities reported that information on potential side effects had been shared with them. This is notable given the ongoing concerns women have about modern contraceptive side effects.

A core UHI strategy is to improve the integration of FP services with delivery services, postpartum care and abortion/post-abortion services. Service integration as reported by the facility audit was almost universal, particularly in HV facilities. The number of clients who received FP counseling also improved substantially from baseline to endline. Most notably, at endline receipt of FP counseling at the time of a delivery and during postnatal care increased 39 and 35 percentage points, respectively. Additionally at endline, 11.5 percent of clients reported receiving a method of birth control at the time of their abortion visit.

Chapter 1. Introduction

Background

In the wake of the 2012 London Summit on Family Planning, the FP2020 partnership has mobilized governments, civil society, international donors and others to commit to accelerating access to and voluntary use of family planning (FP) for an additional 120 million women by 2020. To meet this goal, the global family planning community needs to build the evidence base for which strategies and activities support a woman's right and access to family planning. The Bill & Melinda Gates Foundation (BMGF), a FP2020 member, aims to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary FP services. The BMGF-funded Urban RH Initiative, initiated in 2009, is one component of their RH strategy that targets expansion of quality family planning services in selected urban areas of India, Kenya, Nigeria and Senegal.

In India, as a part of the Urban RH Initiative, FHI360 implemented the Urban Health Initiative (UHI) in 11 major Uttar Pradesh (UP) cities. The UHI began in 2010 in four core cities: Agra, Aligarh, Allahabad and Gorakhpur. In 2011, UHI expanded program activities to seven additional cities: Moradabad, Bareilly, Farrukhabad, Kanpur, Lucknow, Mathura and Varanasi. The four core cities as well as two delayed intervention cities (Moradabad and Varanasi) were selected as MLE study sites for the evaluation of the Urban RH Initiative.

Key elements of the UHI program target the urban poor and include:

- integration of FP services with postpartum and post-abortion services
- expanding access and improving quality of FP services
- increasing FP access and use of services in urban areas through public-private partnerships
- creating sustained demand for and use of FP services among the urban poor
- increasing resource allocation and policy focus to improve access, quality and use of FP

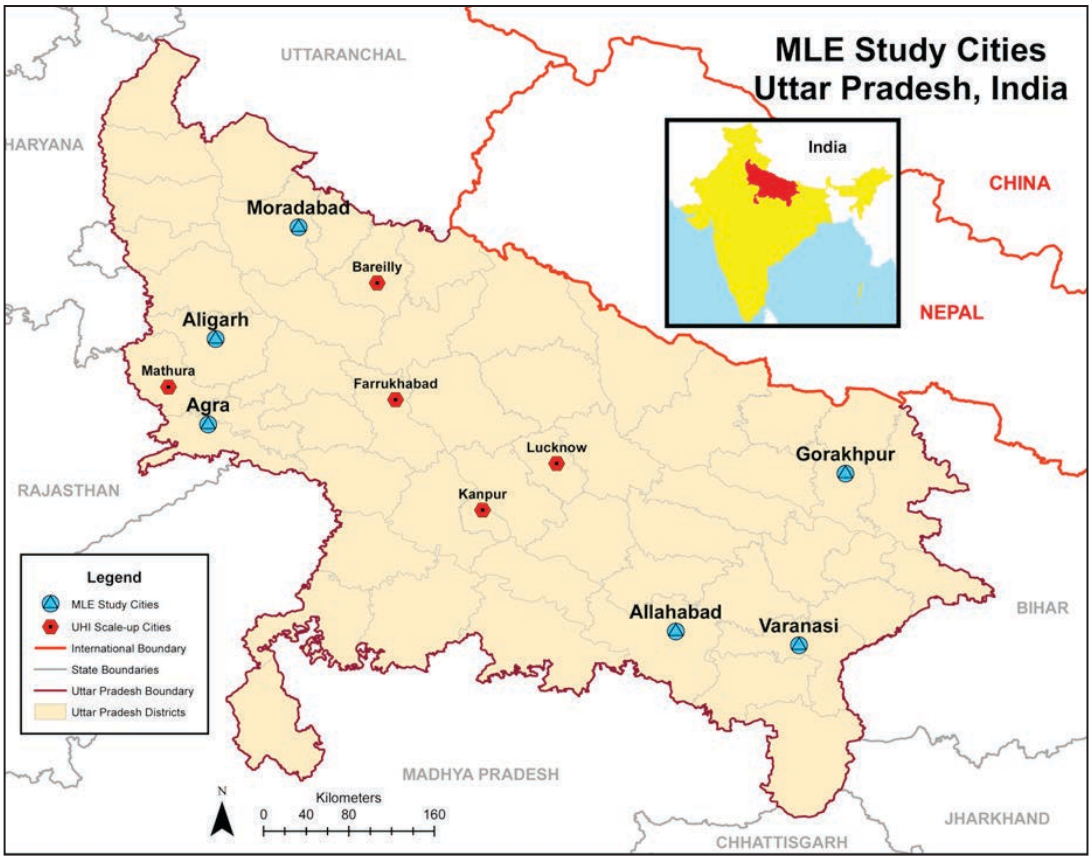

Figure 1.1 Map of UHI project cities, Uttar Pradesh, India

The Measurement Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina at Chapel Hill (UNC-CH), in partnership with the International Center for Research on Women (ICRW), is responsible for the impact evaluation of the Urban RH Initiative country-level programs. MLE designed a rigorous evaluation, which includes individual surveys of women and men of reproductive age and surveys of health facilities, providers and clients at service delivery points (SDP). The evaluation design includes a longitudinal survey with baseline, mid-term and endline surveys of a representative sample of married women selected from each city and covering both slum and non-slum areas. The focus on slum clusters addresses the UHI program objective to target the urban poor. More specifically, MLE uses a study design and methods that ensure the highest possible standards of evidence with minimal disruption to program implementation and that permit generalization beyond the particular intervention areas and countries under study.

Baseline data for India were collected in the four initial intervention and two control cities from January through August 2010.[1] In all six cities, individual-level data were collected from 17,643 currently married women ages 15–49 years. In the four initial intervention cities, individual-level data were collected from 6,428 currently married men between the ages of 18 and 49 years. Contact information was collected during the baseline interviews so that households and women could be located in subsequent surveys. At baseline, facility audits and provider interviews were conducted at 732 public and private health facilities across the six cities. Exit interviews were conducted with 3,490 women at 120 high-volume (HV) facilities.

The mid-term survey was conducted from February through April 2012 in the four core cities: Agra, Aligarh, Allahabad and Gorakhpur[2]. A 60 percent stratified simple random sample of the baseline primary sampling units (PSU) by slum and non-slum areas was selected. Household and individual-level interviews were carried out among all women in the subset of selected PSUs for a total of 5,790 women from 5,469 households. All women in the remaining 40 percent of PSUs and the delayed intervention cities of Moradabad and Varanasi were revisited (but not interviewed) in order to collect follow-up contact information for endline surveys. Data collection activities at the SDPs were also shortened at mid-term to focus on FP service statistics, provider interviews and client exit interviews at all 59 high volume HV facilities in the four core cities. Additionally, 34 facilities in the six study cities where UHI had been working since the 2010 baseline survey were included at mid-term. At these facilities, the facility audit used at baseline was conducted as were provider interviews and exit interviews.

Endline data collection was conducted in the four core cities plus the two control cities from December 2013 to July 2014. Using contact information collected at baseline and updated at mid-term, households and women selected at baseline and still residing in one of the six study cities were re-interviewed. SDP data collection targeted the initial full sample of facilities audited in 2010 plus additional facilities identified by UHI in 2012 (mid-term) and 2014 (endline) as expanded intervention sites. Provider interviews were conducted at all facilities and client exit interviews were conducted at all HV facilities.

1 Nanda, P., P. Achyut, A. Mishra, L. Calhoun. 2011. *Measurement, Learning and Evaluation of the Urban Health Initiative: Uttar Pradesh, India. Baseline Survey 2010* [TWP-3-2011]. Chapel Hill, NC: Measurement, Learning & Evaluation Project.

2 Measurement, Learning & Evaluation (MLE) Project. Measurement, Learning & Evaluation of the Urban Health Initiative: Uttar Pradesh, India, Mid-term Survey 2012, Mid-term Survey Report. [TWP 1-2012]. Chapel Hill, NC: Measurement, Learning & Evaluation Project; 2012

Chapter 2. Methods

A key objective of the MLE project is to evaluate the impact of the Urban RH Initiative programs, particularly the success of demand-side and supply-side interventions on increasing the use of modern family planning in urban areas. The MLE evaluation comprises three design elements that allow researchers to measure programmatic impact across cities, over time and among the urban poor and non-poor.[3] At endline, three surveys were conducted: the longitudinal household survey in the six study cities, the cross-sectional household follow-up in the four initial intervention cities, and the facility survey in all six cities. AC Nielsen ORG MARG (ORG) was hired for data collection at baseline, mid-term and endline. The study was approved by three Institutional Review Boards: UNC-CH, ICRW, and MAMTA-Health Institute for Mother & Child.

At endline, two types of data were collected from the six study cities: household and SDP data. All questionnaires were designed in English and then translated into Hindi, pre-tested and finalized for use in the field.

Household Survey

The household survey consisted of the household questionnaire and the women's questionnaire. A household interview was conducted with the head of household. Women were eligible to participate in the endline survey if, at the time of the baseline survey (2010), they were usual residents of the household. These women, also referred to as longitudinal respondents, were followed-up at two later time points (2012 and 2014) over the course of the project. At the time of the household survey, each household head was asked for consent to participate. Following the household interview, each household head was asked to provide permission to approach eligible women. A female interviewer then asked each eligible woman to participate in the study.

Household Survey Tools

There were two tools used for the household survey—the household questionnaire and the women's questionnaire.

For each survey round, the *household questionnaire* listed all usual residents in each selected household and any visitors who stayed in the household the previous night. For each listed person, basic information, such as age, sex, relationship with the household head and marital status, was collected. Information was also collected on the socio-economic status of the household, including housing characteristics, water and sanitation facilities and ownership of assets.

The *women's questionnaire* collected general socio-demographic characteristics, such as age, education and change in marital status of respondents since baseline, their family size and fertility desires. Survey questions captured women's shifts in fertility and contraceptive use since the baseline survey. Respondent's interactions with CHWs and counseling on contraceptive use during antenatal, postpartum and abortion/post-abortion care visits and specific questions on exposure to the UHI's mid-media and mass media activities were also included. The survey tool collected information on experiences of pregnancy, live births, abortion and use of the abortion pill since the baseline. A five-year contraceptive calendar was employed to record marital status, contraceptive use, method discontinuation and switching, source of the method and reasons for discontinuation since January 2009. A series of migration and mobility questions were included to measure migration patterns and potential for diffusion of program activities.

Sampling Design

A multi-stage sampling design was used at baseline to select a sample stratified by city and slum/non-slum neighborhood.[3,4] In total, 64 slum PSUs and 64 non-slum PSUs were selected across the six cities and 30 households from each PSU were sampled. At endline, all women who participated in the baseline survey in these selected PSUs were revisited for interviews.

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3 Nanda, P., P. Achyut, A. Mishra, L. Calhoun. 2011. *Measurement, Learning and Evaluation of the Urban Health Initiative: Uttar Pradesh, India. Baseline Survey 2010* [TWP-3-2011]. Chapel Hill, NC: Measurement, Learning & Evaluation Project.

4 Montana, L., P.M. Lance, C. Mankoff, I.S. Speizer, D. Guilkey. 2014. "Using Satellite Data to Delineate Slum and Non-slum Sample Domains for an Urban Population Survey in Uttar Pradesh, India." *Spatial Demography* 2(2).

Tracking Respondents for Follow-up

The tracking fieldwork was designed to confirm the current place of residence for all longitudinal respondents. A comprehensive process was developed to track the residence of women during each survey period. The tracking teams first searched for target respondents at the addresses where they were last interviewed. The tracking teams attempted to locate women who had moved from their place of residence at baseline or mid-term and to visit them in their new homes if they were in one of the six study cities.

The tracking teams were provided with follow-up contact information collected during the baseline and mid-term surveys, including the physical address or landmarks for the household, name of household head, name of the woman, her relationship with the household head, number of children at baseline and her estimated age. During the tracking fieldwork, the team first verified whether the household was still located in the same place as it was for the previous interview. If the household was present, the team then checked for the presence of the target respondent. If she herself or someone from her household confirmed her presence, the team considered the target respondent to be found at the place of original residence.

If either the entire household or the woman herself had moved to another location, the tracking team gathered any available information from neighbors or the remaining household members about her new location and tracked her to that new location. After locating a respondent at a new location, the tracking team captured detailed information, including address and contact phone numbers, then drew a map by hand with landmarks to be used by the interviewing team.

Recruitment, Training and Fieldwork

A training of senior professionals at ORG was conducted in Lucknow, UP by the MLE staff in January 2014. This training included sessions on tracking, data collection tools, quality assurance, ethics and the pretesting of survey tools. The main training of field staff, including interviewers and supervisors for the tracking and main survey, was conducted in January 2014 by the senior ORG team and co-facilitated by MLE representatives from ICRW and UNC-CH. The training for the main survey consisted of classroom training, demonstrations, mock sessions and field practice. The classroom training included instructions on the logistics of tracking and locating survey respondents, interviewing techniques, field procedures, a detailed review of each question in each survey tool and research ethics. Field practice was carried out in Lucknow, a non-study city, therefore none of the women interviewed during field practice were longitudinal respondents. A special session on UHI program strategies and activities was facilitated by the UHI Lucknow team.

Tracking fieldwork was carried out from January–April 2014 and was implemented by 10 teams consisting of two members per team. For the main household survey, work was performed January–July 2014, by 13 teams, each comprised of one field supervisor, one female field editor and three female interviewers. In each city, one field executive was deployed to coordinate the field work.

Data Entry and Processing

Completed questionnaires were sent to the office of ORG in Lucknow for data processing. Data processing consisted of office editing, coding, double data entry and machine editing.

Data Analysis

After these processes were completed, the baseline data were linked with the endline data for the respondents who were interviewed in both survey rounds. Sample weights and wealth indices were calculated at both the city level and across all cities. Sample weights adjusted for selective attrition between baseline and endline associated with observed characteristics. Tabulations and analyses were carried out by ICRW and UNC. All baseline and endline results shown in the report are for the full sample of PSUs, while the mid-term results are for the 60 percent sample of the baseline PSUs where interviews took place at mid-term.

Two indicators, household wealth and unmet need for contraception, were created based on a series of questions on the household and individual surveys. A wealth index was created at each survey round using household data on the ownership of durable goods and assets and the materials used in the construction of the household. The principal components analysis was

undertaken and a factor score was developed for each household based on the methods devised by Filmer and Pritchett.[5] The household sample was then divided into quintiles based on the assigned wealth score, and ranked from the lowest (or poorest) to the highest (or richest). Individual women were assigned a score based on the household in which they resided.

Unmet need for family planning is an indicator that represents the proportion of women who do not wish to get pregnant yet fail to use contraception to prevent pregnancy.[6] It is comprised of two measurements: unmet need for spacing and unmet need for limiting. Unmet need for spacing represents those women who do not want a pregnancy now but may in the future. Calculation of this indicator includes women who are pregnant or postpartum amenorrheic and who report the pregnancy was mistimed. It also includes fecund women who are not pregnant, not using any contraceptive method and report interest in waiting at least two years before their next birth. Unmet need for limiting refers to women who report not wanting any more children. This includes women who are pregnant or postpartum amenorrheic and who report the pregnancy was unwanted, as well as fecund women who are not pregnant, not using any contraceptive method and report no desire for more children.

Service Delivery Point Survey

The SDP survey at endline includes all hospitals, health centers, health posts and pharmacies originally surveyed at baseline and still operating at endline, plus additional health facilities where UHI was working by the time of endline but not at baseline. In all SDPs, a facility audit was undertaken. Provider interviews with up to four providers per facility were conducted in all facilities except pharmacies; participants were randomly selected among those on duty in facilities with more than four providers on duty the day of the survey. In high volume and strategic UHI facilities, client exit interviews were conducted with female clients who had come for FP, abortion and post-abortion services, maternal health and child immunization services.

SDP Survey Tools

There were three tools employed for the SDP survey.

A *facility audit* was conducted at all health facilities. A manager was interviewed using the baseline facility audit questionnaire to measure type of services and providers available at the facility, quality of care, stocking and availability of each FP method. Service statistics were also recorded for new users and continuing users of each method, for the past month and past year. The pharmacy questionnaire was shorter and included the FP methods stocked and sold as well as stock-outs by method.

At all surveyed facilities, a sample of providers was selected for the *provider interview* from the list of those providing FP and/or maternal, newborn and child health services, including physicians, nurses, auxiliary staff and auxiliary nurse midwives. This questionnaire emphasized training, knowledge and provision of FP methods. It also included the range of topics covered during counseling, provider barriers and integration of FP with other services.

The *exit interview* was modified based on the baseline tool in order to capture exposure to program strategies and was used at both the HV facilities interviewed at baseline and the new HV facilities where UHI had started working since 2010. The questions span reasons for the facility visit, experience of interaction with service providers, quality of care, level of satisfaction, method use, exposure to UHI interventions and socio-demographic characteristics (such as age, education, caste, religion and fertility experience). The questions also asked about the amount paid and mode of payment for services received. This questionnaire was administered to currently married female clients ages 18 to 49 years, who had completed a visit for FP, abortion or post-abortion care, maternal health or child immunization services and who consented to the interview.

5 Filmer, D., and L. Pritchett. 2001. "Estimating Wealth Effects Without Expenditure Data—Or Tears: An Application To Educational Enrollments In States Of India." *Demography* 38(1):115-132.

6 Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.

Recruitment, Training and Fieldwork

The training for the SDP survey consisted of classroom training, demonstrations, mock sessions and field practice. The classroom component included instructions on interviewing techniques, survey field procedures, a detailed review of each question in each survey tool and training on research ethics. Four teams, each consisting of one supervisor, three female enumerators and four male enumerators were trained for the SDP surveys, which began in December 2013. All SDP data collection activities were carried out from December 2013 to April 2014.

Data Entry and Processing

Completed questionnaires were sent to the office of ORG in Lucknow for data processing. Data processing consisted of office editing, coding, double data entry and machine editing.

Data Analysis

After these processes were completed, tabulations and data analyses were carried out by ICRW and UNC-CH.

Chapter 3. Response Rates

Household and Individual Surveys

All households interviewed for the baseline survey were revisited at endline in order to locate longitudinal respondents. If female respondents had moved since the baseline or mid-term survey within, or to, one of the six project cities, they were located at their new residences. Some households, which contained two or more respondents at baseline, had divided into two or more households at endline. These divided households had separate household interviews at endline. Each baseline survey respondent was tracked and attempts were made to interview her at endline. Fewer than 3% of the women tracked were living in combined households at endline.

Of the 13,912 total households where respondents resided at endline, 13,270 household interviews were completed (Table 3.1). The household response rate was 95.4 percent overall, and ranged from 92.9 to 96.4 percent across the six cities. The household refusal rate was 1.6 percent overall, and was highest in Agra, at 3.0 percent. Three point one (3.1) percent of households with longitudinal respondents, who were tracked and located, were unavailable at the time of interview, and therefore did not complete a household interview.

At endline, 14,043 women were interviewed. Individual response rates for the longitudinal respondents are also provided in Table 3.1. Overall, 88.9 percent of respondents were found, either at their baseline location or a new location. The highest percentage of women found was in Gorakhpur, at 91.4 percent, and the lowest percentage found was in Agra, at 87.1 percent. For the individual women's interviews, the response rate was 83.6 percent overall, with Allahabad having the highest response rate at 85.5 percent. In all six cities, 111 (0.7 percent) women had died since the baseline survey. Fifteen point four (15.4) percent of longitudinal respondents were not interviewed at the endline survey. This includes women that were not successfully located at the time of the survey (n=1,747), excluded because of inconsistencies in background characteristics between the two surveys (n=93), were unavailable at the time of interview (n=753), or refused to participate (n=55).

By endline, 10% of the women had moved from their baseline residence. Just under half of these women (656, 4.6%) had moved within the study area and were eligible for the endline interview.

Non-Response Bias

Potential response bias is shown in Table 3.2, which presents the endline response rate of women by select background characteristics (column 2), with a comparison across interviewed (column 3) and not-interviewed (column 4) longitudinal samples.

The endline response rate was more than 80 percent across all six cities. Agra had the lowest response rate, which varied from 80.2 percent in Agra to 85.5 percent in Allahabad. The endline response rate for women from older age groups was higher than the women in younger age groups.

While 80.7 percent of women in the age group 15-19 at baseline could be tracked and interviewed at endline, the corresponding percentage for the women in the 45-49 age group at baseline was 88.2 percent. Similarly, the endline response rate for women increased as baseline parity increased; of the women reporting six or more births, 87.0 percent responded. The response rate for scheduled caste and other backward class (86.4 and 84.2 percent, respectively) was higher than the response rate for general or unknown caste (81.1 percent). The endline response rate in slum and non-slums areas was 84.5 percent and 82.6 percent, respectively. The response rate for women belonging to the poorest wealth quintile was 79.5 percent, while more than 85 percent of women belonging to the rich or richest wealth quintiles responded (Table 3.2).

SDP Survey

Table 3.3 provides a summary of the SDP facility audits, provider interviews and client interviews by city at endline. In total, 741 health facilities and 441 pharmacies were audited, with 117 new facilities added since 2010. On average, 124 facilities and 84 pharmacies were audited per city with four times as many private facilities included as public. Individual interviews included 214–370 provider interviews and more than 600 client interviews completed per city. The exit interviews were carried out with female clients who consented to be interviewed after their visits for the following range of services: FP, child

immunization, delivery services, ANC, postpartum, abortion and post-abortion services. In total, 2,118 female clients for maternal and child health (MCH) services and 1,614 female clients for FP services were interviewed across these facilities at endline survey. The clients' exit interviews provided information on service availability at the facilities, client satisfaction with their visits, counseling on FP and exposure to the UHI program.

Table 3.1: Results of the Household and Longitudinal Individual Interviews at Endline

Number of households, number of female longitudinal respondents and response rates. UHI Cities, India 2014

	Households					Women						
City	Number of Households with Eligible Women	Response Rate	Refusal Rate	Not Interviewed*	Number of Households Interviewed	Number of Eligible Women	Percent Found	Response Rate	Refusal Rate**	Died	Not Interviewed***	Number of Women Interviewed
Agra	2,328	92.9	3.0	4.2	2,162	2,876	87.1	80.2	0.6	0.7	18.6	2,305
Aligarh	2,501	96.4	1.5	2.1	2,411	3,001	88.9	85.3	0.2	0.9	13.6	2,559
Allahabad	2,087	96.2	1.5	2.3	2,008	2,480	90.5	85.5	0.2	0.5	13.8	2,121
Gorakhpur	2,383	95.6	1.8	2.6	2,277	2,840	91.4	84.1	0.7	0.4	14.8	2,389
Moradabad	2,329	95.4	0.6	4.0	2,221	2,736	88.5	83.9	0.1	0.9	15.1	2,294
Varanasi	2,284	95.9	0.9	3.2	2,191	2,869	87.4	82.8	0.1	0.6	16.5	2,375
Total	13,912	95.4	1.6	3.1	13,270	16,802	88.9	83.6	0.3	0.7	15.4	14,043

*Households not interviewed include those households that were found during endline tracking, but unavailable at the time of interview.
**Refusal rate includes refusals at the time of tracking, household interview, or woman's interview.
***Women not interviewed include those women found during endline tracking but unavailable at the time of Endline interview, women not found during endline tracking, and women excluded because of inconsistencies in background characteristics.

Table 3.2: Characteristics of Longitudinal Respondents by Endline Interview Status

Percentage distribution of longitudinal respondents who were interviewed in 2014, by selected background characteristics at baseline according to interview status

Baseline Characteristics	Endline Response Rate	Longitudinal Respondents: Interviewed at Endline	Longitudinal Respondents: NOT Interviewed at Endline	Number of Longitudinal Respondents Selected for Endline
City				
Agra	80.2	16.4	20.7	2,876
Aligarh	85.3	18.2	16.0	3,000
Allahabad	85.5	15.1	13.0	2,479
Gorakhpur	84.1	17.0	16.4	2,841
Moradabad	83.9	16.3	16.0	2,737
Varanasi	82.8	16.9	17.9	2,869
Age				
15-19	80.7	2.5	3.0	435
20-24	79.5	13.9	18.3	2,462
25-29	81.8	19.6	22.2	3,365
30-34	82.7	19.2	20.5	3,256
35-39	85.1	18.9	16.9	3,114
40-44	86.6	15.2	12.0	2,470
45-49	88.2	10.7	7.3	1,700
Literacy				
Cannot read	83.0	38.1	39.8	6,439
Able to read parts of sentence	84.6	4.8	4.4	791
Able to read whole sentence	83.9	57.2	55.8	9,557
Education				
No education	83.1	38.4	39.9	6,494
1-5 classes completed	85.9	11.1	9.3	1,817
6-8 classes completed	84.6	12.2	11.3	2,030
9-12 classes completed	84.7	21.5	19.8	3,564
13 or more classes completed	81.3	16.7	19.7	2,890
Number of Live Births				
No children	78.3	8.1	11.4	1,447
1 child	80.6	13.4	16.5	2,336
2 children	82.6	22.5	24.0	3,820
3 children	84.8	19.7	18.0	3,261
4 children	84.9	13.8	12.4	2,274
5 children	86.2	8.9	7.3	1,450
6+ children	87.0	13.7	10.5	2,214
Religion				
Hindu	83.4	72.2	73.0	12,145
Muslim	84.1	27.1	26.1	4,517
Others*	81.3	0.8	0.9	139
Caste				
Scheduled caste	86.4	20.3	16.3	3,303
Scheduled tribe	79.6	0.3	0.4	49
Other backward class	84.2	46.4	44.2	7,741
General caste	81.1	32.7	38.9	5,671
Unknown caste/no caste/DK	81.1	0.2	0.3	37
Residence				
Slum	84.5	51.2	47.7	8,505
Non-slum	82.6	48.8	52.3	8,297
Wealth Index**				
Poorest	79.5	21.1	27.7	3,728
Poor	83.2	20.9	21.4	3,521
Middle	84.2	20.2	19.3	3,362
Rich	86.0	19.9	16.5	3,252
Richest	85.7	17.9	15.2	2,939
Total Percent	83.6	100.0	100.0	
Total Number of Women		14,043	2,759	16,802

*Others include Christian, Sikh, Buddhist, and Jain **Calculated from household data

Table 3.3: Number of audits and Interviews at Service Delivery Points at Endline
Number of audits of service delivery points, provider interviews, and client exit interviews, by city, type of service delivery point, and person interviewed. UHI cities, India 2014

	Facility Audit				Pharmacy	Provider	Client Exit Interview	
City	HV Public	HV Private	Other Public	Other Private	**Audit**	**Interview**	FP	MCH
Agra	3	24	16	96	88	303	269	358
Aligarh	4	23	9	72	67	221	323	417
Allahabad	3	15	16	74	66	234	256	286
Gorakhpur	5	13	15	83	72	241	252	356
Moradabad	10	18	13	78	66	214	235	367
Varanasi	14	29	27	81	82	370	279	334
Total	39	122	96	484	441	1,583	1,614	2,118

Notes: HV = High volume

Chapter 4. Background

Respondents' Profile at Endline

The distribution of women by age cohort at endline was similar across the six cities, ranging from less than 1 percent for ages 15–19 years to 6–9 percent for ages 50 and older (Table 4.1). The small number of women in the 15–19 age group was expected given the minimum age of enrollment was 15 years and four years had passed since the baseline survey. The majority of women were in the age group 30–39 years, ranging from 37.4 percent in Gorakhpur to 42.6 percent in Allahabad.

The majority of women reported an ability to read, although one in five women in every city were unable to read at all, and a substantial proportion of women in Aligarh and Agra were not literate, 41.1 and 37.5 percent, respectively. This is not surprising given that more than a quarter of the women in each city, excluding Allahabad, reported no formal education. In Allahabad, almost one-third (32.0 percent) reported completing more than 12 classes.

While the majority of ever-married women reported having two children (26.4-35.2) or three children (22.2-25.4), the percentage of women having six or more live births exceeded 10% in all cities except Allahabad and Gorakhpur.

The majority of women were Hindu, although a substantial proportion of women in Aligarh and Moradabad were Muslim, 32.3 percent and 39.5 percent, respectively. There was variation across caste, with representation across scheduled castes, backward classes and general castes. Slum residence ranged from 9.6 percent in Gorakhpur to 26.6 percent in Varanasi (after the data were weighted). And as expected, about 20 percent of respondents belonged to each of the wealth quintiles across the six cities, which were created based on household assets in 2014.

Table 4.1: Characteristics of Respondents at Endline

Percent distribution of women by five-year age groups, education, household wealth, number of live births, marital status, religion, and caste. UHI cities, India 2014

Endline Characteristics	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Age						
15-19	0.1	0.2	0.0	0.0	0.0	0.0
20-24	6.5	5.6	2.4	4.9	40.0	2.9
25-29	18.1	16.3	14.1	16.3	14.9	15.5
30-34	20.1	20.8	22.5	18.4	19.2	20.1
35-39	17.6	20.0	20.1	19.0	20.8	20.0
40-44	17.2	16.6	17.5	19.5	18.1	19.7
45-49	13.9	13.6	14.3	13.8	14.9	13.5
50 and older	6.4	6.8	9.1	8.1	8.3	8.3
Literacy						
Cannot read	37.5	41.1	21.6	27.7	33.8	30.3
Able to read parts of sentence	2.3	1.7	2.1	2.1	1.7	1.7
Able to read whole sentence	60.2	57.2	76.3	70.2	64.5	68.1
Education						
No education	35.9	39.2	22.3	27.1	36.2	31.8
1-5 classes completed	11.4	11.4	7.4	9.5	8.5	10.9
6-8 classes completed	11.5	9.2	10.2	11.9	12.6	13.9
9-12 classes completed	22.4	21.1	28.0	25.5	22.6	24.1
13 or more classes completed	18.9	19.1	32.0	26.1	20.1	19.2
Number of Live Births						
No children	1.7	1.6	3.1	2.5	2.8	2.0
1 child	9.2	7.5	12.8	9.3	9.7	10.0
2 children	29.6	26.4	34.6	35.2	27.6	29.1
3 children	22.9	22.2	24.7	23.6	25.4	23.5
4 children	15.7	14.8	12.3	14.4	15.1	14.1
5 children	8.9	10.1	6.4	7.4	8.1	8.4
6+ or more children	12.0	17.5	6.1	7.6	11.3	12.8
Marital Status						
In union (married/living together)	98.2	97.5	97.8	98.6	97.3	98.2
Widowed/divorced/separated	1.8	2.5	2.2	1.4	2.7	1.8
Religion						
Hindu	86.2	66.7	80.8	81.1	58.9	76.1
Muslim	12.4	32.3	17.9	18.4	39.5	22.8
Others*	1.4	1.0	1.2	0.6	1.6	1.1
Caste						
Scheduled caste	31.2	20.0	14.7	12.6	12.4	11.7
Scheduled tribe	0.4	0.0	0.0	0.0	0.0	0.1
Other backward class	36.0	40.8	38.9	51.8	52.2	60.7
General caste	32.4	39.1	46.3	35.2	35.1	27.4
Unknown caste/no caste/DK	0.0	0.1	0.1	0.5	0.3	0.1
Residence						
Slum	25.7	18.5	10.9	9.6	12.9	26.6
Non-slum	74.3	81.5	89.1	90.4	87.1	73.4
Wealth Index**						
Poorest	20.9	20.5	22.0	21.2	20.2	23.6
Poor	19.9	20.9	21.4	22.2	20.7	21.7
Middle	19.2	19.9	19.5	20.3	18.7	19.0
Rich	20.2	18.7	18.4	18.7	20.5	18.3
Richest	19.8	20.0	18.7	17.7	20.0	17.5
Total Number of Women	2,305	2,559	2,121	2,389	2,294	2,375

*Others include Christian, Sikh, Buddhist and Jain

**Calculated from household data

Chapter 5. Family Planning

Increasing access to and use of FP is important for attaining the Millennium Development Goals (MDG).[7] Increased FP use can lead to improvements in the health of women and their families in a number of ways, including spacing births, avoiding unintended/unwanted births, and smaller overall family sizes. These changes are associated with reductions in neonatal and maternal morbidity and mortality (MDG 4 and 5), increases in education (MDG 2), a reduction in poverty (MDG 1) and increases in gender empowerment (MDG 3). A key objective of UHI is to increase contraceptive use in UP, which can empower couples to choose the timing of children and number of pregnancies. Measuring changes in knowledge, attitudes and use of modern contraception will help us link these changes with programmatic inputs in urban India.

Knowledge of Contraceptive Methods

Women were asked about their knowledge of different contraceptive methods at baseline and endline in all six study cities. Respondents were first asked to spontaneously list all methods of family planning they had heard of. Next the interviewer described those methods not mentioned spontaneously and respondents were asked specifically if they recognized any of these additional methods. Modern methods such as sterilization, IUCD, depot medroxyprogesterone acetate (DMPA) injectable contraceptives, oral contraceptive pills (OCP), emergency contraceptives (EC), condoms, lactational amenorrhea method (LAM) and Standard Days Method (SDM) were included as well as traditional rhythm and withdrawal.

Knowledge of female and male sterilization, IUCDs, injectables, OCPs and male condoms was nearly universally at both time periods, with more than 90 percent of women at baseline and more than 94 percent at endline reporting knowledge of these modern methods (Table 5.1). Less than a quarter of the women reported knowledge of the female condom, LAM and SDM at endline, with some city-level increased knowledge in Aligarh and Gorakhpur and a notable decline in reported knowledge in Varanasi. Among modern methods, reported knowledge of EC was lower in every city by at least 20 percentage points. While knowledge of traditional methods increased from baseline across all cities except Agra and Gorakhpur, it remained below the reported levels of knowledge for key modern methods in all cities.

Follow-up questions specifically about IUCDs, OCPs and injectables were asked at mid-term and endline to identify level of trust and reasons why women might not use these methods (Table 5.2). Belief that these methods protect some or most of the time against pregnancy exceeded 80 percent for all methods. Conversely, uncertainty about the level of protection ranged from 9.5 percent for the IUCD to 17.8 percent for injectables. Perceived availability of these methods increased by more than 13 percentage points for IUCDs and injectables. While almost 93 percent of women reported that birth control pills were easily accessible, perceived availability of pills increased 3.4 percentage points. Despite belief in the reliability and accessibility of these contraceptive methods, less than 10 percent of the women reported recommending any of them to friends or relatives. This represents a decrease in recommendations since mid-term. Some of this may be due to persistent concerns regarding side effects, such as menstrual problems or health concerns pursuant to use. Even one woman's experience with side effects can affect use for many women she is in contact with, and these impressions remain strong among women who are otherwise not engaged actively in seeking contraception and making informed family planning decisions for themselves.

7 United Nations (UN). 2012. *The Millennium Development Goals Report*. New York: New York.

Table 5.1: Women's Knowledge of Contraception

Percent distribution of women by spontaneous or probed knowledge of contraceptive method by type of method and city at baseline and endline. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Knowledge of Methods	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Any Method	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Modern Methods												
Female sterilization	100.0	100.0	99.9	99.9	99.8	100.0	100.0	99.9	100.0	100.0	99.9	100.0
Male sterilization	98.6	96.5	95.8	97.5	98.2	99.9	99.3	98.6	95.0	99.2	98.4	99.8
IUCD	98.4	99.8	97.8	99.3	98.9	99.9	99.0	98.8	99.1	99.7	98.1	99.7
Injectables	94.6	96.9	91.9	94.0	94.3	99.2	95.3	97.9	90.7	94.5	94.9	95.7
Daily pill	99.7	99.8	99.7	99.5	99.9	100.0	99.8	99.5	99.9	100.0	99.6	99.7
EC	75.1	51.3	67.9	42.6	78.1	58.2	77.9	49.6	79.6	56.5	73.9	49.5
Male condom	99.4	99.5	99.6	98.6	99.5	100.0	99.8	99.5	99.9	100.0	99.3	99.8
Female condom	9.0	7.2	5.1	12.6	13.9	8.3	10.1	11.1	9.7	7.8	20.9	8.2
LAM/breastfeeding	28.0	18.3	9.5	23.6	13.5	13.9	15.3	21.1	9.6	12.8	36.2	7.4
Standard days/beads	NA	7.5	NA	11.0	NA	1.8	NA	5.5	NA	5.1	NA	1.7
Traditional Methods												
Rhythm	94.3	92.6	74.1	87.4	80.1	95.6	95.9	91.7	78.8	94.4	85.0	96.2
Withdrawal	83.1	64.6	53.4	63.5	69.8	83.0	82.1	75.6	76.1	82.7	70.0	84.8
Number of Women	3,007	2,305	3,112	2,559	2,670	2,121	3,022	2,389	2,817	2,294	3,015	2,375

Note: NA = Not Available

Table 5.2: Knowledge and Beliefs About Selected Contraceptive Methods Among Respondents at Mid-term and Endline

Percent distribution of women by contraceptive method knowledge and beliefs at mid-term and endline. UHI cities, India 2012, 2014

	IUCD/Loop		Pill		Injectables	
	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline
Method Protects Against Pregnancy	**n = 5,790**	**n = 13,982**	**n = 5,790**	**n = 14,007**	**n = 5,790**	**n = 13,575**
Most of the time	71.6	77.7	71.6	75.0	61.1	70.5
Sometimes	12.5	12.3	12.5	14.0	6.8	11.1
Not at all	1.6	0.5	1.6	0.5	2.1	0.6
Don't know method	1.8	0.0	1.8	0.0	9.0	0.0
Don't know/unsure	12.6	9.5	12.6	10.5	21.1	17.8
Easy to Get Method in Your Area	**n = 5,663**	**n = 13,982**	**n = 5,688**	**n = 14,007**	**n = 5,272**	**n = 13,575**
Yes	77.9	91.6	89.5	92.9	70.6	84.1
No	7.6	1.8	1.2	1.2	6.7	2.1
Don't Know	14.5	6.6	9.3	5.9	22.7	13.8
Why Women Choose Not to Use Method*	**n = 5,663**	**n = 13,982**	**n = 5,688**	**n = 14,007**	**n = 5,272**	**n = 13,575**
Ineffective against pregnancy prevention	1.7	5.3	2.6	3.8	1.8	3.6
Wanted to get pregnant	2.6	3.0	3.0	3.1	2.1	1.9
Fear of side effects	35.2	17.9	32.8	12.6	26.2	13.3
Create menstrual problems	24.4	27.5	10.5	12.6	7.0	13.3
Create health problems	36.4	33.4	30.9	27.6	21.3	19.2
Causes blood to build up in the body	1.7	2.3	1.3	2.3	1.5	2.6
Causes cancer	3.1	2.6	0.8	1.2	1.6	1.1
Contains hormones that are bad for the body	1.1	5.3	0.7	4.8	1.6	4.2
Causes difficulty in getting pregnant in future	0.9	3.5	1.1	2.2	1.6	2.3
Fear of becoming infertile	0.9	0.8	0.6	0.6	1.0	1.0
Cause lack of sexual satisfaction	1.1	0.5	0.3	0.4	0.2	0.3
Inconvenient to use	3.3	3.7	5.0	2.7	2.1	1.8
Hard to get	0.4	0.5	0.5	0.7	0.5	0.5
Put on weight	7.0	7.3	14.8	16.3	3.7	4.4
Costs too much	0.5	0.8	0.3	1.1	1.4	2.7
Husband does not approve	1.4	1.0	0.9	0.6	0.7	0.5
Mother-in-law does not approve	0.7	0.7	0.6	0.5	0.3	0.2
Difficult to remember to take a pill daily	NA	NA	17.9	15.5	NA	NA
Difficult to remember to get more on time	NA	NA	0.3	9.9	0.5	2.8
Don't want something inside body	3.7	7.8	NA	NA	NA	NA
Other	0.6	1.0	0.5	0.7	0.3	0.2
Don't know	26.5	35.8	24.1	36.9	50.0	57.6
Recommended Method to Friends and Relatives	**n = 5,663**	**n = 13,982**	**n = 5,688**	**n = 14,007**	**n = 5,272**	**n = 13,575**
Yes	12.1	8.6	13.0	8.1	7.0	5.2
No	87.9	91.4	87.0	91.9	93.0	94.8

Notes: Data for the 4 cities collected at mid-term and endline (Agra, Aligarh, Allahabad, Gorakhpur)
*Multiple responses possible, percentages may not sum to 100%

Contraceptive Use

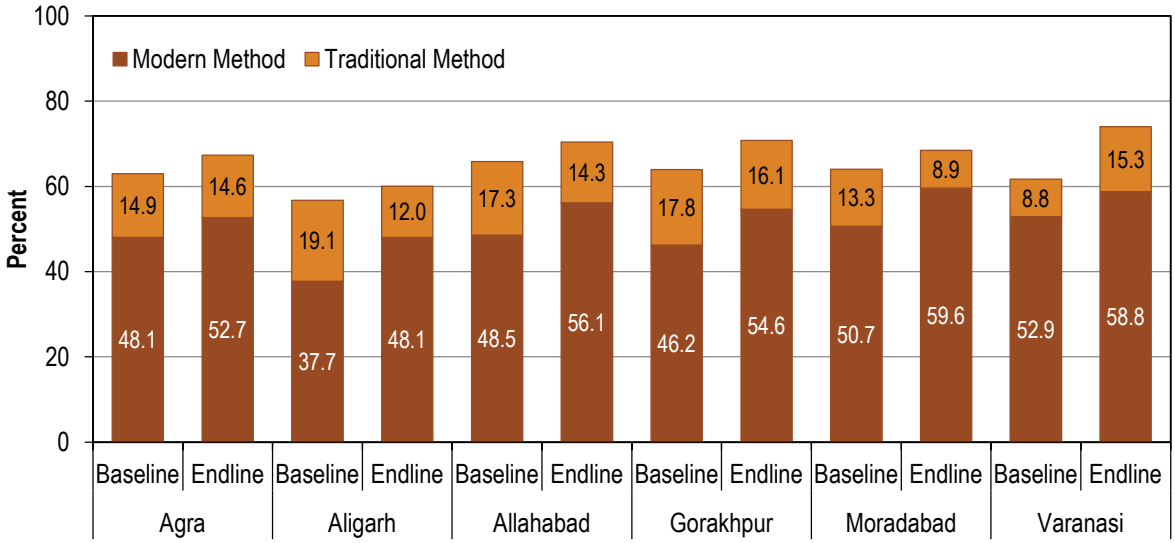
Contraceptive prevalence is the key indicator measured across all survey times for MLE in India. At baseline, all married women 15–49 years of age were asked if they or their husbands were currently using any method or practice to avoid getting pregnant, and if they were using a method, which method(s) was used. At endline, these same women, regardless of current marital status, were asked the same series of questions about current use of family planning methods. Tables 5.3–5.5 present the responses to these questions for women ages 15–49 at baseline and endline. Women, who at endline were ages 50 and older, were excluded in order to maintain comparable populations between the two time periods.

By endline, all cities reported a significant increase in the use of modern contraceptives, ranging from 4.6 percentage points in Agra to 10.4 points in Aligarh (Figure 5.1, Table 5.3). A corresponding decline in non-use of family planning methods was measured in each city, while use of traditional methods remained relatively stable, with the largest decline seen in Moradabad, from 13.3 at baseline to 8.9 percent at endline. Varanasi was the only city with an increase in traditional method use (8.8 to 15.3 percent), coupled with an increase in modern use (52.9 to 58.8 percent) and the largest decrease in non-use (more than 12.0 percent).

In Agra, Aligarh, Gorakhpur and Moradabad, the poorer two-fifths of the populations reported the largest increases in modern method use from baseline to endline, ranging from 9.6 to 14.1 percentage-point increases among the poorest quintile in Gorakhpur and Aligarh, respectively (Table 5.3). Analysis of contraceptive use by wealth quintile indicates higher use of modern methods by wealthier women in all cities at baseline and endline, with Agra closing the gap by endline (Figure 5.2). Conversely non-use is more heavily concentrated among the poorer quintiles with almost half (47.1 percent) of the poorest women in Aligarh reporting no use of family planning methods at endline.

Results in Table 5.4 clearly highlight the prominence of female sterilization and male condoms among modern method choices across all cities and all wealth groups at baseline and endline. The next most popular modern method was IUCDs, with improvements of 2–5 percentage points in all cities except Agra and Aligarh, which is noteworthy given how low IUCD use was at baseline. Looking at difference in method mix between wealth groups, Figure 5.3 illustrates differences seen

Figure 5.1. Current contraceptive use among women 15-49 years of age by city at baseline and endline



Modern methods include sterilization, IUCD, injectables, OCPs, implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM.

Traditional methods include periodic abstinence, rhythm and withdrawal.

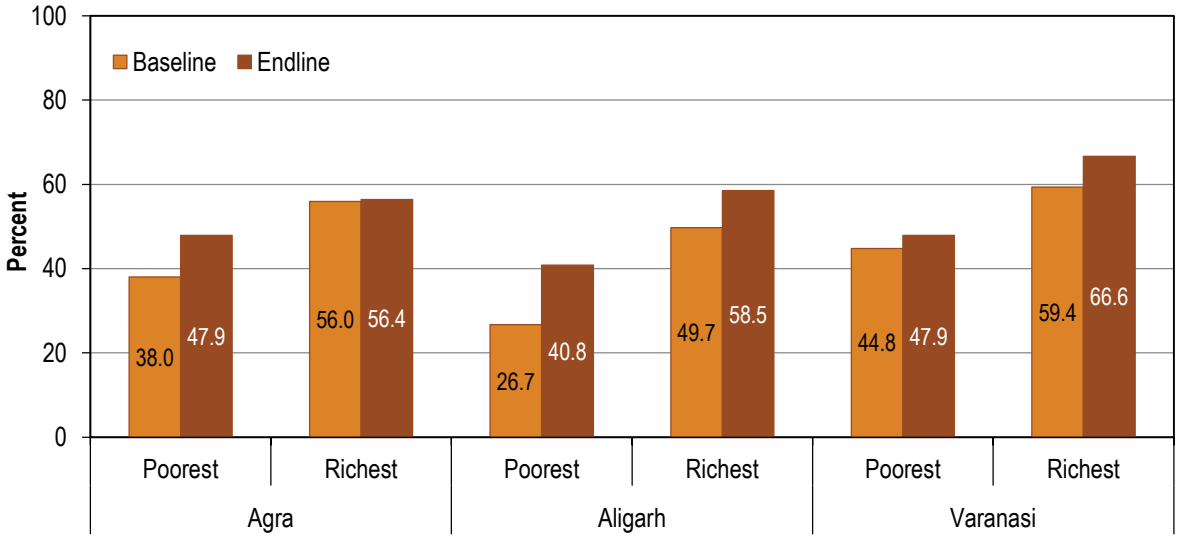
Table 5.3: Current Use of Contraception by Wealth Quintile and City at Baseline and Endline
Percent distribution of women age 15-49 by type of contraceptive method currently used and wealth quintile. UHI cities, India 2010, 2014

	Baseline Contraception Use, 2010				Endline Contraception Use, 2014			
	Modern*	Traditional**	Non-use	Number of women	Modern*	Traditional**	Non-use	Number of women
Agra								
Poorest	38.0	18.3	43.7	540	47.9	12.7	39.4	473
Poor	43.4	16.8	39.7	588	55.1	14.2	30.7	440
Middle	46.8	13.3	39.9	599	50.1	14.8	35.0	410
Rich	54.0	12.9	33.2	635	54.5	15.8	29.7	424
Richest	56.0	14.0	30.1	646	56.4	15.9	27.7	411
Overall	48.1	14.9	37.0	3007	52.7	14.6	32.7	2,157
Aligarh								
Poorest	26.7	15.9	57.5	544	40.8	12.1	47.1	496
Poor	33.7	19.0	47.3	604	46.7	10.5	42.9	509
Middle	37.0	22.5	40.6	638	46.0	12.0	42.1	486
Rich	38.9	20.0	41.1	644	49.1	11.8	39.1	432
Richest	49.7	17.6	32.7	681	58.5	13.8	27.7	461
Overall	37.7	19.1	43.2	3112	48.1	12.0	40.0	2,385
Allahabad								
Poorest	46.1	11.6	42.3	389	53.0	15.9	31.1	436
Poor	46.1	13.3	40.6	488	53.8	13.6	32.6	436
Middle	48.6	17.4	34.0	587	56.8	16.1	27.1	367
Rich	50.0	20.4	29.6	625	59.4	13.4	27.2	344
Richest	50.6	20.9	28.5	581	59.0	12.1	28.9	346
Overall	48.5	17.3	34.2	2670	56.1	14.3	29.6	1,928
Gorakhpur								
Poorest	41.6	18.1	40.3	554	51.2	15.1	33.7	476
Poor	46.2	17.1	36.7	609	54.3	15.0	30.7	494
Middle	49.7	16.5	33.7	603	58.9	16.1	25.0	451
Rich	41.9	19.6	38.5	639	52.8	16.9	30.3	401
Richest	51.3	17.5	31.2	616	56.4	18.0	25.6	372
Overall	46.2	17.8	36.0	3022	54.6	16.1	29.2	2,195
Moradabad								
Poorest	39.8	12.7	47.6	494	51.6	14.4	34.1	450
Poor	47.9	15.1	37.0	539	61.3	7.8	30.9	440
Middle	51.3	10.8	37.9	566	57.7	8.7	33.6	390
Rich	56.3	13.8	29.9	590	68.5	3.6	28.0	425
Richest	55.9	14.1	30.0	629	59.0	9.7	31.3	400
Overall	50.7	13.3	36.0	2817	59.6	8.9	31.6	2,105
Varanasi								
Poorest	44.8	10.7	44.6	573	47.9	18.2	33.9	526
Poor	44.1	9.9	46.0	575	58.3	15.2	26.5	472
Middle	53.4	8.4	38.2	608	61.2	15.2	23.6	409
Rich	61.6	7.6	30.8	612	63.9	14.8	21.3	402
Richest	59.4	7.6	33.0	647	66.6	11.9	21.5	369
Overall	52.9	8.8	38.3	3015	58.8	15.3	25.9	2,178

*Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, EC, dermal patch, diaphragm, spermicide, LAM and SDM
**Traditional methods include periodic abstinence, rhythm and withdrawal

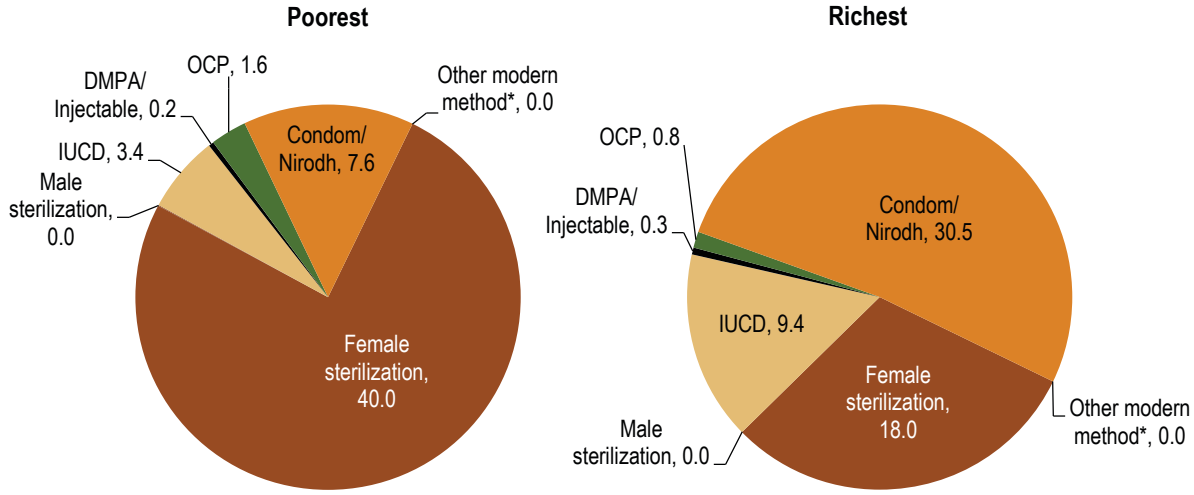
in Allahabad, which are similar to the other cities. Comparing method mix among the poorest fifth of the population to the wealthiest, we see that three-quarters of the poorest women report female sterilization, followed by a much smaller proportion of women reporting condom use or IUCDs. Among the wealthiest fifth of respondents from Allahabad, the method mix is more diverse, with only 20 percent of women reliant on female sterilization at endline, more than half using condoms, and nearly 10% using IUCDs. Similar patterns of use by wealth group are noted in the other cities, with the exception of Moradabad and Varanasi, where prevalence of sterilization across wealth groups is more equitable.

Figure 5.2. Current use of modern contraception among poorest and richest women in select cities at baseline and endline



Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, EC, dermal patch, diaphragm, spermicide, LAM and SDM.

Figure 5.3. Contraceptive method mix for the poorest and richest women in Allahabad at endline



*Other modern methods include implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM.

Table 5.4: Contraceptive Method Use by Wealth Quintile and City at Baseline and Endline

Percentage distribution of women 15-49 by contraceptive method currently used, by wealth quintile and city. UHI cities, India 2010, 2014

			Modern Method									
	Any Method	Any Modern Method	Female Sterilization	Male Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh	Other Modern Method*	Any Traditional Method**	Non-use	Number of Women
Agra Baseline												
Poorest	56.3	38.0	24.1	0.0	0.8	0.1	2.0	9.5	1.5	18.3	43.7	540
Poor	60.3	43.4	20.4	0.0	0.6	0.7	2.6	18.2	0.9	16.8	39.7	588
Middle	60.1	46.8	23.2	0.0	1.5	1.3	2.5	18.0	0.3	13.3	39.9	599
Rich	66.8	54.0	20.0	0.0	2.1	1.0	4.4	25.6	0.8	12.9	33.2	635
Richest	69.9	56.0	22.2	0.2	3.1	1.2	3.9	23.9	1.4	14.0	30.1	646
Overall	63.0	48.1	21.9	0.1	1.7	0.9	3.2	19.4	1.0	14.9	37.0	3,007
Agra Endline												
Poorest	60.6	47.9	33.5	0.0	1.7	1.3	2.8	8.5	0.0	12.7	39.4	473
Poor	69.3	55.1	30.4	0.1	2.3	0.9	5.5	15.8	0.0	14.2	30.7	440
Middle	65.0	50.1	27.1	0.0	3.1	0.9	4.1	14.9	0.0	14.8	35.0	410
Rich	70.3	54.5	22.0	0.3	3.8	1.1	4.0	23.3	0.1	15.8	29.7	424
Richest	72.3	56.4	22.7	0.0	3.3	0.6	3.3	26.4	0.1	15.9	27.7	411
Overall	67.3	52.7	27.3	0.1	2.8	1.0	3.9	17.5	0.0	14.6	32.7	2,157
Aligarh Baseline												
Poorest	42.5	26.7	12.8	0.1	0.5	0.4	1.9	10.4	0.6	15.9	57.5	544
Poor	52.7	33.7	14.7	0.4	0.9	0.7	3.6	13.4	0.0	19.0	47.3	604
Middle	59.4	37.0	13.1	0.0	1.8	0.1	3.1	18.8	0.1	22.5	40.6	638
Rich	58.9	38.9	10.9	0.0	1.7	0.2	4.6	21.3	0.1	20.0	41.1	644
Richest	67.3	49.7	12.0	0.0	6.5	0.2	2.6	28.4	0.1	17.6	32.7	681
Overall	56.8	37.7	12.6	0.1	2.4	0.3	3.2	18.9	0.1	19.1	43.2	3,112
Aligarh Endline												
Poorest	52.9	40.8	17.7	0.4	6.3	0.4	1.3	14.7	0.0	12.1	47.1	496
Poor	57.1	46.7	16.5	0.0	3.7	1.5	2.8	21.0	0.4	10.5	42.9	509
Middle	58.0	46.0	15.1	0.1	5.8	0.2	3.1	21.7	0.1	12.0	42.1	486
Rich	60.9	49.1	13.4	0.0	4.3	1.7	1.9	27.8	0.0	11.8	39.1	432
Richest	72.3	58.5	13.8	0.6	5.4	0.0	6.4	32.2	0.2	13.8	27.7	461
Overall	60.0	48.1	15.4	0.2	5.1	0.8	3.1	23.2	0.1	12.0	40.0	2,385
Allahabad Baseline												
Poorest	57.7	46.1	34.9	0.1	0.8	0.0	3.4	7.0	0.0	11.6	42.3	389
Poor	59.4	46.1	29.0	0.0	0.9	0.2	3.3	12.5	0.2	13.3	40.6	488
Middle	66.0	48.6	27.9	0.1	1.9	0.7	1.1	16.0	0.9	17.4	34.0	587
Rich	70.4	50.0	19.3	0.0	4.4	0.7	3.0	21.8	0.8	20.4	29.6	625
Richest	71.5	50.6	13.9	0.7	7.2	0.7	5.3	22.8	0.0	20.9	28.5	581
Overall	65.8	48.5	24.1	0.2	3.3	0.5	3.2	16.9	0.4	17.3	34.2	2,670
Allahabad Endline												
Poorest	68.9	53.0	40.0	0.0	3.4	0.2	1.6	7.6	0.0	15.9	31.1	436
Poor	67.4	53.8	28.8	0.0	3.8	1.6	3.8	15.8	0.0	13.6	32.6	436
Middle	72.9	56.8	30.6	0.0	3.4	0.6	4.7	17.6	0.0	16.1	27.1	367
Rich	72.8	59.4	26.7	0.0	5.0	0.1	4.0	23.2	0.4	13.4	27.2	344
Richest	71.1	59.0	18.0	0.0	9.4	0.3	0.8	30.5	0.0	12.1	28.9	346
Overall	70.4	56.1	29.3	0.0	4.9	0.6	3.0	18.2	0.1	14.3	29.6	1,928

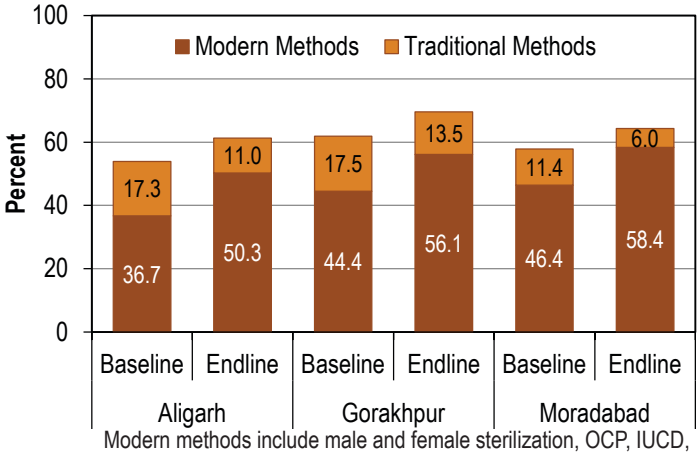
Table 5.4 Continued

	Any Method	Any Modern Method	Modern Method: Female Sterilization	Male Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh	Other Modern Method*	Any Traditional Method**	Non-use	Number of Women
Gorakhpur Baseline												
Poorest	59.7	41.6	29.3	0.3	0.1	0.9	3.4	7.7	0.0	18.1	40.3	554
Poor	63.3	46.2	30.7	0.2	0.4	0.4	2.5	11.4	0.7	17.1	36.7	609
Middle	66.3	49.7	26.8	0.0	1.5	0.0	3.1	18.3	0.0	16.5	33.7	603
Rich	61.5	41.9	17.6	0.1	2.0	0.4	3.6	17.2	1.1	19.6	38.5	639
Richest	68.8	51.3	21.1	0.2	2.9	0.1	3.9	22.3	0.8	17.5	31.2	616
Overall	64.0	46.2	24.9	0.1	1.4	0.3	3.3	15.5	0.5	17.8	36.0	3,022
Gorakhpur Endline												
Poorest	66.3	51.2	33.8	0.0	2.8	1.8	2.9	9.5	0.4	15.1	33.7	476
Poor	69.3	54.3	33.1	0.0	3.4	2.0	2.0	13.7	0.0	15.0	30.7	494
Middle	75.0	58.9	32.2	0.0	3.4	0.2	2.5	20.7	0.0	16.1	25.0	451
Rich	69.7	52.8	20.0	0.2	4.1	1.6	6.5	19.4	1.0	16.9	30.3	401
Richest	74.5	56.4	23.8	0.0	4.5	0.0	6.6	21.6	0.0	18.0	25.6	372
Overall	70.8	54.6	29.1	0.0	3.6	1.2	3.9	16.6	0.3	16.1	29.2	2,195
Moradabad Baseline												
Poorest	52.5	39.8	18.8	0.0	0.2	0.1	1.8	18.9	0.0	12.7	47.6	494
Poor	63.0	47.9	21.8	0.0	0.3	0.1	2.6	23.0	0.0	15.1	37.0	539
Middle	62.1	51.3	18.5	0.0	2.3	0.0	2.8	27.2	0.5	10.8	37.9	566
Rich	70.1	56.3	16.8	0.0	2.9	0.0	3.2	33.1	0.3	13.8	29.9	590
Richest	70.0	55.9	16.8	0.0	4.2	0.0	1.7	32.1	1.1	14.1	30.0	629
Overall	64.0	50.7	18.5	0.0	2.1	0.0	2.4	27.3	0.4	13.3	36.0	2,817
Moradabad Endline												
Poorest	65.9	51.6	24.4	0.0	2.1	0.7	2.3	22.0	0.0	14.4	34.1	450
Poor	69.1	61.3	23.2	0.0	2.1	0.7	4.0	31.4	0.0	7.8	30.9	440
Middle	66.4	57.7	15.9	0.0	3.2	1.7	6.6	29.5	0.8	8.7	33.6	390
Rich	72.0	68.5	20.9	0.0	2.0	0.0	3.5	41.8	0.2	3.6	28.0	425
Richest	68.7	59.0	23.1	0.0	6.3	0.0	5.9	23.7	0.0	9.7	31.3	400
Overall	68.4	59.6	21.6	0.0	3.1	0.6	4.4	29.7	0.2	8.9	31.6	2,105
Varanasi Baseline												
Poorest	55.4	44.8	27.3	0.7	0.7	0.1	4.0	11.7	0.0	10.7	44.6	573
Poor	54.0	44.1	25.0	0.2	2.6	0.0	2.4	12.7	0.1	9.9	46.0	575
Middle	61.8	53.4	30.3	0.0	5.0	0.2	2.5	15.2	0.0	8.4	38.2	608
Rich	69.2	61.6	31.5	0.6	4.2	0.3	3.0	21.1	0.0	7.6	30.8	612
Richest	67.0	59.4	26.6	0.0	8.9	0.5	2.8	20.6	0.0	7.6	33.0	647
Overall	61.7	52.9	28.2	0.3	4.4	0.2	2.9	16.4	0.0	8.8	38.3	3,015
Varanasi Endline												
Poorest	66.1	47.9	33.4	0.0	3.8	1.0	3.4	6.3	0.0	18.2	33.9	526
Poor	73.5	58.3	36.7	0.2	4.5	0.0	5.8	11.1	0.0	15.2	26.5	472
Middle	76.4	61.2	33.1	0.0	6.6	0.5	6.2	14.9	0.0	15.2	23.6	409
Rich	78.7	63.9	29.7	0.0	10.5	0.6	3.9	19.0	0.2	14.8	21.3	402
Richest	78.5	66.6	31.2	0.0	10.2	0.0	3.1	22.1	0.0	11.9	21.5	369
Overall	74.1	58.8	33.0	0.1	6.8	0.4	4.5	14.0	0.0	15.3	25.9	2,178

*Other modern methods include implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM
**Traditional methods include periodic abstinence, rhythm and withdrawal

A closer look at changes in current method use among the slum population supports the above finding that modern method use increased from baseline to endline across all city slum respondents from 6.8 to 13.6 percentage points (Table 5.5). This increase is accounted for primarily by increased acceptance of female sterilization, although in Moradabad, the percent reporting condom use is on par with those reporting female sterilization. Lastly, in all cities, the slum population reported a decline in non-use and in traditional method use, except for Varanasi, which reported a small increase in traditional method use at endline. Figure 5.4 illustrates this change in use in Aligarh, Gorakhpur and Moradabad.

Figure 5.4. Current contraceptive use among women 15-49 years of age living in slums in select cities at baseline and endline



Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, EC, dermal patch, diaphragm, spermicide, LAM and SDM.

Traditional methods include periodic abstinence, rhythm and withdrawal.

Family Planning Method Switching

As a woman's reproductive health needs change over time, so do her contraceptive choices. At baseline and endline, all women were asked about their current use of contraceptives. By matching the women in

Table 5.5: Contraceptive Use Among Slum Residents by Contraceptive Method Currently Used and City at Baseline and Endline

Percent distribution of women 15-49 residing in slum neighborhoods by contraceptive method currently used. UHI cities, India 2010, 2014

			Modern Method									
	Any Method	Any Modern Method	Female Sterili-zation	Male Sterili-zation	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh	Other Modern Method*	Any Traditional Method**	Non-use	Number of Women
Agra												
Baseline slum	60.2	46.0	23.8	0.1	1.1	0.3	2.6	16.8	1.3	14.2	39.8	752
Endline slum	64.3	52.8	31.2	0.0	2.6	1.0	2.7	15.2	0.2	11.5	35.7	555
Aligarh												
Baseline slum	53.9	36.7	12.3	0.1	1.3	0.4	3.0	19.4	0.1	17.3	46.1	581
Endline slum	61.3	50.3	16.3	0.1	5.9	1.6	2.5	23.7	0.2	11.0	38.7	443
Allahabad												
Baseline slum	59.8	45.7	26.8	0.2	2.1	0.4	2.2	13.8	0.0	14.2	40.2	288
Endline slum	68.6	57.0	36.3	0.1	4.0	1.2	2.8	12.4	0.2	11.6	31.4	215
Gorakhpur												
Baseline slum	61.9	44.4	29.2	0.1	0.9	0.6	2.9	10.6	0.2	17.5	38.1	293
Endline slum	69.6	56.1	37.9	0.0	2.9	1.9	2.9	10.5	0.0	13.5	30.4	215
Moradabad												
Baseline slum	57.8	46.4	20.4	0.1	1.2	0.3	3.6	20.7	0.2	11.4	42.2	371
Endline slum	64.3	58.4	26.1	0.0	2.3	0.5	3.3	26.2	0.0	6.0	35.7	277
Varanasi												
Baseline slum	59.4	47.8	24.9	0.1	3.0	0.1	3.7	15.1	0.0	11.5	40.6	787
Endline slum	73.8	59.4	31.8	0.2	5.9	0.6	4.3	16.4	0.2	14.4	26.2	587

*Other modern methods include implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM
**Traditional methods include periodic abstinence, rhythm and withdrawal

the longitudinal panel, we are able to examine these changes in method use over the five-year time period by select individual characteristics. In Table 5.6, the first three columns of data show the percentage of women who were non-users of family planning at baseline who became modern method users at endline (column 1), traditional method users at endline (column 2) and remained non-users at endline (column 3). Columns 4–6 present women who were traditional method users at baseline and columns 7–9 present those who reported modern method use at baseline.

Of the 13,807 matched women interviewed at baseline and endline, almost 36 percent switched method use over the five-year period. A roughly equal proportion (39.2 percent) maintained modern contraceptive use at baseline and endline, with some variation by city ranging from 28.7 percent to 43.8 percent in Aligarh and Varanasi, respectively. Among the 35.6 percent of women not using a method at baseline, approximately one-third (10.1 percent) switched to modern methods by endline. This change was most prominent among younger women, with more than 20 percent of 15–24 year olds at baseline switching from non-use to modern use by endline. Table 5.7 presents switching over time for the four most popular modern methods compared with traditional and non-use. Approximately one-fourth of the women using reversible modern methods at baseline switched to non-use within five years time. However, approximately 70 percent of reversible modern method users either stayed with the same method (31.7, 34.8 and 45.6 percent, respectively, for pills, IUCD and male condoms) or switched to another modern method.

Source of Family Planning Method

The source of modern contraceptive methods is dictated to some degree by the level of provider technical intervention required. Female sterilization and IUCD insertion require qualified providers with specialized training and adequate medical facilities. At baseline, female sterilization was primarily the purview of public facilities in all six cities. By endline, some shifting of clients to private facilities was reported, particularly in Agra, Aligarh and Allahabad (Table 5.8). For IUCD insertions, the shift was in the other direction, from private to public facilities, specifically Aligarh, Allahabad, Gorakhpur and Moradabad. For over-the-counter methods, such as pills and condoms, where medical intervention at time of resupply is unnecessary, the most common sources continue to be pharmacies or "acquired by husband" such that the commercial source of these responses is unknown to the female respondent.

Unmet Need for Family Planning

Unmet need for family planning became one of the MDG indicators in 2008, thereby elevating its already popular use as a measure of family planning program success. Unmet need includes two measures: unmet need for spacing and unmet need for limiting. Unmet need for spacing represents those women who do not want a pregnancy now but may in the future. Unmet need for limiting refers to women who report not wanting any more births. The companion measure to unmet need is demand satisfied, or the percentage of women who are either using a method or have no demonstrated need for a contraceptive method to avoid pregnancy.

Table 5.9 presents the distribution of women by unmet need for spacing, unmet need for limiting, and demand satisfied by wealth quintile in each city. Calculation for these indicators at baseline and endline employs the newest methods proposed by MEASURE DHS in 2012.[8] Overall the results are homogenous across cities and over time, with the vast majority of women reporting satisfaction of their family planning demand, from 89.2–95.0 percent. Unmet need for limiting remains the larger unmet need, ranging from 4.4 to 8.4 percent, although improvements among the poorest, particularly in Aligarh, Agra and Varanasi, are worth noting. Unmet need for spacing is below 3 percent in all cities at endline, with equitable distribution across wealth groups. With such high satisfaction of existing demand in India, there is little room for improving FP uptake among those who are already interested, rather it is worth focusing on demand-generating activities to increase the uptake of family planning in these target cities.

8 Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.

Table 5.6: Contraceptive Method Switching by Women's Baseline Characteristics Between Baseline and Endline

Percent distribution of women's contraceptive method switching between baseline and endline surveys by baseline characteristics. UHI cities, India 2010,2014

Baseline Method ↓ Endline Method	Non-user ↓ Modern Method*	Non-user ↓ Traditional Method**	Non-user ↓ Non-user	Traditional Method ↓ Modern Method*	Traditional Method ↓ Traditional Method**	Traditional Method ↓ Non-user	Modern Method ↓ Modern Method*	Modern Method ↓ Traditional Method**	Modern Method ↓ Non-user	**Total**
Baseline Age										
15-19	20.2	14.6	40.0	5.8	0.6	8.2	5.3	0.8	4.6	100.0
20-24	21.9	9.1	25.6	5.8	3.9	4.2	18.6	4.0	6.9	100.0
25-29	16.7	6.5	14.8	7.4	4.6	3.3	35.5	4.7	6.6	100.0
30-34	8.6	5.3	10.0	6.1	6.6	4.4	48.8	4.9	5.3	100.0
35-39	5.0	2.9	13.2	3.8	5.1	7.7	51.1	5.3	6.0	100.0
40-44	2.8	2.5	27.5	1.9	3.1	10.9	40.4	2.1	8.9	100.0
45-49	3.8	0.6	43.5	0.6	0.8	7.3	38.2	0.0	5.4	100.0
Baseline Education* **										
No education	9.4	5.4	26.4	3.6	3.7	7.2	37.0	2.7	4.5	100.0
1-5 classes completed	8.9	5.7	20.5	4.0	4.3	5.9	40.7	4.1	5.9	100.0
6-8 classes completed	9.8	4.5	22.1	4.1	2.9	6.0	42.2	3.1	5.3	100.0
9-12 classes completed	10.6	5.1	17.9	5.1	4.8	5.3	40.0	4.3	6.8	100.0
13 or more classes completed	11.1	3.4	14.3	6.1	5.1	5.8	39.3	5.0	9.8	100.0
Baseline Wealth Index										
Poorest	11.3	5.8	25.8	5.3	3.8	7.0	34.1	3.1	3.9	100.0
Poor	10.7	5.9	24.1	4.1	3.9	6.6	36.7	3.4	4.8	100.0
Middle	8.9	5.6	20.8	3.7	4.5	5.7	41.1	3.0	6.9	100.0
Rich	9.2	4.2	18.6	5.0	4.8	5.8	40.3	4.5	7.7	100.0
Richest	10.5	3.2	16.1	5.0	4.1	6.1	42.3	4.6	8.1	100.0
Baseline Residence										
Slum	11.7	4.7	22.3	4.7	3.5	6.1	38.6	3.0	5.5	100.0
Non-slum	9.7	4.9	20.3	4.6	4.4	6.2	39.3	3.9	6.7	100.0
Baseline City										
Agra	9.4	5.2	20.7	4.5	4.3	6.0	38.5	4.3	7.2	100.0
Aligarh	11.9	4.0	25.6	5.5	4.5	9.7	28.7	2.7	7.4	100.0
Allahabad	8.1	4.5	19.1	5.3	5.2	7.1	41.2	3.1	6.5	100.0
Gorakhpur	9.2	4.2	20.2	5.0	6.0	6.4	39.4	4.3	5.3	100.0
Moradabad	10.8	2.9	21.5	5.9	2.4	5.6	40.7	2.8	7.5	100.0
Varanasi	11.8	6.6	19.2	2.6	2.6	3.5	43.8	4.6	5.3	100.0
Total Percent	10.1	4.8	20.7	4.6	4.2	6.2	39.2	3.8	6.4	100.0
Number of Women	1,389	667	2,856	634	584	854	5,413	521	889	13,807

*Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM

**Traditional methods include periodic abstinence, rhythm and withdrawal

*** Small number of women with missing information on education at baseline not included here

Table 5.7: Contraceptive Methods Switching Between Baseline and Endline
Percent of women that switched contraceptive methods between 2010 and 2014 by method. India 2010, 2014

	Endline Method Use								
Baseline Method	Female Sterilization	OCP	IUCD	Condom/ Nirodh	Other Modern Method*	Any Traditional Method**	Non-use	Total	Number of Women
Female sterilization	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	3,230
OCP	6.0	31.7	3.3	13.0	2.4	17.4	26.3	100.0	423
IUCD	7.3	10.0	34.8	13.9	1.0	11.3	21.6	100.0	380
Condom/Nirodh	5.9	3.2	4.8	45.6	1.2	14.4	25.0	100.0	2,635
Other modern method*	15.7	4.8	7.3	19.1	13.2	16.1	23.9	100.0	154
Any traditional method**	7.0	3.3	4.4	15.2	0.6	28.2	41.2	100.0	2,072
Nonuse	7.0	2.9	3.6	13.9	0.9	13.6	58.2	100.0	4,911
Total	28.6	3.5	4.0	16.9	0.9	12.8	33.3	100.0	13,805

*Other modern methods include male sterilization, DMPA, implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM.
**Traditional methods include periodic abstinence, rhythm and withdrawal.

Table 5.8: Source of Modern Contraceptive Methods at Baseline and Endline
Percent distribution of women using a modern method by source of modern contraceptive method by city. UHI cities, India 2010, 2014

	Baseline Method Source, 2010					Endline Method Source, 2014				
Source	Female Sterilization	IUCD	DMPA	OCP	Condom/ Nirodh	Female Sterilization	IUCD	DMPA	OCP	Condom/ Nirodh
Agra	**n = 659**	**n = 50**	**n = 27**	**n = 95**	**n = 582**	**n = 655**	**n = 61**	**n = 21**	**n = 85**	**n = 378**
Public Facility	59.4	18.2	2.6	6.7	1.6	51.0	19.0	17.2	3.0	0.2
Private Facility	39.2	76.8	86.6	6.6	0.8	43.1	81.0	67.0	4.4	0.7
Pharmacy/drugstore	0.0	1.1	3.6	70.6	71.4	0.0	0.0	2.9	67.9	47.7
Community Health Worker	0.0	0.0	0.0	1.1	0.6	0.0	0.0	0.0	6.0	2.7
Retail shops/NTOs*	0.0	0.0	0.0	0.4	0.6	0.0	0.0	0.0	0.0	0.0
Husband Acquired	0.0	0.0	0.0	7.8	21.1	0.0	0.0	12.9	18.7	43.8
Other	0.0	3.2	7.2	0.0	0.0	0.2	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	6.8	3.0	0.9	0.0	0.0	0.0	4.9
Missing	1.4	0.8	0.0	0.0	0.8	4.7	0.0	0.0	0.0	0.0
Aligarh	**n = 393**	**n = 76**	**n = 10**	**n = 99**	**n = 588**	**n = 403**	**n = 122**	**n = 18**	**n = 73**	**n = 554**
Public Facility	79.8	4.4	0.0	3.6	2.0	71.4	29.2	20.1	3.2	0.4
Private Facility	19.5	92.5	100.0	1.2	0.7	23.6	69.9	79.9	10.2	2.3
Pharmacy/drugstore	0.0	0.0	0.0	54.8	35.2	0.0	0.0	0.0	70.0	57.7
Community Health Worker	0.0	0.0	0.0	1.5	0.3	0.0	0.0	0.0	1.6	6.2
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.8
Husband Acquired	0.0	3.1	0.0	38.9	61.2	0.0	0.9	0.0	14.3	24.2
Other	0.0	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.4
Don't know	0.2	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.7	8.0
Missing	0.5	0.0	0.0	0.0	0.0	3.3	0.0	0.0	0.0	0.0

Table 5.8 Continued

	Baseline Method Source, 2010					Endline Method Source, 2014				
Source	Female Sterilization	IUCD	DMPA	OCP	Condom/ Nirodh	Female Sterilization	IUCD	DMPA	OCP	Condom/ Nirodh
Allahabad	**n = 643**	**n = 88**	**n = 14**	**n = 85**	**n = 451**	**n = 640**	**n = 94**	**n = 12**	**n = 57**	**n = 351**
Public Facility	75.0	22.3	20.0	16.0	2.0	62.8	45.3	28.1	4.9	3.0
Private Facility	23.3	77.0	80.0	6.4	0.9	35.4	54.7	55.9	2.1	1.5
Pharmacy/drugstore	0.0	0.0	0.0	42.3	24.0	0.0	0.0	16.0	57.9	31.8
Community Health Worker	0.0	0.0	0.0	2.6	0.3	0.0	0.0	0.0	0.0	1.6
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.8
Husband Acquired	0.0	0.0	0.0	32.7	72.2	0.0	0.0	0.0	34.5	60.6
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	0.6	0.7	0.0	0.0	0.1	0.4	0.0	0.0	0.6	0.7
Missing	1.1	0.0	0.0	0.0	0.0	1.3	0.0	0.0	0.0	0.0
Gorakhpur	**n = 754**	**n = 42**	**n = 11**	**n = 100**	**n = 470**	**n = 709**	**n = 79**	**n = 25**	**n = 85**	**n = 365**
Public Facility	70.3	42.1	13.9	1.7	1.7	75.6	59.0	39.8	0.5	3.0
Private Facility	29.2	57.6	82.7	15.8	2.0	21.8	39.2	51.1	11.8	2.3
Pharmacy/drugstore	0.0	0.0	3.4	64.9	62.9	0.0	1.8	9.1	58.9	46.1
Community Health Worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	3.2
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	1.4
Husband Acquired	0.0	0.0	0.0	12.0	29.4	0.0	0.0	0.0	22.9	42.7
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	5.7	3.4	0.0	0.0	0.0	0.6	1.4
Missing	0.5	0.3	0.0	0.0	0.0	2.7	0.0	0.0	0.0	0.0
Moradabad	**n = 520**	**n = 59**	**n < 10**	**n = 68**	**n = 769**	**n = 516**	**n = 65**	**n = 13**	**n = 94**	**n = 625**
Public Facility	79.9	18.8	NR	4.1	6.5	77.1	37.0	2.6	1.8	3.8
Private Facility	19.4	81.2	NR	5.6	0.2	21.2	63.0	41.9	8.7	0.8
Pharmacy/drugstore	0.0	0.0	NR	75.7	56.5	0.0	0.0	0.0	36.5	16.0
Community Health Worker	0.0	0.0	NR	0.4	0.1	0.0	0.0	49.4	0.9	3.8
Retail shops/NTOs*	0.0	0.0	NR	0.6	0.7	0.0	0.0	0.0	0.0	0.9
Husband Acquired	0.3	0.0	NR	13.5	35.5	0.0	0.0	0.0	51.6	74.4
Other	0.0	0.0	NR	0.0	0.0	0.0	0.0	6.0	0.0	0.0
Don't know	0.4	0.0	NR	0.0	0.5	0.0	0.0	0.0	0.4	0.3
Missing	0.3	0.0	NR	0.0	0.0	1.7	0.0	0.0	0.0	0.0
Varanasi	**n = 849**	**n = 132**	**n < 10**	**n = 88**	**n = 495**	**n = 818**	**n = 148**	**n < 10**	**n = 98**	**n = 305**
Public Facility	75.9	24.9	NR	9.1	3.3	62.6	25.9	NR	2.3	0.8
Private Facility	23.7	72.0	NR	13.9	3.8	33.8	74.1	NR	2.6	0.0
Pharmacy/drugstore	0.0	2.6	NR	66.0	59.5	0.0	0.0	NR	44.0	28.3
Community Health Worker	0.0	0.0	NR	0.0	0.3	0.0	0.0	NR	0.0	0.3
Retail shops/NTOs*	0.0	0.0	NR	1.1	1.5	0.0	0.0	NR	0.5	0.0
Husband Acquired	0.0	0.0	NR	8.6	25.7	0.0	0.0	NR	50.7	69.8
Other	0.0	0.0	NR	0.0	0.0	0.0	0.0	NR	0.0	0.9
Don't know	0.1	0.5	NR	1.3	5.8	0.0	0.0	NR	0.0	0.0
Missing	0.3	0.0	NR	0.0	0.0	3.6	0.0	NR	0.0	0.0

*Non-traditional outlets (NTO) are shops, retail outlets or other stores that sell contraceptives in addition to other supplies and household items.
NR = Not Reported, n < 10

Table 5.9: Unmet Need for Family Planning Among Women in Union by Wealth Quintile and City at Baseline and Endline

Percentage distribution of women 15-49 in union with unmet need and demand satisfied, by wealth quintile. UHI cities, India 2010, 2014

	Baseline				Endline			
	Unmet Need for Spacing	Unmet Need for Limiting	% Demand Satisfied	Number of Women*	Unmet Need for Spacing	Unmet Need for Limiting	% Demand Satisfied	Number of Women*
Agra								
Poorest	4.0	11.2	84.8	540	4.3	7.2	88.5	454
Poor	5.9	7.2	86.8	588	1.8	6.1	92.1	433
Middle	5.4	7.3	87.3	599	2.0	5.2	92.8	402
Rich	2.8	5.6	91.8	635	2.3	5.4	92.3	423
Richest	2.5	5.3	91.8	646	0.7	5.9	93.4	410
Overall	4.1	7.2	88.6	3,007	2.3	6.0	91.8	2,121
Aligarh								
Poorest	4.3	18.3	77.4	544	2.9	9.6	87.5	473
Poor	4.2	7.3	88.5	604	1.8	9.3	89.0	495
Middle	3.6	8.2	88.2	638	3.7	9.9	86.5	479
Rich	4.2	6.9	88.9	644	3.0	9.6	87.4	431
Richest	3.3	4.3	92.4	681	0.6	3.8	95.6	455
Overall	3.9	8.7	87.4	3,112	2.4	8.4	89.2	2,332
Allahabad								
Poorest	6.1	8.2	85.7	389	2.1	3.9	94.1	422
Poor	4.0	7.0	89.0	488	2.1	4.7	93.2	428
Middle	4.5	5.6	89.9	587	0.3	4.6	95.0	361
Rich	2.8	3.9	93.8	625	2.7	6.1	91.2	333
Richest	2.4	4.9	92.8	581	1.3	10.4	88.3	345
Overall	3.7	5.7	90.7	2,670	1.7	5.8	92.5	1,888
Gorakhpur								
Poorest	2.8	9.4	87.3	554	1.5	9.0	89.5	468
Poor	5.3	4.7	89.9	609	2.0	3.9	94.1	483
Middle	2.7	6.6	90.5	603	0.2	5.9	93.9	446
Rich	4.8	7.4	87.3	639	1.1	5.3	93.7	401
Richest	3.3	4.8	91.6	612	1.0	6.4	92.6	369
Overall	3.8	6.5	89.4	3,022	1.2	6.1	92.7	2,166
Moradabad								
Poorest	5.4	7.1	87.5	494	1.5	5.7	92.8	436
Poor	2.6	6.2	91.2	539	1.4	4.3	94.3	427
Middle	2.4	6.8	90.7	566	0.5	6.4	93.0	383
Rich	3.1	2.9	94.0	590	0.8	6.6	92.6	406
Richest	2.9	2.8	94.3	629	1.4	4.4	94.2	397
Overall	3.2	5.0	91.7	2,818	1.1	5.5	93.4	2,048
Varanasi								
Poorest	6.0	13.8	80.2	573	1.4	7.7	90.9	516
Poor	6.8	8.4	84.8	575	0.4	4.2	95.4	455
Middle	3.6	6.9	89.3	608	1.2	3.1	95.7	404
Rich	3.2	6.3	90.5	612	0.1	1.8	98.1	400
Richest	2.5	6.5	91.0	647	0.0	4.1	95.9	366
Overall	4.3	8.3	87.3	3,015	0.7	4.4	95.0	2,142

Note: Unmet need for spacing includes pregnant or postpartum amenorrheic women whose pregnancy was mistimed; and fecund women who are not pregnant, not using any method of family planning, and say they want to wait two or more years for their next birth. Unmet need for limiting refers to pregnant or postpartum amenorrheic women whose pregnancy was unwanted; and fecund women who are not pregnant, who are not using any method of family planning, and who want no more children. Demand satisfied includes women using a method as well as women with no demonstrated need for a method. The revised unmet need definition was used here (Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. Revising Unmet Need for Family Planning. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International., 2012).
*Includes women married or living in union only

Reasons for Use and Non-Use of Family Planning

Women currently using a FP method were asked their reasons for using a method at the time of the survey. Across all cities, the most common reason that women provided for why they were using the current method was because they believed the method to be effective in preventing an unwanted pregnancy. This percentage ranged from 91.6 percent in Moradabad to 97.0 percent in Varanasi (Table 5.10). Other top reasons cited include the ease or convenience of use, belief that the method is safe with few or no side effects, and partner's preference for use.

Women who reported not currently using a FP method were asked their reasons for not using a method at the time of the survey. This information contributes to the understanding of barriers to contraceptive use. As seen in Table 5.11, most women reported not using a FP method because they did not need contraception; they were either trying to get pregnant, were already pregnant, were breastfeeding, were menopausal or had undergone a hysterectomy. Some women also stated that they were not using FP because their husbands were away, they did not have sex, or they had sex infrequently. Additionally, in every city, a small percentage of women reported facing some opposition to use, ranging from 2 percent of women in Agra to 6.1 percent in Aligarh. Method-specific problems were cited by approximately 5–10 percent of women in each city. Notably, less than 1 percent of women reported lack of knowledge, problems with access or problems with cost as reasons for not currently using contraception.

Table 5.10: Reasons Why Using Method at Endline

Percent of women 15-49 currently using a family planning method by reason for using the current method. UHI cities, India 2014

Reason for Using Current Method*	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Effective/don't want to get pregnant	92.7	92.4	92.5	93.0	91.6	97.0
Safe/Few or no side effects	6.3	2.9	12.9	9.1	15.2	13.8
Convenient to use	8.2	11.2	19.1	20.4	10.4	21.3
Easy to use	7.9	10.7	13.6	17.6	16.5	20.4
Take it daily	0.6	0.9	0.0	0.2	0.2	0.0
Don't have to take daily	4.3	3.0	1.6	3.3	3.0	0.5
Discreet	2.2	3.1	5.0	5.1	5.6	8.0
Affordable	4.8	2.3	0.6	0.9	2.0	2.1
Easy to obtain	3.6	6.4	8.8	6.5	10.4	11.1
Many people use it	3.4	2.9	3.4	4.2	5.9	2.1
Recommended by provider	1.6	1.4	1.0	0.7	2.3	1.8
Partner prefers	8.6	8.0	14.1	8.8	11.9	12.1
Don't have to worry about it; partner is responsible for it	0.1	0.9	1.2	2.8	0.6	0.6
Don't want to get infected with HIV or other STIs	3.1	0.8	1.1	2.1	7.3	0.8
Helps to lose or gain weight	0.1	0.4	0.0	0.1	0.1	0.1
Makes skin look healthier	0.6	0.0	0.0	0.0	0.0	0.0
Other	0.3	0.4	0.0	0.0	0.0	0.0
Number of Women	1,427	1,421	1,352	1,538	1,433	1,595

Notes: Excludes the few women with missing responses.
*Multiple responses possible, percentages may not sum to 100%.

Table 5.11: Reasons for Nonuse at Endline
Percent of women 15-49 not currently using contraception by reasons for not using a method at endline. UHI cities, India 2014

Reason for Not Using a Method*	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Menopausal/hysterectomy	25.3	27.6	38.4	29.0	34.9	38.9
Can't have children	2.8	3.9	1.0	2.4	1.1	0.7
Already pregnant	10.8	9.1	7.3	8.9	7.8	8.7
No sex/infrequent sex	20.8	19.8	12.0	17.9	14.7	8.5
Husband away	1.7	2.2	5.2	10.0	0.8	1.8
Trying to get pregnant	20.6	16.7	20.7	16.4	20.5	16.2
Wants as many children as possible	0.0	0.6	0.5	0.2	0.0	0.6
Breastfeeding	1.4	1.5	1.7	3.4	1.3	3.5
Postpartum amenorrhea	6.6	4.5	6.5	9.4	10.9	10.8
Has faced opposition to use	2.0	6.1	3.0	3.7	2.5	3.4
Method-related reasons	7.6	10.2	4.7	4.3	9.7	8.0
Lacks knowledge	0.1	0.0	0.0	0.0	0.0	0.0
Lack of access/too far	0.0	0.0	0.0	0.0	0.0	0.0
Costs too much	0.1	0.1	0.0	0.0	0.0	0.0
Fatalistic	2.6	2.5	1.5	2.4	0.5	0.9
Other	8.3	10.6	7.8	7.5	6.2	9.1
Don't know	0.1	0.1	0.0	0.0	0.0	0.0
Number of Women	705	953	571	642	664	565

*Multiple responses possible, percentages may not sum to 100%.

Attitudes and Perceptions

Individual attitudes about family planning may be influenced by perceptions of community norms and attitudes. At baseline and endline, women were asked about their approval of couples using contraceptives as well as their perceptions of attitudes held by family and community members. In all cities at endline, more than 96 percent of women reported that they approved of couples using modern contraception and that they believed their husbands also approved of this practice (Table 5.12). These approval ratings were also very high at baseline, with only a few percentage points between the two time periods. Approximately half of the women continued to believe that their mothers-in-law approved of modern contraception.

Awareness of contraceptive use and attitudes in the community, in general, increased in most cities from baseline to endline. Perception that some, most or all couples use modern contraception increased most dramatically in Allahabad from approximately 61 percent of couples at baseline to more than 93 percent at endline. A similar change was also seen in Varanasi, where perceptions increased from 66 percent to 92 percent. Interestingly, perceptions of community attitudes, both negative and positive, increased over time as well. In Aligarh, a 23 percentage-point increase in perception of name calling or shunning if one uses modern contraception was reported. Agra, Allahabad and Gorakhpur reported both an increase in perceived negative community attitudes and an increase in positive community attitudes. Women from Varanasi reported a three-fold drop in negative perceptions and a three-fold increase in perceived praise for contraceptive use.

Discussion and Decision-making on Family Planning

Table 5.13 provides information on discussions respondents had with their spouses and other relatives or friends on FP in the six months leading up to the survey at endline. On average across all cities, approximately 43 percent of women in union reported discussing family planning with their husbands in the past six months, ranging from 38.6 percent in Gorakhpur to 51.2 percent in Moradabad. Roughly half of the women reported initiating a FP conversation themselves and approximately half reported that

Table 5.12: Attitudes Toward Use of Family Planning at Baseline and Endline

Percent distribution of women by attitudes or perceptions about family planning in their community. UHI cities, India 2010, 2014.

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Attitudes and Perceptions	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Own Approval of Couples Using Modern Contraceptives	n = 3007	n=2305	n = 3112	n = 2559	n=2670	n = 2121	n = 3022	n =2389	n = 2817	n = 2294	n= 3015	n = 2375
Approves	97.6	99.2	97.6	96.8	98.9	99.4	98.7	98.5	99.4	99.7	95.5	99.1
Disapproves	1.0	0.2	0.9	0.9	0.8	0.1	0.8	0.6	0.2	0.1	1.4	0.2
Don't know	1.3	0.5	1.5	2.3	0.4	0.5	0.4	0.9	0.4	0.2	3.1	0.7
Perception of Husband's Approval of Couples Using Modern Contraceptives*	n = 3007	n=2263	n = 3112	n = 2495	n=2670	n = 2075	n = 3022	n= 2355	n = 2817	n = 2232	n= 3015	n = 2332
Approves	94.4	98.6	95.7	96.7	96.8	99.1	95.5	98.1	98.7	99.5	92.1	99.0
Disapproves	2.2	0.7	2.1	1.1	0.9	0.5	2.0	0.6	0.6	0.2	3.2	0.4
Don't know	3.4	0.7	2.2	2.1	2.3	0.4	2.5	1.4	0.7	0.3	4.7	0.6
Perception of Mother-in-Law's Approval of Couples Using Modern Contraceptives*	n = 3007	n=2263	n = 3112	n = 2495	n=2670	n = 2075	n = 3022	n= 2355	n = 2817	n = 2232	n= 3015	n = 2332
Approves	50.6	52.3	51.0	50.9	46.3	48.3	47.0	52.2	51.0	48.5	49.5	45.6
Disapproves	9.0	5.1	4.3	5.6	5.3	2.6	10.3	4.4	5.3	1.3	9.7	2.6
Not Applicable	27.5	29.6	32.2	31.7	30.0	44.1	31.5	33.1	35.8	42.4	25.1	46.1
Don't know	12.8	13.0	12.6	11.9	18.4	5.0	11.2	10.3	7.9	7.8	15.8	5.7
Perceived Use of Modern Contraceptives by Couples in Community	n = 3007	n=2305	n = 3112	n = 2559	n=2670	n = 2121	n = 3022	n=2389	n = 2817	n = 2294	n= 3015	n = 2375
No one uses	3.2	0.9	0.1	2.8	0.3	0.3	1.0	0.2	0.1	0.1	7.1	0.3
Some use	19.5	21.7	19.5	28.7	9.4	30.3	30.6	28.7	32.5	25.1	25.2	36.6
Most use	36.8	38.2	46.1	31.3	48.2	54.1	28.3	48.2	41.7	44.4	32.2	49.5
All use	18.5	16.0	6.0	13.5	3.2	9.1	19.2	7.4	4.5	17.2	8.5	6.3
Don't know	22.0	23.3	28.4	23.7	39.0	6.2	20.8	15.5	21.3	13.2	27.0	7.3
Perceived Name Calling or Shunning if One Uses Modern Contraceptives	n = 3007	n=2305	n = 3112	n = 2559	n=2670	n = 2121	n = 3022	n =2389	n = 2817	n = 2294	n= 3015	n = 2375
Yes	15.2	26.0	4.7	27.8	5.3	7.0	11.7	12.6	0.8	7.1	14.8	4.7
No	36.8	37.3	64.5	33.9	57.1	64.9	42.0	56.5	77.5	65.7	42.3	76.9
Don't know	47.9	36.7	30.9	38.2	37.6	28.1	46.3	30.9	21.8	27.2	43.0	18.4
Perceived Praise or Encouragement if One Uses Modern Contraceptives	n = 3007	n=2305	n = 3112	n = 2559	n=2670	n = 2121	n = 3022	n =2389	n = 2817	n = 2294	n= 3015	n = 2375
Yes	26.8	44.4	54.7	38.6	50.2	67.4	26.7	62.8	65.1	51.5	27.1	75.1
No	20.5	16.0	14.7	20.0	10.5	2.2	22.9	2.9	10.0	14.6	28.7	5.5
Don't know	52.7	39.7	30.6	41.5	39.3	30.5	50.3	34.4	24.9	33.9	44.2	19.5

*Includes women married or living in union only

someone else initiated a conversation with them; these two responses are not mutually exclusive and may include more than one conversation. Other initiators of FP conversations commonly cited included spouses, sisters-in-law, neighbors and community health workers. In Allahabad, Moradabad and Varanasi, more than 75 percent of respondents reported a conversation initiated by their spouses. Between 16 and 33 percent of women reported conversations with a sister-in-law and/or a neighbor. Notably, half of the women in Agra and Aligarh who reported a discussion in the past six months said the CHW started the conversation.

Need of consent of a family member to use contraception was reported by more than 70 percent of women in all cities, and the women reported needing spousal approval. Additionally, mothers-in-law often play a role in decision-making; women reported needing their consent in all cities, ranging from 11 percent in Moradabad and Agra to 26 percent in Varanasi. The socially constructed role of the family in women's reproductive choices and decision-making is evident since consent is procedurally not required for any of the methods.

Table 5.13: Discussion and Decision Making About Family Planning at Endline
Percent distribution of women in union reporting discussion of family planning at endline. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Discussed FP with Your Spouse in the Last 6 Months	**n = 2263**	**n = 2495**	**n = 2075**	**n = 2355**	**n = 2232**	**n = 2332**
Yes	42.9	40.1	42.3	38.6	51.2	41.3
No	57.1	59.9	57.7	61.4	48.8	58.7
Woman Initiated FP Discussion with Anyone in the Last 6 Months	**n = 2263**	**n = 2495**	**n = 2075**	**n = 2355**	**n = 2232**	**n = 2332**
Yes	52.0	48.5	49.7	42.5	60.3	49.8
No	48.0	51.5	50.3	57.5	39.7	50.2
Someone Else Initiated FP Discussion with Woman in the Last 6 Months	**n = 2263**	**n = 2495**	**n = 2075**	**n = 2355**	**n = 2232**	**n = 2332**
Yes	54.1	49.8	48.5	41.2	60.1	47.1
No	45.9	50.2	51.5	58.8	39.9	52.9
If Initiated by Someone Else, Who Initiated the Discussion?*	**n = 1225**	**n = 1243**	**n = 1006**	**n = 970**	**n = 1341**	**n = 1097**
Spouse	52.9	53.5	76.6	61.9	79.4	81.2
Mother	0.1	0.5	0.4	0.7	0.4	0.8
Father	0.0	0.0	0.1	0.0	0.0	0.1
Mother-in-law	2.9	2.5	7.6	8.5	3.2	10.0
Father-in-law	0.0	0.0	0.0	0.0	0.0	0.0
Sister	1.7	3.4	5.3	6.9	5.2	8.9
Sister-in-law	23.8	17.7	33.2	32.0	31.4	29.2
Other family members	4.6	4.5	5.5	3.6	2.2	2.8
Friend	2.9	3.9	19.9	6.1	10.2	15.8
Neighbor	16.0	17.8	26.0	22.3	24.7	26.7
Community health worker	57.1	58.0	11.4	31.1	28.4	10.5
Service provider	4.9	3.7	1.5	3.4	1.3	2.3
Other	0.4	0.3	0.3	0.5	0.1	0.3
Consent of Husband or Other Family Members is Needed to Use FP	**n = 2263**	**n = 2495**	**n = 2075**	**n = 2355**	**n = 2232**	**n = 2332**
Yes	89.2	70.1	92.3	82.3	95.6	95.2
No	6.6	22.4	1.4	9.0	1.4	1.0
Don't know	0.3	0.9	0.1	0.3	0.0	0.0
Not applicable - never use or want to use	4.0	6.7	6.2	8.4	3.0	3.8
Among Those Needing Consent, Whose Consent is Needed?*	**n = 2019**	**n = 1749**	**n = 1914**	**n = 1938**	**n = 2133**	**n = 2219**
Husband	99.8	99.6	100.0	99.8	99.9	100.0
Mother-in-law	11.2	14.2	19.6	16.9	10.5	26.0
Father-in-law	0.1	0.3	0.0	0.0	0.0	0.0
Sister-in-law	0.7	1.6	0.1	0.9	0.0	0.7
Mother/father	0.1	0.1	0.2	0.9	0.3	0.1

*Multiple responses possible, percentages may not sum to 100%.

Chapter 6. Service Integration

Maternal health services provide several opportunities for health care providers to connect with potential FP clients at health facilities and in the community. UHI adopted service integration as one of the strategies to identify women with unmet family planning needs and increase contraceptive uptake. Community health workers were trained and stationed in different communities to reach out to women during pregnancy and postpartum periods to discuss family planning needs and provide information on FP methods and their availability. The program also trained service providers on FP promotion among those providers who serve the growing number of women delivering at health facilities.

In order to understand the extent to which maternal and child health services are utilized to reach potential FP clients and the effect on the uptake of contraceptives, a series of questions were added in the endline survey. These questions covered: receipt of FP information and services during antenatal, delivery and postnatal care visits; decisions to use any contraceptive method; and uptake of any method within a year of giving birth. These questions were asked of women who had delivered since January 2011. Additionally, a series of questions regarding receipt of FP information and services following abortion or miscarriage and post-abortion care were asked of all women who reported an abortion or miscarriage since 2009.

Antenatal FP Program Exposure

Antenatal care coverage is high, with more than 90 percent of women who gave birth since January 2011 reporting attending at least one ANC visit during their last pregnancy (Table 6.1). However, only one-fifth of these women or less (14.6 percent in Gorakhpur to 21.3 percent in Aligarh) received FP information from a health professional in their last trimesters.

When asked specifically about interactions with community health workers, only 10.8 (Allahabad) to 30.7 percent (Aligarh) of women reported interacting with a CHW during their last trimesters. The majority of these women reported receiving information or counseling from the CHW on institutional deliveries and use of FP methods postpartum. Fewer (6.6-37.3 percent) recalled receiving any information on exclusive breastfeeding for contraceptive purposes. It is important to note that among those who met with a CHW in all cities except Varanasi, more than half reported a decision to use a FP method in the postpartum period, indicating potential for this strategy. These percentages should be interpreted cautiously as the number of women who met with a CHW in each city is small, particularly in Allahabad, Moradabad and Varanasi.

FP Program Exposure at Time of Delivery

Overall, there was increase in institutional delivery from baseline to endline in all cities. However, the increase is most remarkable in Gorakhpur and Varanasi (Table 6.2). In these two cities, institutional delivery increased from approximately 67 percent to 81 percent from baseline to endline. Interestingly, in Gorakhpur, the increase is notable in the public facilities, while in Varanasi, women reported an increase in use of both public and private facilities. In Allahabad, delivery appears to have shifted from private to public facilities over time, while in Moradabad the shift is in the other direction. Despite the rise in institutional deliveries overall, almost a third of the deliveries in Aligarh and Moradabad cities are still at home.

Women who delivered at a health facility were asked about exposure to FP information and services at the time of delivery. Overall, only a small proportion of women reported receiving any such information or services before or after delivery at a facility, with substantial variation among cities (Table 6.3). In Moradabad, only 10.2 percent of women reported being counseled on FP before delivery; in Agra and Varanasi, 16 percent reported so; while in Aligarh, 30 percent reported the same. Even after delivery, reported FP discussions prior to discharge from the facilities ranged from 13.2 percent in Moradabad to 27.5 percent in Aligarh. Moreover, only a small proportion of women (5 to 13 percent) received or accepted a FP method before being discharged from the facility after delivery. This clearly indicates that while the government and UHI strategies promote the integration of FP with MCH services, a large gap in service integration persists (Figure 6.1)

Table 6.1: Exposure to Family Planning Programs and Services During Pregnancy at Endline
Percent distribution of women that had a birth since January 2011 and were exposed to family planning programs or services during pregnancy by city. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Attended One or More Antenatal Care Visits Since January 2011	**n = 500**	**n = 507**	**n = 298**	**n = 434**	**n = 477**	**n = 426**
Yes	91.9	92.2	94.2	95.1	96.0	92.0
No	8.1	7.8	5.8	4.9	4.0	8.0
Received FP Information from a Health Professional in Their Last Trimester of Pregnancy						
Yes	16.2	21.3	20.5	14.6	17.0	16.1
No	83.8	78.7	79.5	85.4	83.0	83.9
Met with a Community Health Worker in Last Trimester of Pregnancy						
Yes	20.8	30.7	10.8	28.7	15.2	14.4
No	79.2	69.3	89.2	71.3	84.8	85.6
Among Women Who Met with a CHW During Last Trimester	**n = 104**	**n = 155**	**n = 32**	**n = 124**	**n = 72**	**n = 61**
Met with a CHW at home	83.1	70.9	72.8	77.0	95.4	74.3
Received information or counseling from the CHW on delivering at a health facility	76.7	75.2	85.8	81.6	76.0	81.0
Received information or counseling on using a FP method in the postpartum period from the CHW	64.5	74.0	91.8	67.0	70.9	76.8
Decided to use a FP method in the postpartum period	53.0	65.6	61.9	60.3	51.3	48.2
Received information on exclusive breastfeeding for contraceptive purposes	10.1	25.4	25.4	37.3	7.2	6.6

Table 6.2: Place of Delivery at Baseline and Endline
Percent distribution of the last live births in the three years prior to 2010 and the three years prior to 2014 by place of delivery. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Facility Type	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Public facility	15.5	16.0	20.6	29.6	19.2	39.7	25.6	41.1	26.2	23.6	20.2	26.6
Private facility	56.8	65.6	39.2	38.0	57.3	40.6	41.7	40.4	36.4	42.3	47.7	54.9
Home	26.6	18.3	40.2	32.3	23.6	18.3	32.4	18.5	37.5	33.8	31.1	18.5
Other	0.0	0.2	0.0	0.2	0.0	1.3	0.0	0.0	0.0	0.4	0.0	0.0
Missing	1.1	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	1.0	0.0
Number of Women	1,039	500	1,110	507	765	298	844	434	845	477	848	426

FP Program Exposure during the Postpartum Period

The postpartum period provides an opportunity to engage couples in FP discussions and adoption of methods when desire to delay subsequent births is high. Table 6.4 provides endline data on the interaction with CHWs during the postpartum period and exposure to FP information and services and decision to use a method during these interactions.

In Agra, Aligarh and Gorakhpur, more than half of the women reported meeting with a CHW within 12 months of delivery, while less than 40 percent reported so in other cities (Table 6.4). Among these women, 64 to 79 percent reported meeting with a CHW within a month of delivery; another 18 to 30 percent received a visit two to five months following delivery. Thus, among those who met with a CHW after delivery, more than 90 percent met within six months of delivery. Reported receipt of FP information was highest in the four focus cities, ranging from 48.7 percent in Agra to 60.7 percent in Aligarh. This indicates that while CHWs were successful in visiting women postpartum, there were missed opportunities during this postpartum period to provide FP information and services.

Among those who met with a CHW, almost a third decided to use a FP method during those interactions, ranging from 26.8 percent in Varanasi to 36.6 percent in Allahabad.

Table 6.5 presents comparative data on current contraceptive use among women who are within 12 months postpartum at baseline and endline. Modern contraceptive prevalence among postpartum women increased substantially from baseline to endline in Aligarh (18.9 percentage points) and Moradabad (9.9 percentage points). In Allahabad, a more modest increase was seen (7.6 points). However, a large drop in traditional method use (13.8 points) led to an overall decrease in contraceptive prevalence among postpartum women there. Varanasi was the only city with a drop in modern use at endline (7.8 percentage points) although an almost three-fold increase in traditional method use led to an overall slight increase in contraceptive prevalence rate (CPR) by endline.

Table 6.3: Exposure to Family Planning Programs and Services at Time of Delivery in a Facility at Endline

Percent distribution of women that were exposed to programs at the time of delivery since January 2011 among women that delivered at a health facility. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Was Accompanied to the Facility by a Community Health Worker						
Yes	0.4	1.0	1.7	7.7	0.1	1.0
No	99.1	98.3	95.6	92.3	99.9	98.1
Missing	0.5	0.6	2.7	0.0	0.0	0.9
Discussed or Was Counseled on Family Planning Before Delivery						
Yes	15.7	29.9	19.9	23.5	10.2	15.8
No	84.3	70.1	80.1	76.5	89.8	84.2
Discussed or Received Information About Breastfeeding for Contraceptive Purposes						
Yes	4.6	20.5	14.0	27.6	11.3	15.7
No	95.4	79.5	86.0	72.4	88.7	84.3
Discussed Using FP Method Postpartum Before Leaving the Facility						
Yes	16.9	27.5	20.6	24.0	13.2	20.7
No	83.1	72.5	79.4	76.0	86.8	79.3
Received or Accepted a FP Method While Still in the Facility After Delivery						
Yes	9.1	12.5	13.1	5.4	11.3	8.8
No	90.9	87.5	86.9	94.6	88.7	91.2
Number of women*	408	342	239	353	314	347

*Includes only women who delivered at a health facility since January 2011

Figure 6.1. Exposure to family planning programming at time of delivery

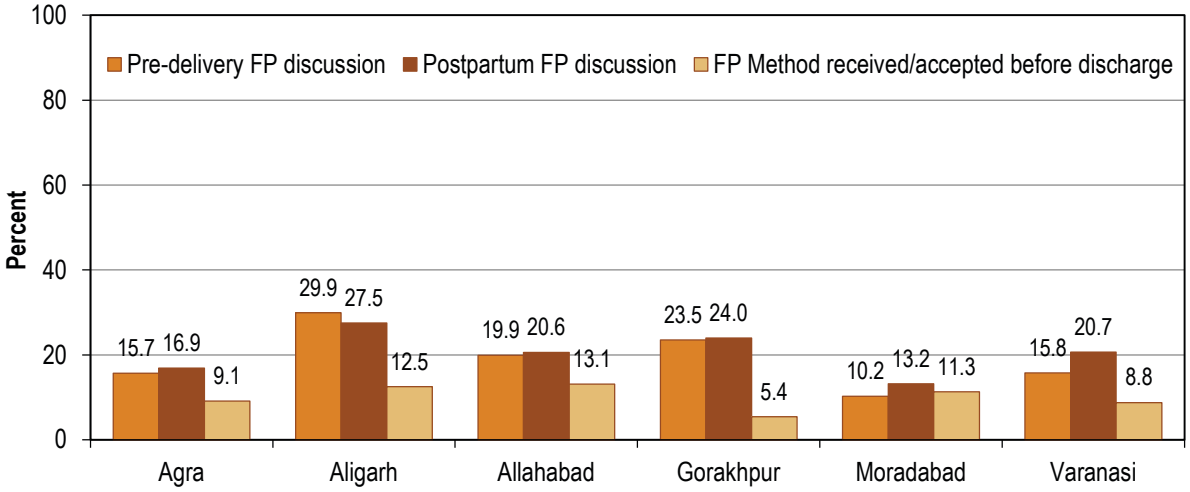


Table 6.4: Exposure to Family Planning Programs and Services During the Postpartum Period at Endline
Percent distribution of women who gave birth since January 2011 and their contact with community health workers about family planning during the postpartum period of the last birth. UHI cities, India, 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Met With a Community Health Worker Within 12 Months of Delivery	**n = 500**	**n = 507**	**n = 298**	**n = 434**	**n = 477**	**n = 426**
Yes	52.6	54.1	29.5	51.1	34.7	36.7
No	47.4	45.9	70.5	48.9	65.3	63.3
Among Women that Met With a CHW Within 12 Months of Delivery	**n = 263**	**n = 274**	**n = 88**	**n = 221**	**n = 166**	**n = 156**
How Soon After Delivery Was the First Visit With the CHW						
Less than one week	7.5	12.0	5.3	16.6	9.0	17.9
1-3 weeks	14.1	15.9	34.6	29.3	20.3	20.8
1 month	44.9	36.5	24.6	26.2	49.9	40.2
2-5 months	29.2	29.8	24.8	23.9	19.1	17.8
6-12 months	2.1	4.5	5.2	2.8	0.3	0.8
Don't know/remember	2.2	1.3	5.6	1.2	1.5	2.5
Received Information or Counseling from the CHW on Exclusive Breastfeeding for Contraceptive Purposes						
Yes	15.7	28.7	21.3	33.6	11.6	11.3
No	84.3	71.3	78.7	66.4	88.4	88.7
Received Information or Counseling on FP from the CHW						
Yes	48.7	60.7	59.2	55.9	35.0	47.4
No	51.3	39.3	40.8	44.1	65.0	52.6
Decided to Use a FP Method at These Visits						
Yes	27.5	34.6	36.6	35.2	29.1	26.8
No	60.7	56.8	60.6	59.5	60.2	68.8
Already using	11.8	8.7	2.9	5.2	10.7	4.4

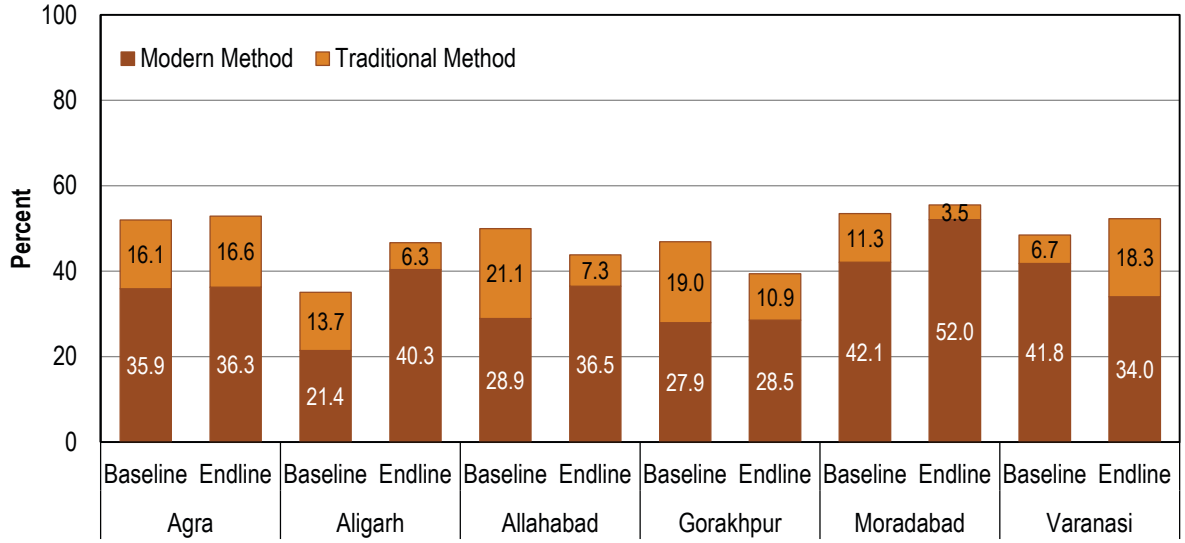
Data on method mix for Aligarh indicate a substantial increase in condom use among postpartum women (13.5 percentage point increase), representing the major contributor to the overall increase in modern contraceptive use, followed by IUCD (0.2 to 5.0 percent). On the other hand, in the other cities, increases in female sterilization, injectables and pills are responsible for the improved CPR among postpartum women, while condom use was on the decline.

FP Program Exposure During Care for Abortions, Stillbirths and Miscarriages

UHI strategies include integrating FP information and services with abortion and post-abortion care. In order to understand the extent to which the strategy was implemented, a series of questions was posed at endline to those who had undergone a miscarriage, abortion or stillbirth. In every city, one-fifth to one-quarter of women reported experiencing a miscarriage, abortion or stillbirth in their lifetimes. Among these women, stillbirths were the least common event (2 to 3 percent) since 2009, but the most uniform across cities. Large variation in the proportion of women reporting a miscarriage or induced abortion was seen across cities, with Agra and Aligarh representing the higher end of the scale, with more than 30 percent of women reporting either a miscarriage or abortion since 2009. Across the study cities, a smaller proportion of women in Moradabad (12.6 percent), Allahabad (13.6 percent) and Varanasi (14.8 percent) reported experiencing an abortion or miscarriage since January 2009, compared to Aligarh (31.9 percent) and Agra (28.3 percent) (Table 6.7). Given that abortion is a highly personal issue, it is difficult to say whether the difference in reported rates across cities is due to reporting bias, actual experience or both. Only a small proportion of women (0.8 percent in Varanasi to 3.0 percent in Aligarh) reported ever taking an abortion pill, and the majority of these women reported taking the pill more than 12 months ago.

When asked about exposure to FP information, 45.8 percent of women who had an abortion or miscarriage since 2009 in Aligarh and 37.3 percent in Gorakhpur reported receiving some FP information, while less than 25 percent reported exposure to FP information in the other cities. Discussion with CHWs was even lower, ranging from 4.3 percent in Moradabad to 24.1 percent in Aligarh. These percentages should be interpreted

Figure 6.2. Current contraceptive use among women who gave birth within the past year at baseline and endline



Modern methods include sterilization, IUCD, injectables, OCPs, implants, EC, dermal patch, diaphragm, spermicide, LAM and SDM.

Traditional methods include periodic abstinence, rhythm and withdrawal.

Table 6.5: Current Contraceptive Use Among Postpartum Women at Baseline and Endline

Percent distribution of women that had a live birth in the past 12 months and their current contraceptive use. UHI cities, India 2010, 2014

Contraceptive Method Currently Used Among Women with a Child Less Than 12 Months of Age	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Modern Methods												
Female sterilization	5.4	10.0	3.0	1.6	3.9	6.2	3.2	6.2	2.8	15.7	8.0	8.0
IUCD	1.2	2.7	0.2	5.0	2.4	9.7	0.5	3.4	1.2	1.0	4.0	9.5
DMPA	0.0	0.8	0.1	1.1	0.9	1.1	0.7	0.0	0.2	0.1	0.9	0.0
OCP	1.9	6.0	2.0	0.3	3.2	1.1	2.4	2.3	3.5	2.5	1.3	6.8
Condom/Nirodh	20.1	16.5	16.1	29.6	16.4	17.9	17.5	15.0	34.4	32.7	22.0	9.7
LAM	7.2	0.2	0.0	2.7	0.9	0.5	3.5	1.7	0.0	0.0	5.4	0.0
Other modern methods*	0.1	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total modern CPR	35.9	36.3	21.4	40.3	28.9	36.5	27.9	28.5	42.1	52.0	41.8	34.0
Traditional methods**	16.1	16.6	13.7	6.3	21.1	7.3	19.0	10.9	11.3	3.5	6.7	18.3
Total CPR	52.0	52.9	35.1	46.7	50.0	43.8	46.9	39.4	53.4	55.5	48.5	52.3
Nonuse	48.0	47.1	64.9	53.3	50.0	56.2	53.1	60.6	46.6	44.5	51.5	47.7
Number of Women	353	136	392	160	253	89	270	110	297	146	278	117

*Other modern methods include male sterilization, implants, EC, dermal patch, spermicide, and SDM

**Traditional methods include periodic abstinence, rhythm and withdrawal

Table 6.6: Miscarriages, Abortions and Stillbirths at Endline
Percent distribution of women who have experienced a miscarriage, abortion or stillbirth. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Ever Miscarried, Had an Abortion or Stillbirth	**n = 2305**	**n = 2559**	**n = 2121**	**n = 2389**	**n = 2294**	**n = 2375**
Yes	26.2	25.7	22.5	24.9	20.1	20.0
No	73.8	74.3	77.5	75.1	79.9	80.0
Among Women Who Ever Miscarried Aborted or Had a Still Birth, Percent Reported Since January 2009	**n = 604**	**n = 657**	**n = 477**	**n = 595**	**n = 461**	**n = 474**
Stillbirth	1.6	2.2	2.7	2.3	3.1	2.2
Miscarriage	13.4	12.5	5.6	10.4	8.8	9.5
Abortion	15.0	20.1	7.9	9.3	4.3	6.1
Ever Taken the Abortion Pill	**n = 2305**	**n = 2559**	**n = 2121**	**n = 2389**	**n = 2294**	**n = 2375**
Yes	2.5	3.0	1.0	2.9	1.1	0.8
No	97.5	97.0	99.0	97.1	98.9	99.2
Among Those Who Have Ever Taken the Abortion Pill, When They Last Took It	**n = 57**	**n = 77**	**n = 21**	**n = 69**	**n = 25**	**n = 20**
Less than 6 months ago	26.9	19.5	8.3	6.8	14.5	0.0
Six to 12 months ago	5.8	19.1	7.4	6.2	3.1	0.0
More than 12 months ago	67.2	61.4	84.2	86.9	82.4	100.0

cautiously due to the small number of women reporting a miscarriage or abortion since 2009, particularly in Allahabad, Moradabad and Varanasi.

Those who had an abortion or miscarriage since January 2009 and met with a CHW or visited any facility were asked about their exposure to FP information and services following their abortions or miscarriages(Table 6.7). About half in Gorakhpur (53.3 percent) and Aligarh (44.3 percent) reported receiving any FP information after abortions or miscarriages, yet only 17.9 percent of similar women in Varanasi reported receipt of FP information during this time. Moreover, the vast majority of women (71.9 percent in Gorakhpur to 86.5 percent in Moradabad) did not receive any contraceptive method, prescription or referral for a method during this interaction with the health system. Thus, a critical opportunity to provide an appropriate contraceptive method was missed.

Table 6.7: Exposure to Family Planning Programs and Services During the Post-abortion or Post-miscarriage Period at Endline
Percent distribution of women exposed to UHI programs family planning information during the post-abortion or post-miscarriage period post 2009. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Had an Abortion or Miscarriage Since 2009	n = 604	n = 657	n = 477	n = 595	n = 461	n = 474
Yes	28.3	31.9	13.6	19.4	12.6	14.8
No	71.7	68.1	86.4	80.6	87.4	85.2
Among Women That Had an Abortion or Miscarriage Since 2009	n = 171	n = 210	n = 65	n = 116	n = 58	n = 70
Received Any Messages Regarding FP After the Last Miscarriage/Abortion						
Yes	25.3	45.8	24.8	37.3	23.7	24.5
No	74.7	54.2	75.2	62.7	76.3	75.5
Discussed Last Abortion or Miscarriage With a Community Health Worker						
Yes	19.0	24.1	9.8	22.0	4.3	13.3
No	81.0	75.9	90.2	78.0	95.7	86.7
Among Women That Had an Abortion or Miscarriage Since 2009 AND Met CHW or Visited Facility	n = 120	n = 157	n = 41	n = 82	n = 36	n = 51
Received Information or Counseling on FP After Abortion/Miscarriage						
Yes	32.0	44.3	36.7	53.3	26.3	17.9
No	68.0	55.7	63.3	46.7	73.7	82.1
Receipt of FP Methods, Referrals or Prescriptions						
Received method	11.4	7.9	4.9	16.7	8.8	5.4
Received referral	2.6	3.0	0.0	0.0	0.4	0.0
Received prescription	3.3	7.6	11.1	11.5	4.3	9.5
Did not receive anything	81.9	79.4	84.1	71.9	86.5	85.1
Already using FP	0.8	2.1	0.0	0.0	0.0	0.0
Among Women Who Received Prescription, Referral or Method	n = 22	n = 32	n < 10	n = 23	n < 10	n < 10
What Method was Accepted?*						
Female sterilization	52.1	14.9	NR	25.4	NR	NR
IUCD	33.8	53.4	NR	53.1	NR	NR
Injectables/DMPA	9.3	8.0	NR	10.0	NR	NR
OCP	16.5	18.5	NR	16.5	NR	NR
Condom/Nirodh	20.2	36.9	NR	9.9	NR	NR
Other modern method	0.0	4.9	NR	7.4	NR	NR
Traditional method	0.0	2.3	NR	0.0	NR	NR

Notes: NR = Not Reported, n < 10
*Multiple responses possible, percentages may not sum to 100%

Chapter 7. Demand Generation

A key focus for UHI was to increase demand for family planning services by improving couples' knowledge about modern contraceptive methods and changing attitudes about family planning in general. UHI used three demand generation approaches to reach couples in the community: interpersonal communication, mid-media and mass media. The first approach, interpersonal communication, provides information on available FP methods and their sources and encourages use among couples through peer educators, outreach workers and counselors at health facilities. The second approach, mid-media, promotes family planning use in the community through community events, such as folk shows, magic shows or auto drive/miking where a vehicle has a large speaker and drives around playing messages. The third approach, mass media, encourages women to adopt contraception through the use of media spots.

A series of questions were asked of all women to assess their exposure to demand generation activities, including interpersonal communication, mid-media and mass media.

Interpersonal Communication Activities

At baseline and endline, all women were asked about interactions with different types of health and community health workers three months prior to the surveys (Table 7.1). Definition of community health workers expanded at endline to include: Auxiliary Nurse Midwife (ANM), Lady Health Visitor (LHV), Anganwadi Worker (AWW), Urban Health Initiative CHW, Accredited Social Health Activist (ASHA), Urban Social Health Activist (USHA), Registered Medical Practitioner (RMP), and workers from non-governmental organizations (NGO).

Across the cities, the proportion of women who had contact with an AWW, ASHA, RMP or NGO worker was largely relative to those reporting contact with government ANMs or LHVs. The percentage of women who met UHI CHWs at endline ranged from 4.8 percent in Varanasi to 35.4 percent in Aligarh. UHI CHWs were deployed after the baseline survey.

The percentage of women with exposure to community health workers increased in Aligarh and Moradabad since baseline. Of women who reported that they met with any CHWs at baseline, more than 90 percent in Aligarh, Allahabad and Moradabad reported that they met Anganwadi workers. At endline, more than half of the women in Agra and Aligarh reported that they met a UHI/Peer educator, and nearly three-fourths of the women in Moradabad met an ASHA/USHA.

During contact with CHWs, discussions about family planning or provision of family planning services drastically increased across all cities from less than 5 percent at baseline to more than 65 percent by endline. Immunizations remained a key topic over time but treatment for self or child dropped off at endline.

Women reporting contact with a CHW three months prior to the survey were next asked a series of questions specific to receipt of family planning information and services (Table 7.2). Women who received family planning information from CHWs ranged from 61.5 percent in Varanasi to 76.1 percent in Aligarh. Female sterilization and IUCD were the most discussed family planning methods; on the other hand, LAM and SDM were the least mentioned methods.

Across cities, women who received information on where to get family planning methods ranged from 44.8 percent in Varanasi to 66.1 percent in Aligarh, and those who received referral services ranged from 41.8 percent in Varanasi to 63.8 percent in Agra (Figure 7.1). Respondents who reported having family planning methods or printed materials shown to them ranged from approximately 41 percent in Varanasi to 53 percent in Agra. Overall, the percentages of women who received family planning information and services from community health workers were lower in Varanasi compared to other cities.

At endline, women were also asked about participation in a community group or women's group and visitation at a health facility or camp three months prior to the survey. Very few women, less than 5 percent, reported that they participated in a community group or women's group in any city (Table 7.3). Among those who did participate, more than 42 percent in every city reported discussions about family planning. More than a quarter of respondents in each city visited a health facility or camp. The primary reasons for facility visits by respondents included treatment for self, treatment for child, treatment for others and immunizations. Visits to seek family planning services were low across cities.

Table 7.1: Exposure to Community Health Workers in the Last Three Months at Baseline and Endline

Percent distribution of women with contact with health workers in the last three months before baseline and endline survey. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
CHW Exposure in Last 3 Months	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Met Any Auxiliary Nurse Midwife or Lady Health Visitor Worker	**n = 3,007**	**n = 2,305**	**n = 3,112**	**n = 2,559**	**n = 2,670**	**n = 2,121**	**n = 3,022**	**n = 2,389**	**n = 2,817**	**n = 2,294**	**n = 3,015**	**n = 2,375**
Yes	18.6	5.2	1.8	9.8	4.3	4.3	20.4	10.0	2.9	4.9	16.1	1.9
No	81.1	94.8	98.1	90.2	95.6	95.7	79.5	90.0	97.1	95.1	83.1	98.1
Don't know	0.3	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.7	0.0
Met Any Community Health Worker Such as AWW, ASHA, RMP or NGO	**n = 3,007**	**n = 2,305**	**n = 3,112**	**n = 2,559**	**n = 2,670**	**n = 2,121**	**n = 3,022**	**n = 2,389**	**n = 2,817**	**n = 2,294**	**n = 3,015**	**n = 2,375**
Yes	48.9	37.9	4.5	37.2	3.4	7.4	54.4	18.8	6.1	26.1	36.0	9.8
No	51.1	62.1	95.5	62.8	96.6	92.6	45.6	81.2	93.9	73.9	64.0	90.2
Among Those Who Met With a CHW, What Type of CHW Was Met*	**n = 1,469**	**n = 874**	**n = 141**	**n = 951**	**n = 92**	**n = 158**	**n = 1,645**	**n = 449**	**n = 171**	**n = 599**	**n = 1,084**	**n = 232**
Anganwadi worker	4.7	29.8	97.5	29.5	93.6	55.3	3.9	49.9	93.3	41.0	11.9	81.2
ASHA/USHA	0.3	53.7	2.7	44.9	5.5	55.2	0.4	49.4	3.9	73.5	1.0	40.6
RMP	6.8	0.4	0.4	2.8	0.6	2.9	0.9	0.4	0.0	0.2	22.9	0.3
NGO Worker	1.1	0.1	0.0	0.8	4.1	2.4	1.6	0.7	0.0	0.0	5.6	0.5
UHI/Peer educator	NA	55.7	NA	60.6	NA	9.9	NA	23.8	NA	6.3	NA	6.2
Doctor	88.6	3.7	0.0	0.0	0.0	0.0	90.9	0.0	0.2	0.0	66.0	0.0
Other/don't know	2.4	2.9	0.6	0.4	0.0	0.0	5.2	0.6	5.4	0.1	4.3	0.0
Met With a UHI CHW Such as UHI Bahiya, Didi, Swasthya Karyakata, Woman With a Red Bag	**n = 3,007**	**n = 2,305**	**n = 3,112**	**n = 2,559**	**n = 2,670**	**n = 2,121**	**n = 3,022**	**n = 2,389**	**n = 2,817**	**n = 2,294**	**n = 3,015**	**n = 2,375**
Yes	NA	28.8	NA	35.4	NA	6.3	NA	14.5	NA	6.4	NA	4.8
No	NA	71.2	NA	64.6	NA	93.7	NA	85.5	NA	93.6	NA	95.2
During All These Contacts With the ANM, LHV and CHW, the Health Matters Discussed or Services Provided*	**n = 1,596**	**n = 955**	**n = 188**	**n = 1193**	**n = 184**	**n = 230**	**n = 1,776**	**n = 592**	**n = 241**	**n = 641**	**n = 1,220**	**n = 259**
Family planning	1.7	77.9	1.8	85.3	3.8	76.2	0.7	70.5	4.3	78.0	3.9	66.0
Immunization	26.1	47.3	90.9	25.9	85.6	49.2	20.0	50.2	87.5	47.2	29.9	64.4
Antenatal care	7.2	2.9	9.2	3.3	8.5	2.4	9.1	5.2	10.9	1.4	8.1	4.3
Delivery care	2.6	0.7	0.5	1.7	0.4	1.7	2.0	3.6	0.0	1.2	3.5	3.0
Postnatal care	2.1	0.3	1.1	0.9	0.3	2.1	1.2	2.7	0.0	0.4	3.7	0.9
Disease prevention	1.9	0.9	0.0	3.2	0.0	3.4	8.1	3.6	0.0	2.2	2.9	0.3
Treatment for self	40.1	6.9	0.2	11.8	1.5	2.4	43.1	3.2	0.7	3.2	52.5	2.0
Treatment for child	56.8	2.5	0.0	5.1	0.9	1.9	51.0	3.2	0.1	0.6	47.7	2.1
Treatment for other person	12.6	0.1	0.0	0.4	0.0	0.4	6.3	1.2	0.1	0.1	6.0	1.6
Growth monitoring of child	1.0	1.0	0.0	1.8	0.5	7.2	0.6	19.4	0.0	1.4	0.8	3.9
Health checkup	5.6	0.3	0.9	5.3	2.0	8.8	3.7	7.7	0.2	3.0	5.7	3.2
Other/don't know	0.4	1.3	0.0	1.1	0.1	0.6	0.7	0.6	0.8	0.0	0.6	0.0

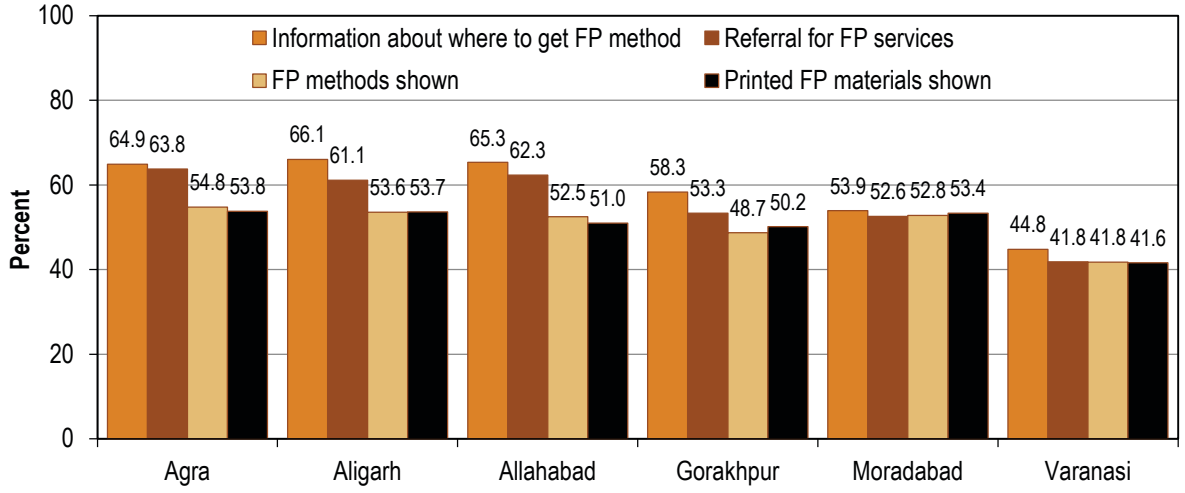
*Multiple responses possible, percentages may not sum to 100%; NA = Not Available.

Table 7.2: Exposure to Family Planning Services From Community Health Workers in Last Three Months
Percent distribution of women who received family planning services from a community health workers in the last three months prior to the survey at endline. UHI cities, India 2014

FP Information/Services in Last 3 Months From a CHW	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Discuss or Receive FP Information	**n = 955**	**n = 1193**	**n = 230**	**n = 592**	**n = 641**	**n = 259**
Yes	75.3	76.1	72.7	65.4	71.6	61.5
No	24.7	23.9	27.3	34.7	28.4	38.5
Among Those Who Received FP Information, FP Methods Discussed*	**n = 718**	**n = 907**	**n = 167**	**n = 387**	**n = 459**	**n = 159**
Female sterilization	73.8	57.1	81.6	66.8	86.3	93.7
Male sterilization	13.4	7.6	17.1	8.0	23.7	20.3
IUCD	73.4	69.1	77.6	68.6	78.2	72.9
DMPA/injectable	25.6	22.7	40.1	42.4	40.3	41.6
OCP/Pill	34.4	37.0	27.7	38.2	51.5	43.0
Condom/Nirodh	40.6	57.9	43.5	41.4	63.0	35.4
SDM	0.0	0.0	0.0	0.0	0.0	0.0
LAM	0.3	0.0	2.3	0.1	0.0	0.5
Other modern methods	0.6	1.1	0.0	0.1	1.2	0.5
Traditional methods	1.1	1.5	5.2	2.4	6.3	0.0
Other FP Information/Services Received*	**n = 955**	**n = 1,193**	**n = 230**	**n = 592**	**n = 641**	**n = 259**
Information about where to get FP method	64.9	66.1	65.3	58.3	53.9	44.8
Receive a referral for FP services	63.8	61.1	62.3	53.3	52.6	41.8
Examples of FP methods shown	54.8	53.6	52.5	48.7	52.8	41.8
Printed materials on FP methods shown	53.8	53.7	51.0	50.2	53.4	41.6

*Multiple responses possible, percentages may not sum to 100%

Figure 7.1. Family planning information and services from any community outreach* at endline



*Includes interactions with ANM, LHV, and CHW

Exposure to Mid-media

In order to ascertain the role of mid-media in demand generation, all women at mid-term and endline were asked if they had ever seen any community events in their areas, such as folk shows, magic shows or auto drive/miking that discussed or mentioned family planning (Table 7.4). Across all cities and at both mid-term and endline, exposure to mid-media was very minimal. At mid-term, exposure to mid-media (summation of folk shows, magic shows, auto drive and other) ranged from 3.6 percent in Allahabad and Gorakhpur to 8.2 percent in Aligarh. At endline, the exposure ranged from 0.1 percent in Varanasi to 11.2 percent in Aligarh. Compared to other cities, relatively larger percentages of women in Aligarh were exposed to mid-media at both mid-term and endline. Of women who reported that they had ever seen a mid-media community event at endline, 13.6 percent in Allahabad, 17.4 percent in Agra, 24.2 percent in Gorakhpur, and 26.1 percent in Aligarh observed a mid-media event only once in the year prior to the survey.

Happy Dampatti is an innovative approach developed by UHI to encourage FP users to share their stories on FP use and to be advocates for non-users. In a Happy Dampatti contest, positive role models are identified in the communities through a contest. The FP stories of these Happy Dampatti or happy couples are disseminated as inspirational stories to influence the

Table 7.3: Exposure to Community Groups, Health Camps and Facilities in the Last Three Months at Endline

Percent distribution of women exposed to community groups, health camps and health facilities in the last three months prior to the survey at endline. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Participated in a Community Group or Women's Group in the Last Three Months	**n = 2,305**	**n = 2,559**	**n = 2,121**	**n = 2,389**	**n = 2,294**	**n = 2,375**
Yes	2.1	3.4	0.6	1.5	0.9	0.8
No	97.9	96.6	99.4	98.5	99.1	99.2
Among Community Group or Women's Group Participants, was Family Planning Discussed with the Community Group in the Last Three Months	**n = 48**	**n = 88**	**n = 12**	**n = 36**	**n = 22**	**n = 19**
Yes	55.4	59.0	63.0	44.8	42.2	58.9
No	44.6	41.0	37.0	55.2	57.8	41.1
Visited a Health Facility or Camp For Any Reason For Self or Child in the Last Three Months	**n = 2,305**	**n = 2,559**	**n = 2,121**	**n = 2,389**	**n = 2,294**	**n = 2,375**
Yes	42.3	35.9	32.7	30.8	26.0	32.6
No	57.7	64.1	67.3	69.2	74.0	67.4
Services Sought Among Those Women Who Visited a Health Facility/Camp in Last Three Months*	**n = 976**	**n = 918**	**n = 693**	**n = 736**	**n = 596**	**n = 774**
Family planning	1.6	3.2	2.1	2.9	2.6	2.3
Immunization	10.7	12.4	5.5	11.7	19.2	7.1
Antenatal care	2.6	4.3	3.4	3.7	2.6	1.9
Delivery care	1.1	1.4	2.0	1.6	1.2	0.4
Postnatal care	0.2	0.1	0.2	1.1	0.9	0.3
Disease prevention	0.3	3.2	0.7	4.3	3.0	2.3
Treatment for self	57.2	59.4	73.6	60.4	56.0	65.8
Treatment for child	43.6	43.7	28.8	32.1	29.0	38.4
Treatment for other person	8.4	5.7	10.6	12.0	11.4	8.6
Growth monitoring of child	0.1	0.9	1.7	3.6	1.0	0.6
Health checkup	0.3	6.1	20.0	21.9	7.6	5.8
Other	0.0	0.1	0.2	0.0	0.0	0.0

*Multiple responses possible, percentages may not sum to 100%

Table 7.4: Exposure to Mid-media Events at Mid-term and Endline

Percent distribution of women with exposure to mid media events and discussion of events. UHI cities, India 2012, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline
Ever Seen the Following Community Event that Discussed or Mentioned FP in Her Area*	**n = 1,478**	**n = 2,305**	**n = 1,529**	**n = 2,559**	**n = 1,303**	**n = 2,121**	**n = 1,480**	**n = 2,389**	**NA**	**n = 2,294**	**NA**	**n = 2,375**
Folk shows/street plays	1.3	1.1	2.0	0.6	0.6	0.1	2.0	0.4	NA	0.0	NA	0.1
Magician	1.0	0.1	0.5	0.5	0.4	0.1	0.1	0.3	NA	0.0	NA	0.0
Auto drive/microphone announcements	2.4	5.0	5.0	10.1	2.6	0.7	1.5	2.3	NA	0.3	NA	0.1
Other	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	NA	0.0	NA	0.0
None seen	96.5	93.8	92.8	88.8	96.4	99.1	96.8	97.0	NA	99.6	NA	99.9
Among These Women that Reported a Community Event in Their Area, the Number of Times Seen in the Last One Year	**n = 52**	**n = 143**	**n = 110**	**n = 288**	**n = 47**	**n = 19**	**n = 48**	**n = 71**	**NA**	**n < 10**	**NA**	**n < 10**
Not in the last one year	38.8	45.1	16.7	32.4	11.9	77.9	79.0	38.3	NA	NR	NA	NR
Once	28.9	17.4	43.0	26.1	40.8	13.6	13.1	24.2	NA	NR	NA	NR
Twice	19.3	18.1	25.5	20.9	37.6	4.9	7.2	11.9	NA	NR	NA	NR
Three or more times	11.2	9.3	13.2	10.3	9.0	3.6	0.6	10.4	NA	NR	NA	NR
Don't know/remember	1.8	10.1	1.5	10.3	0.6	0.0	0.0	15.2	NA	NR	NA	NR
Seen or Heard About Happy Dampatti	**n = 1,478**	**n = 2,305**	**n = 1,529**	**n = 2,559**	**n = 1,303**	**n = 2,121**	**n = 1,480**	**n = 2,389**	**NA**	**n = 2,294**	**NA**	**n = 2,375**
Yes	0.8	20.6	17.5	24.2	0.9	22.9	3.2	20.2	NA	17.9	NA	12.0
No	99.2	79.4	82.5	75.8	99.1	77.1	96.8	79.8	NA	82.1	NA	88.0
Among Women that Know of Happy Dampatti, How Did They First Learn of it*	**n = 13**	**n = 472**	**n = 267**	**n = 617**	**n = 12**	**n = 485**	**n = 47**	**n = 480**	**NA**	**n = 402**	**NA**	**n = 285**
Family member	9.8	4.3	12.3	5.5	1.3	5.5	3.3	2.0	NA	2.4	NA	4.1
Friend(s)	35.9	3.9	20.9	3.4	36.9	6.8	9.1	2.2	NA	1.8	NA	1.8
Community health worker	8.6	3.1	17.5	6.4	0.0	2.5	0.7	2.6	NA	1.9	NA	1.0
Community leader	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	NA	0.0	NA	0.0
Rickshaw mikes	15.0	2.0	16.7	3.6	3.4	0.0	0.0	0.1	NA	0.0	NA	0.0
Wall paintings	15.0	7.2	3.9	12.8	0.9	19.5	0.0	23.5	NA	7.2	NA	23.8
Radio	0.0	0.1	0.5	1.7	5.6	0.1	0.0	0.4	NA	1.7	NA	1.4
Cable TV	30.9	72.4	44.8	53.7	57.5	58.4	79.5	53.9	NA	69.6	NA	44.5
Messages on mobile phones	0.0	0.0	1.6	0.8	0.0	0.5	0.0	15.0	NA	0.0	NA	0.0
Newspapers	18.5	6.0	15.5	8.1	0.9	6.2	8.9	0.4	NA	15.4	NA	22.1
Other	8.2	1.1	1.9	4.0	0.0	0.5	3.4	0.0	NA	0.0	NA	1.4

Notes: NA = Not Available. Data collected at Mid-term for 4 cities (Agra, Aligarh, Allahabad, Gorakhpur)

NR = Not Reported, n < 10

*Multiple responses possible, percentages may not sum to 100%

community towards contraceptive usage. The couples are contacted and informed about the contest during home visits by the CHWs. Couples are invited to enroll themselves for the contest. During enrollment, they share their success stories of accepting FP. Shortlisted inspirational stories are recorded for the judges and shared within the community. These inspirational stories are also disseminated to city-wide audiences through the local newspapers, cable TV and FM radio.

All women at mid-term and endline were asked if they had heard about Happy Dampatti. Exposure to Happy Damatti increased across cities since mid-term by as much as 22 percentage points in Allahabad. Among women that were familiar with Happy Dampatti at endline, more than half learned about it through cable TV.

Exposure to Mass Media

Results of television viewership, radio listenership and exposure to family planning-related information three months prior to the survey are presented in Table 7.5. Television viewership increased in all cities since baseline; however, viewership of family planning-related information improved only in Allahabad, from 76.4 to 85.7 percent. Among women who watched family planning-related information three months prior to the survey, information seen about pills, IUCD, injectables, female sterilization and male sterilization increased in all cities at endline.

By endline, less than 5 percent of the women in every city reported listening to the radio, representing a substantial drop in exposure to any FP messaging via radio. Results in all cities should be interpreted cautiously due to the small number of respondents who reported exposure to radio at endline.

UHI developed three television and radio spots to provide timely and accurate information on family planning to couples. Spot one, *Sambhal Lunga*, featured a wife who took the initiative to see a doctor and use a family planning method. Spot two, *Munna*, featured a husband who adopted male sterilization after talking to a doctor and has a happy married life afterwards. Spot three, *Kishton Mae*, featured a couple that opted for female sterilization following a delivery because they did not want any more children. At endline among women exposed to TV or radio, between 30-55 percent in each city reported exposure to at least one of the three UHI TV/radio spots (Table 7.6). Exposure to each one of the UHI spots increased since mid-term across cities.

All women at endline were asked if they were ever shown any brochures, pamphlets or leaflets related to family planning and who showed them these printed materials. Exposure to print materials was the highest in Agra at 40.5 percent and the lowest in Varanasi at 8.0 percent (Table 7.7). More than 64 percent of women exposed to these materials across cities reported that CHWs showed them the printed materials. Also doctors, nurses and other health providers were reported as other popular sources to promote UHI printed materials.

Moreover, all women at endline were asked if they ever received any brochures, pamphlets or leaflets related to family planning and if they had seen any wall paintings, bill boards or posters on family planning. Receipt of print materials followed the same pattern across cities as viewing of materials. However, the majority of women, across all cities reported seeing some wall paintings, billboards or posters on family planning.

Table 7.5: Exposure to Mass Media at Baseline and Endline

Percent distribution of women with recent exposure to FP in the media in UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Watches Television	**n = 3,007**	**n = 2,305**	**n = 3,112**	**n = 2,559**	**n = 2,670**	**n = 2,121**	**n = 3,022**	**n = 2,389**	**n = 2,817**	**n = 2,294**	**n = 3,015**	**n = 2,375**
Yes	90.4	95.7	77.4	91.1	92.8	97.4	88.3	92.1	84.8	94.7	89.6	93.8
No	9.6	4.3	22.7	8.9	7.2	2.6	11.7	7.9	15.2	5.3	10.4	6.2
Among Women Who Watch TV, Was Family Planning Related Information Seen on the TV in the Last 3 Months?	**n = 2,419**	**n = 2,207**	**n = 2,407**	**n = 2,330**	**n = 2,479**	**n = 2,066**	**n = 2,668**	**n = 2,201**	**n = 2,388**	**n = 2,173**	**n = 2,702**	**n = 2,229**
Yes	79.4	59.9	72.8	63.1	76.4	85.7	84.5	79.6	77.4	77.4	82.4	77.5
No	20.6	40.1	27.2	36.9	23.7	14.4	15.6	20.4	22.6	22.6	17.6	22.5
Among Women Who Saw FP on the TV in Last 3 Months, Information Seen About**	**n = 2,157**	**n = 1,321**	**n = 1,752**	**n = 1,470**	**n = 1,892**	**n = 1,770**	**n = 2,254**	**n = 1,753**	**n = 1,849**	**n = 1,682**	**n = 2,225**	**n = 1,727**
Pills	37.7	57.1	12.8	51.1	19.8	67.8	46.9	70.9	19.8	73.6	45.6	81.8
IUCD	18.8	59.1	7.3	58.2	6.7	66.6	32.6	62.6	2.6	76.3	24.9	69.5
Condom	73.9	51.2	74.3	53.9	73.8	57.1	76.1	63.4	76.6	60.7	73.8	68.8
Injectables	8.3	19.4	1.9	15.3	1.2	19.7	12.7	25.9	0.6	18.6	10.7	19.7
Emergency contraceptives	58.9	11.7	62.7	5.8	69.5	16.0	60.2	13.2	57.1	12.2	58.2	14.8
Female sterilization	11.7	37.6	14.0	36.6	10.7	36.6	11.2	46.0	7.2	40.0	25.7	36.7
Male sterilization	1.9	12.8	1.5	11.5	3.8	4.9	1.8	12.6	1.4	9.5	5.2	6.6
Standard days method	0.4	0.0	0.1	0.1	0.0	0.0	0.9	0.1	0.0	0.2	0.7	0.0
Abortion	1.0	1.2	0.0	1.3	0.2	0.3	1.2	0.5	0.4	0.5	1.0	0.5
Age at marriage	7.6	8.8	6.2	12.5	1.7	11.3	10.5	5.6	1.1	7.4	14.4	10.5
Delaying first birth	10.7	18.2	4.7	19.2	4.0	25.3	18.8	16.5	3.7	16.3	20.1	17.8
Spacing between births	26.9	28.2	14.0	30.3	12.5	27.9	37.4	28.6	13.6	28.7	40.9	38.1
Limiting family size	22.4	6.1	12.0	15.3	11.1	13.0	30.9	8.9	14.3	14.0	31.7	21.5
Listens to the radio*	**n = 3,007**	**n = 2,305**	**n = 3,112**	**n = 2,559**	**n = 2,670**	**n = 2,121**	**n = 3,022**	**n = 2,389**	**n = 2,817**	**n = 2,294**	**n = 3,015**	**n = 2,375**
Yes	3.5	1.4	3.3	2.6	22.4	3.5	7.5	4.2	1.1	0.3	17.9	2.3
No	96.6	98.6	96.7	97.4	77.6	96.5	92.4	95.8	98.9	99.7	82.1	97.7
Among Women Who Listen to the Radio, was Family Planning Information Heard in the Last 3 Months?*	**n = 104**	**n = 33**	**n = 104**	**n = 66**	**n = 598**	**n = 73**	**n = 228**	**n = 99**	**n = 31**	**n < 10**	**n = 539**	**n = 54**
Yes	74.1	27.1	67.9	59.9	62.5	70.5	76.5	62.0	70.5	NR	78.5	58.5
No	26.0	72.9	32.1	40.1	37.5	29.5	22.7	38.0	29.5	NR	21.2	41.5

Table 7.5 Continued

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Among Women Who Heard FP Information on the Radio in the Last 3 Months, They Heard About**	**n = 77**	**n < 10**	**n = 83**	**n = 39**	**n = 374**	**n = 52**	**n = 2,254**	**n = 62**	**n = 22**	**n < 10**	**n = 423**	**n = 32**
Pills	38.8	NR	23.6	51.9	31.2	42.9	46.9	45.8	30.5	NR	40.8	46.7
IUCD	31.3	NR	2.4	54.4	8.5	38.4	32.6	36.3	0.0	NR	29.2	42.2
Condom	67.4	NR	64.2	31.0	60.6	39.0	76.1	35.1	57.7	NR	73.7	62.2
Injectables	6.4	NR	1.1	7.0	0.2	18.6	12.7	17.7	0.0	NR	17.7	4.9
Emergency contraceptives	41.6	NR	28.2	0.0	37.5	3.5	60.2	5.1	28.9	NR	51.7	12.6
Female sterilization	16.0	NR	22.5	25.6	16.2	18.3	11.2	30.4	14.8	NR	33.4	41.8
Male sterilization	1.6	NR	6.3	15.7	3.6	15.7	1.8	18.4	10.7	NR	6.9	22.1
Standard days method	3.7	NR	0.0	0.0	0.0	0.0	0.9	0.0	0.0	NR	1.0	0.0
Abortion	0.0	NR	0.0	0.0	0.2	0.0	1.2	0.0	0.0	NR	0.6	0.0
Age at marriage	5.1	NR	9.8	11.8	3.7	13.2	10.5	2.0	0.7	NR	10.3	4.0
Delaying first birth	13.1	NR	3.5	11.4	9.6	7.2	18.8	14.0	33.9	NR	17.4	36.3
Spacing between births	20.2	NR	23.2	24.0	25.3	44.9	37.4	30.2	40.2	NR	35.9	57.0
Limiting family size	16.8	NR	20.2	5.8	22.4	36.5	30.9	16.9	27.7	NR	22.0	58.8

Notes: NR = Not Reported, n < 10
*Less than 1% missing at baseline in Gorakhpur and Varanasi
**Multiple responses possible, percentages may not sum to 100%

Table 7.6: Exposure to UHI Mass Media at Mid-term and Endline
Percent distribution of women with exposure to UHI produced mass media on television or the radio among those who watch TV or listen to the radio. UHI cities, India 2012, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Reports Knowing the Following TV/Radio Spot*	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline	Mid-term	Endline
Sambhal Lunga: Spot where the wife takes control to see a doctor and use a FP method	29.2	48.4	39.6	54.0	29.9	47.6	44.7	55.1	NA	52.4	NA	44.6
Munna: Spot where a husband adopts male sterilization after talking to a doctor and has a happy married life afterwards	15.1	34.8	23.4	40.7	18.9	36.5	31.2	39.0	NA	38.4	NA	30.5
Kishton Mae: Spot about couple who adopt female sterilization at the time of delivery because they did not want any more children	14.8	43.8	28.4	48.6	20.5	45.8	33.6	45.7	NA	55.2	NA	45.7
Number of Women Exposed to TV/Radio	1,414	2,208	1,330	2,331	1,204	2,067	1,346	2,204	NA	2,173	NA	2,233

Notes: NA = Not Available. Data collected at Mid-term for 4 cities (Agra, Aligarh, Allahabad, Gorakhpur)
*Multiple responses possible, percentages may not sum to 100%

Table 7.7: Exposure to UHI Print Materials and Posters at Endline

Percent distribution of women with exposure to print materials and posters on FP. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Ever Been Shown Any Brochures/Pamphlets/ Leaflets Related to Family Planning	**n = 2,305**	**n = 2,559**	**n = 2,121**	**n = 2,389**	**n = 2,294**	**n = 2,375**
Yes	40.5	36.8	9.8	23.9	24.0	8.0
No	59.5	63.2	90.2	76.1	76.0	92.0
Among Women Who Were Ever Shown These Materials, Who Showed Them*	**n = 934**	**n = 941**	**n = 208**	**n = 572**	**n = 551**	**n = 190**
Relatives	3.4	6.6	8.7	8.0	4.5	7.9
Friends	1.0	4.7	8.9	3.6	3.5	3.2
Neighbors	0.6	4.0	4.1	3.4	0.7	0.2
Community health worker	73.7	64.8	64.6	66.4	84.6	73.5
Community leader	0.9	0.1	0.0	0.1	3.5	0.0
Doctor	11.8	11.0	15.7	11.8	14.4	12.2
Nurse	10.3	7.3	12.1	5.2	9.7	16.2
Other health provider	8.1	18.6	9.2	19.7	3.5	8.1
Counselor	0.0	0.7	0.0	0.7	0.4	3.4
Other	7.3	2.8	0.1	2.1	0.0	0.0
Ever Received Any Brochures/Pamphlets/ Leaflets Related to Family Planning	**n = 2,305**	**n = 2,559**	**n = 2,121**	**n =2,389**	**n = 2,294**	**n = 2,375**
Yes	23.2	25.1	9.2	17.0	21.7	6.7
No	76.8	74.9	90.8	83.0	78.3	93.3
Ever Seen Any Wall Paintings/Billboards/ Posters on Family Planning	**n = 2,305**	**n = 2,559**	**n = 2,121**	**n =2,389**	**n = 2,294**	**n = 2,375**
Yes	78.0	60.1	90.5	83.0	80.4	86.1
No	22.0	39.9	9.5	17.0	19.6	13.9

*Multiple responses possible, percentages may not sum to 100%

Chapter 8. Service Delivery

A detailed facility audit was administered to sampled public and private health facilities in the six cities to capture information about the FP services provided and service statistics related to FP services. Additionally, health care providers and female clients were interviewed to understand the types of services offered, quality of services received, and exposure specifically to UHI family planning efforts.

Facilities and Clients

Table 8.1 details the distribution of the audited facilities by their type, across the six study cities. The facilities were a combination of public and private, high volume and non-high volume.

In all cities, private hospitals and clinics/doctors comprise the majority of audited SDPs, ranging from 69 percent in Varanasi to 87 percent in Aligarh. Public facilities—including government hospitals or medical colleges, Urban Health Centers/Urban Primary Health Centers or Urban Family Welfare Center (UHC/UPHC/UFWC)—represented 12-22 percent of the SDPs, while NGO/Trust hospitals were less than 10 percent of the sample in each city. Similar to Agra, in other cities the majority of the audited facilities were private hospitals, clinics and doctors ranging from 68.9 percent in Varanasi to 87.0 percent in Aligarh. The distribution of the facilities, based on the volume of clients, confirmed that the majority of SDPs audited were smaller, private practices.

Reproductive health services offered at the facilities varied by city, type of service and size of facility (Table 8.2). In general, high-volume facilities, both public and private, offered ANC, delivery and postnatal services in every city, except Moradabad, where only 40 percent of high-volume public facilities provided delivery services. Abortion and post-abortion services were not as prevalent, although the majority of high-volume facilities provided this care, except for in Moradabad and Varanasi where the private sector provides the majority of services. Other public and private facilities offer limited services for delivery, abortions and post-abortion care.

Table 8.1: Background Characteristics of Health Facilities at Endline

Percent distribution of health facilities audited, by background characteristics, and by city. UHI cities, India 2014

Characteristic	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Type of Facility						
Government hospital/medical college	2.2	3.7	4.6	2.6	5.0	6.6
UHC/UPHC/UFWC	10.1	8.3	11.1	12.9	11.8	13.9
Other government facility	0.7	0.0	1.9	1.7	2.5	2.0
NGO/Trust hospital	2.2	0.9	7.4	3.4	1.7	8.6
Private hospital	42.4	36.1	25.9	35.3	25.2	26.5
Private doctor/clinic	42.4	50.9	49.1	44.0	53.8	42.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Volume						
HV public	2.2	3.7	2.8	4.3	8.4	9.3
HV private	17.3	21.3	13.9	11.2	15.1	19.2
Other public	11.5	8.3	14.8	12.9	10.9	17.9
Other private	69.1	66.7	68.5	71.6	65.5	53.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Facilities	139	108	108	116	119	151

Table 8.2: Reproductive Health Services Offered at Baseline and Endline by Facility Type
Percentage of facilities that offer specific health services, by city and facility type. UHI cities, India 2010, 2014

	Antenatal Care		Delivery Services		Postnatal Care		Abortion Care		Post Abortion Care		Number of Facilities	
Facility Type	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Agra												
HV public	100.0	100.0	50.0	100.0	100.0	100.0	NA	66.7	50.0	66.7	2	3
HV private	100.0	100.0	92.9	95.8	92.9	100.0	NA	66.7	85.7	79.2	14	24
Other public	93.3	93.8	13.3	0.0	70.0	81.3	NA	6.3	20.0	25.0	20	16
Other private	39.6	41.7	38.5	41.7	35.2	41.7	NA	24.0	29.7	35.4	91	96
Aligarh												
HV public	66.7	75.0	33.3	75.0	66.7	75.0	NA	75.0	66.7	75.0	3	4
HV private	100.0	95.7	100.0	91.3	100.0	91.3	NA	69.6	90.0	78.3	20	23
Other public	100.0	100.0	57.1	11.1	78.6	77.8	NA	0.0	35.7	33.3	14	9
Other private	44.4	26.4	33.3	25.0	36.1	26.4	NA	12.5	25.0	16.7	72	72
Allahabad												
HV public	100.0	100.0	66.7	66.7	100.0	66.7	NA	100.0	100.0	100.0	3	3
HV private	100.0	93.3	100.0	73.3	100.0	86.7	NA	46.7	100.0	86.7	11	15
Other public	77.8	81.3	44.4	18.8	55.6	62.5	NA	0.0	27.8	37.5	18	16
Other private	66.7	48.6	52.4	36.5	63.1	55.4	NA	10.8	52.4	37.8	84	74
Gorakhpur												
HV public	50.0	80.0	50.0	80.0	50.0	80.0	NA	60.0	50.0	60.0	2	5
HV private	100.0	100.0	100.0	92.3	100.0	92.3	NA	53.8	72.7	84.6	11	13
Other public	94.1	100.0	41.2	6.7	76.5	80.0	NA	0.0	11.8	60.0	17	15
Other private	30.7	37.3	25.0	37.3	29.6	37.3	NA	13.3	20.5	28.9	88	83
Moradabad												
HV public	100.0	90.0	50.0	40.0	66.7	90.0	NA	20.0	50.0	30.0	6	10
HV private	100.0	94.4	100.0	94.4	100.0	94.4	NA	61.1	100.0	88.9	12	18
Other public	81.8	100.0	54.6	7.7	36.4	61.5	NA	7.7	36.4	7.7	11	13
Other private	41.9	16.7	29.1	15.4	38.4	15.4	NA	6.4	31.4	12.8	86	78
Varanasi												
HV public	81.8	71.4	72.7	71.4	81.8	71.4	NA	42.9	63.6	42.9	11	14
HV private	88.0	93.1	74.0	86.2	84.0	93.1	NA	58.6	64.0	79.3	25	29
Other public	100.0	100.0	40.0	25.9	88.0	81.5	NA	0.0	20.0	55.6	25	27
Other private	20.9	27.2	15.4	19.8	18.9	24.7	NA	4.9	7.7	18.5	91	81

NA = Not Available

Providers' interviews were conducted to assess provider knowledge, clinical skills and counseling practice for family planning services. In total, 1,583 providers were interviewed at endline (Table 8.3). The mean age of the providers across all sites was mid-40s and more than two-thirds were female. Experience working in their current facility ranged from 9.5 years to 12.0 years for Moradabad and Allahabad, respectively. Educational qualifications of the providers covered a number of degree and non-degree programs. Of the 303 service providers in Agra, 30 percent had received a post-graduate diploma, degree or above, and 18 percent reported completing a bachelors in AYUSH, medicine or surgery. In the other five study cities, approximately one-fifth of the providers had received a bachelor's diploma or degree and up to one-third had received post-graduate training. The providers with a 12- to 18-month midwifery course ranged from 5.4 percent in Aligarh to 17.2 percent in Agra. A majority of providers belonged to the Hindu religion, although in Aligarh and Moradabad, the share of Muslim providers was considerably higher, compared to the share of Muslim providers in the other four study cities.

Between 235 and 323 family planning clients were interviewed upon exiting high-volume and strategic UHI facilities in each city. The information collected from these exit interviews reveals the demographic characteristics of the clients seeking MCH and FP services at these facilities (Table 8.4). The mean age of the clients was uniform across the study cities, 28–30 years of age. A majority of clients was Hindu, however, Muslim clients had comparatively larger representation in Aligarh (31.9 percent) and Moradabad (41.7 percent) than their counterparts in other study cities. Typically, 30–50 percent of the women reported at least 12 years of education; however, 30.6 percent of the women in Moradabad never attended school.

Table 8.3: Demographic Characteristics of Providers at Endline

Mean age, mean number of years of experience and percent distribution of providers by gender, education and city. UHI cities, India 2014

	Providers					
	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Mean Age	44.4	44.0	46.9	45.3	43.5	44.3
Gender						
Male	23.1	30.3	27.4	29.5	35.0	29.2
Female	76.9	69.7	72.6	70.5	65.0	70.8
Mean Years Working in this Health Facility	10.3	10.0	12.0	9.6	9.5	9.9
Education Qualifications						
12-18 month midwifery program	17.2	5.4	11.1	14.9	7.9	14.3
3-year nursing program	5.3	15.4	7.3	15.8	17.3	11.9
Bachelor diploma/degree in health education	0.0	0.9	1.3	2.5	0.0	0.8
Bachelor in medicine or surgery	7.3	7.2	13.7	8.7	5.6	8.4
Bachelor in AYUSH	10.9	15.8	10.3	10.4	21.0	15.1
Master of science in Ayurveda	0.0	0.9	0.0	0.0	0.5	0.0
Postgraduate diploma/degree or higher	30.0	28.5	37.2	29.5	24.3	28.6
Other*	29.4	25.8	19.2	18.3	23.4	20.8
Religion						
Hindu	89.4	67.0	81.6	84.2	61.7	87.0
Muslim	5.3	28.5	14.1	10.4	28.5	8.9
Others**	5.3	4.5	4.3	5.4	9.8	4.1
Number of Providers	303	221	234	241	214	370

*Includes degree and non-degree educational attainment
**Christian, Sikh, Jain and Parish/Zoroastrain

Table 8.4: Demographic characteristics of family planning clients at endline
Mean age, parity, and percent distribution of currently married FP exit clients by religion, education and by city. UHI cities, India 2014

	Clients					
	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Mean Age	29.4	29.6	28.1	28.7	28.9	28.9
Mean parity	2.5	2.4	2.2	2.3	2.8	2.2
Religion						
Hindu	85.5	68.1	86.3	89.3	57.9	80.3
Muslim	14.1	31.9	13.7	10.7	41.7	19.7
Others	0.4	0.0	0.0	0.0	0.4	0.0
Education						
Never attended school	18.6	16.1	13.3	15.9	30.6	9.3
< 5 years	1.1	1.2	0.8	1.2	0.0	0.4
5-7 years	9.3	7.1	10.5	7.9	6.8	6.8
8-9 years	16.7	14.2	15.2	15.9	13.6	9.7
10-11 years	24.2	22.9	16.4	22.6	20.0	23.7
12 years and above	30.1	38.4	43.8	36.5	28.9	50.2
Number of Women	269	323	256	252	235	279

Table 8.5 from the client exit interviews displays the percentage distribution of the main service sought by clients on the day of the survey. Women reported seeking FP and ANC services most frequently, approximately 40 percent across all cities.

Family Planning Access

Expanding the contraceptive method mix to ensure access to and availability of method choice for urban women is one of the strategic approaches promoted by UHI.

Table 8.6 shows the percentage distribution of facilities by number of modern FP methods offered for each city at baseline and endline. By endline, the majority of facilities across all cities provided two or more modern methods, and all HV facilities in Agra and Allahabad reported providing four or more methods. Contrary to this trend, in Varanasi, 21.4 percent of the HV public facilities reported not providing any FP methods. Other private facilities, in general, reported fewer methods across all cities.

The contraceptive methods available varied by facility type and city, although there are some common trends (Table 8.7). Invariably across the cities, female sterilization, IUCD, combined OCP and EC were the most reported FP methods offered by the high-volume public and private health facilities at endline. Substantially higher proportions of private versus public high-volume facilities offered progesterone-only OCP and injectables. The combined oral pill was the most frequently cited method by the smaller public and private facilities. Differences between baseline and endline should be interpreted with care given the small number of high-volume facilities sampled in each study period.

An uninterrupted supply of contraceptives is equally important to ensure access to modern contraceptives. Table 8.8 reveals that most of the HV public facilities across the cities at endline stocked IUCDs, combined OCPs, ECs and condoms, but a considerable number of HV private facilities also stocked injectables. Very few HV facilities in any city reported contraceptive stock-outs either at baseline or endline. However, when you look at the other smaller facilities, there is some variability in reported stock-outs at the time of the survey. Overall, non-HV facilities reported improved supplies for several methods, although Allahabad and Varanasi continued to report inadequate contraceptive supplies (Figure 8.1)

Table 8.5: Services Sought by Clients at Baseline and Endline

Percent distribution of exit clients by main service client was seeking by city. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Main Service Client was Seeking	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Family planning	40.3	42.9	41.2	43.6	32.5	47.2	32.1	41.4	17.4	39.0	42.4	45.5
Antenatal care	32.1	44.5	31.0	40.8	41.6	38.0	46.5	42.6	47.3	37.0	40.4	40.5
Delivery services	4.0	3.8	0.6	0.9	0.2	2.0	4.8	3.3	0.0	3.5	3.2	2.6
Postnatal care	2.9	3.5	4.6	4.2	7.6	2.8	7.0	5.3	8.1	6.6	4.7	2.8
Abortion services	NA	1.4	NA	3.0	NA	1.8	NA	0.0	NA	2.5	NA	0.8
Post-abortion care	2.1	1.6	3.6	2.4	2.1	0.4	2.9	0.7	2.5	2.8	1.3	1.3
Child immunization	4.0	2.2	6.5	5.0	5.5	7.7	0.9	6.7	7.5	8.5	6.5	6.5
Number of Client Exit Interviews	683	627	677	740	471	542	583	608	442	602	634	613

Note: Exit interviews were targeted to a mix of FP and MCH clients

NA = Not Available

Table 8.6: Provision of Modern Methods at Baseline and Endline

Percent distribution of facilities providing modern methods by facility type and number of methods provided by city. UHI cities, India 2010, 2014

	Number of Methods Provided									
	Baseline					Endline				
	No Methods	1 Method	2-3 Methods	4+ Methods	Number of Facilities	No Methods	1 Method	2-3 Methods	4+ Methods	Number of Facilities
Agra										
HV public	0.0	0.0	0.0	100.0	2	0.0	0.0	0.0	100.0	3
HV private	0.0	0.0	35.7	64.3	14	0.0	0.0	0.0	100.0	24
Other public	0.0	0.0	100.0	0.0	15	0.0	0.0	18.8	81.3	16
Other private	28.6	17.6	18.7	35.2	91	2.1	1.0	51.0	45.8	96
Aligarh										
HV public	0.0	0.0	33.3	66.7	3	0.0	0.0	25.0	75.0	4
HV private	0.0	0.0	0.0	100.0	20	0.0	0.0	0.0	100.0	23
Other public	7.1	0.0	92.9	0.0	14	0.0	0.0	55.6	44.4	9
Other private	6.9	0.0	52.8	40.3	72	6.9	11.1	54.2	27.8	72
Allahabad										
HV public	0.0	0.0	0.0	100.0	3	0.0	0.0	0.0	100.0	3
HV private	0.0	0.0	0.0	100.0	11	0.0	0.0	0.0	100.0	15
Other public	5.6	5.6	55.6	33.3	18	0.0	0.0	56.3	43.8	16
Other private	7.1	3.6	41.7	47.6	84	1.4	5.4	35.1	58.1	74
Gorakhpur										
HV public	0.0	0.0	50.0	50.0	2	0.0	20.0	0.0	80.0	5
HV private	0.0	0.0	0.0	100.0	11	0.0	0.0	7.7	92.3	13
Other public	5.9	0.0	76.5	17.7	17	0.0	0.0	13.3	86.7	15
Other private	39.8	17.1	18.2	25.0	88	4.8	2.4	54.2	38.6	83
Moradabad										
HV public	0.0	0.0	16.7	83.3	6	0.0	0.0	30.0	70.0	10
HV private	0.0	0.0	0.0	100.0	12	0.0	0.0	0.0	100.0	18
Other public	0.0	0.0	90.9	9.1	11	0.0	0.0	61.5	38.5	13
Other private	18.6	5.8	59.3	16.3	86	5.1	1.3	69.2	24.4	78
Varanasi										
HV public	0.0	9.1	18.2	72.7	11	21.4	7.1	0.0	71.4	14
HV private	8.0	8.0	0.0	84.0	25	3.4	0.0	0.0	96.6	29
Other public	0.0	8.0	76.0	16.0	25	0.0	0.0	29.6	70.4	27
Other private	79.1	7.7	12.1	1.1	91	8.6	6.2	55.6	29.6	81

Table 8.7: Provision of Family Planning Methods at Baseline and Endline

Percent of high volume public and private health facilities providing family planning methods by method and city. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
High Volume Public Facilities	**n = 2**	**n = 3**	**n = 3**	**n = 4**	**n = 3**	**n = 3**	**n = 2**	**n = 5**	**n = 6**	**n = 10**	**n = 11**	**n = 11**
Female sterilization	100.0	100.0	66.7	75.0	100.0	100.0	50.0	80.0	83.3	20.0	81.8	81.8
Male sterilization	50.0	33.3	33.3	100.0	66.7	33.3	100.0	80.0	0.0	0.0	54.5	36.4
IUCD	100.0	100.0	66.7	75.0	100.0	100.0	50.0	80.0	100.0	70.0	72.7	90.9
Injectables	0.0	33.3	33.3	25.0	100.0	33.3	50.0	80.0	33.3	20.0	27.3	81.8
Combined oral pills	100.0	100.0	66.7	100.0	100.0	100.0	50.0	80.0	100.0	100.0	81.8	90.9
Progestin only pills	0.0	0.0	33.3	25.0	33.3	33.3	0.0	80.0	33.3	10.0	0.0	72.7
Emergency contraceptives	0.0	100.0	33.3	75.0	66.7	100.0	50.0	80.0	100.0	40.0	27.3	54.5
Standard days method	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0
High Volume Private Facilities	**n = 14**	**n = 24**	**n = 20**	**n = 23**	**n = 11**	**n = 15**	**n = 11**	**n = 13**	**n = 12**	**n = 18**	**n = 23**	**n = 28**
Female sterilization	92.9	95.8	95.0	95.7	100.0	73.3	100.0	100.0	100.0	94.4	91.3	89.3
Male sterilization	50.0	0.0	10.0	8.7	36.4	46.7	54.5	15.4	16.7	5.6	39.1	39.3
IUCD	64.3	100.0	100.0	100.0	100.0	100.0	100.0	92.3	100.0	100.0	91.3	96.4
Injectables	64.3	100.0	100.0	100.0	90.9	93.3	90.9	84.6	91.7	100.0	73.9	85.7
Combined oral pills	50.0	100.0	100.0	95.7	100.0	80.0	100.0	92.3	100.0	100.0	73.9	96.4
Progestin only pills	21.4	83.3	95.0	91.3	72.7	73.3	45.5	84.6	75.0	72.2	52.2	92.9
Emergency contraceptives	42.9	91.7	95.0	95.7	72.7	80.0	81.8	92.3	100.0	100.0	65.2	92.9
Standard days method	NA	0.0	NA	0.0	NA	13.3	NA	0.0	NA	0.0	NA	3.6
Other Facilities	**n = 103**	**n = 110**	**n = 81**	**n = 76**	**n = 95**	**n = 89**	**n = 91**	**n = 94**	**n = 81**	**n = 87**	**n = 111**	**n = 101**
Female sterilization	23.3	34.5	25.9	19.7	31.6	31.5	24.2	27.7	14.8	10.3	8.1	11.9
Male sterilization	4.9	0.0	13.6	0.0	10.5	12.4	6.6	6.4	2.5	0.0	0.0	2.0
IUCD	49.5	45.5	39.5	34.2	60.0	51.7	42.9	48.9	29.6	24.1	35.1	42.6
Injectables	27.2	36.4	30.9	27.6	36.8	40.4	25.3	38.3	14.8	10.3	2.7	14.9
Combined oral pills	49.5	98.2	97.5	89.5	96.8	85.4	57.1	96.8	98.8	98.9	24.3	95.0
Progestin only pills	27.2	41.8	34.6	36.8	33.7	56.2	28.6	45.7	12.3	29.9	3.6	30.7
Emergency contraceptives	39.8	47.3	42.0	28.9	55.8	57.3	36.3	45.7	48.1	37.9	4.5	45.5
Standard days method	NA	0.0	NA	0.0	NA	4.5	NA	1.1	NA	0.0	NA	0.0

NA = Not Available

Table 8.8: Facilities that Had Stock-outs at Baseline and Endline

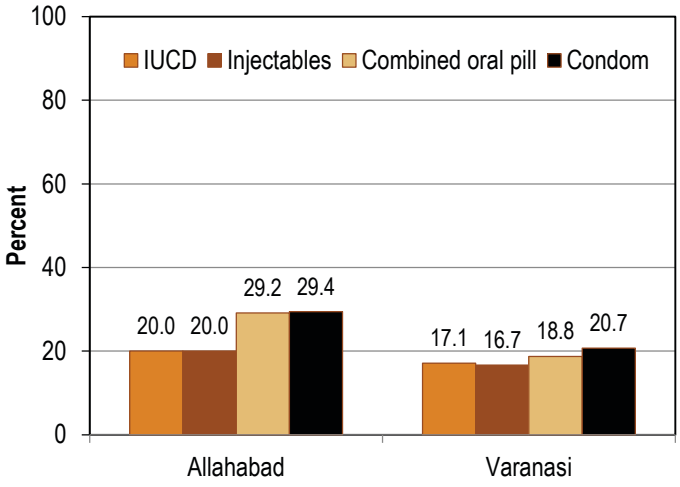
Percent of high volume public and high volume private facilities that have had a stock-out in the last 30 days by city. UHI Cities, India 2010, 2014

	High Volume Public Facilities				High Volume Private Facilities				Other Facilities			
	Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days		Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days		Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Agra	n = 2	n = 3			n = 14	n = 24			n = 103	n = 110		
IUCD	2	3	0.0	0.0	7	19	0.0	0.0	41	41	7.3	2.4
Injectables	0	1	0.0	100.0	6	19	0.0	0.0	20	24	5.0	0.0
Combined oral pill	2	3	0.0	0.0	5	11	0.0	0.0	32	26	6.3	7.7
Progestin only pill	0	0	0.0	0.0	1	6	0.0	0.0	12	2	8.3	0.0
Emergency contraceptives	0	3	0.0	0.0	4	6	0.0	0.0	20	16	0.0	12.5
Condom	2	3	0.0	0.0	5	7	0.0	0.0	34	21	5.9	14.3
Aligarh	n = 3	n = 4			n = 20	n = 23			n = 81	n = 76		
IUCD	1	3	0.0	0.0	10	21	0.0	0.0	20	20	0.0	0.0
Injectables	0	0	0.0	0.0	8	16	0.0	6.3	9	7	11.1	0.0
Combined oral pill	2	4	50.0	25.0	4	3	0.0	0.0	32	10	34.4	10.0
Progestin only pill	1	0	0.0	0.0	3	3	0.0	0.0	1	0	0.0	0.0
Emergency contraceptives	0	2	0.0	0.0	3	3	0.0	0.0	8	1	0.0	100.0
Condom	3	4	0.0	25.0	2	2	0.0	0.0	30	11	36.7	0.0
Allahabad	n = 3	n = 3			n = 11	n = 15			n = 95	n = 89		
IUCD	3	3	33.3	0.0	8	12	0.0	16.7	41	30	19.5	20.0
Injectables	0	0	0.0	0.0	7	9	0.0	0.0	18	10	0.0	20.0
Combined oral pill	3	3	33.3	33.3	6	7	0.0	14.3	34	24	26.5	29.2
Progestin only pill	1	0	0.0	0.0	3	3	0.0	0.0	8	10	0.0	30.0
Emergency contraceptives	0	2	0.0	50.0	4	1	0.0	0.0	11	12	0.0	66.7
Condom	3	3	33.3	33.3	5	6	0.0	16.7	25	17	44.0	29.4
Gorakhpur	n = 2	n = 5			n = 11	n = 13			n = 91	n = 94		
IUCD	1	4	0.0	25.0	5	11	0.0	0.0	23	31	39.1	3.2
Injectables	0	0	0.0	0.0	5	11	0.0	0.0	8	12	12.5	0.0
Combined oral pill	1	4	0.0	25.0	3	4	0.0	0.0	25	29	52.0	10.3
Progestin only pill	0	0	0.0	0.0	1	5	0.0	0.0	2	2	0.0	0.0
Emergency contraceptives	1	3	100.0	33.3	2	8	100.0	0.0	7	10	71.4	0.0
Condom	2	4	0.0	0.0	3	5	0.0	0.0	21	22	66.7	31.8

Table 8.8 Continued

	High Volume Public Facilities				High Volume Private Facilities				Other Facilities			
	Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days		Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days		Number of Facilities that Stock Method		Percent of Facilities with a Stock-out in the Last 30 Days	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Moradabad	n = 6	n = 10			n = 12	n = 18			n = 81	n = 87		
IUCD	5	6	60.0	0.0	7	13	0.0	0.0	18	18	5.6	0.0
Injectables	0	0	0.0	0.0	4	9	0.0	0.0	6	4	0.0	0.0
Combined oral pill	5	9	60.0	11.1	3	8	0.0	0.0	12	14	41.7	0.0
Progestin only pill	0	0	0.0	0.0	1	1	0.0	0.0	1	0	0.0	0.0
Emergency contraceptives	0	3	0.0	33.3	3	3	0.0	0.0	3	5	0.0	0.0
Condom	5	9	80.0	0.0	2	4	0.0	0.0	13	14	30.8	0.0
Varanasi	n = 11	n = 11			n = 23	n = 28			n = 111	n = 101		
IUCD	6	6	16.7	0.0	10	17	10.0	0.0	29	35	48.3	17.1
Injectables	1	2	0.0	0.0	8	12	12.5	0.0	1	6	0.0	16.7
Combined oral pill	5	6	0.0	16.7	2	7	0.0	0.0	25	32	12.0	18.8
Progestin only pill	0	0	0.0	0.0	1	3	0.0	0.0	0	1	0.0	0.0
Emergency contraceptives	1	1	0.0	0.0	0	4	0.0	0.0	0	15	0.0	33.3
Condom	6	6	16.7	0.0	2	3	0.0	0.0	23	29	73.9	20.7

Figure 8.1. Contraceptive commodity stock-outs by method in non-high-volume facilities in Allahabad and Varanasi, 2014



Quality of Services

The quality of services received by the clients as reported in the exit interviews are presented in Table 8.9. The majority of the clients interviewed at high-volume facilities at endline reported waiting no longer than 30 minutes for their consultation. This was a marked improvement over baseline when wait times of 30 to 60 minutes were not uncommon. However, the proportion of women who perceived that waiting time was "too long" increased in every city except Moradabad. Almost all clients acknowledged there was enough privacy during their consultation with the medical staff and they had not experienced any ill treatment from either the providers or any other staff. In fact, at endline, more women reported being "treated well" across all cities compared to baseline. In Gorakhpur, 14.4 percent of clients at baseline reported being "treated well" by the providers, which increased to 54 percent at endline. The majority of endline clients reported that the right amount of information was given to them during their visits. Overall, clients were satisfied and affirmed their intention to use the facility in the future and to recommend it to others.

The discussion above highlights the experiences and perceptions of exit clients in general, whereas Table 8.10 focuses on the experience of clients seeking only family planning services. Experiences for current contraceptive users and current non-users are

Table 8.9: Clients' Perceptions of Services Received at Baseline and Endline

Percent distribution of exit interview client's perception of quality of services received at the health facility by city. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Waiting Time to Visit a Health Staffer for a Consultation												
< 16 minutes	36.9	31.7	21.3	33.8	13.0	43.7	48.2	26.6	29.0	33.6	58.8	40.8
16-30 minutes	33.1	49.1	31.6	45.0	27.0	34.9	24.7	44.6	36.4	44.2	25.9	42.3
31-45 minutes	10.0	14.0	18.0	14.3	19.1	10.9	9.3	17.6	21.5	14.5	5.2	10.8
46-60 minutes	11.3	3.0	10.5	3.7	13.8	7.0	7.4	5.8	9.7	4.2	6.2	4.9
61-90 minutes	4.1	0.5	9.2	0.7	12.3	2.2	4.5	1.8	2.9	1.7	2.1	1.1
91-120 minutes	2.5	0.2	5.0	0.1	7.0	0.6	3.1	1.6	0.2	1.3	1.6	0.2
> 120 minutes	1.9	1.4	4.4	2.3	7.9	0.7	2.7	2.0	0.2	0.7	0.3	0.0
Feelings About Waiting Time												
No waiting time, was seen immediately	79.7	40.4	46.7	36.6	34.2	35.6	82.5	29.6	43.4	42.5	91.0	34.4
Reasonable amount of time	19.3	54.2	49.0	57.2	62.6	57.2	17.5	63.0	44.6	48.8	8.8	62.2
Too long	0.9	5.4	4.3	6.2	3.2	7.2	0.0	7.4	12.0	8.6	0.0	3.4
Enough privacy during consult	90.5	98.1	93.1	91.9	89.6	92.4	95.2	92.1	86.2	80.2	96.7	92.2
Felt comfortable to ask questions	97.7	98.9	96.8	97.4	98.5	98.2	99.0	99.2	98.4	93.0	99.5	99.2
How Treated by Provider												
Very well	17.0	46.6	19.4	47.8	19.5	47.6	14.4	54.0	36.9	55.0	12.9	54.5
Well	83.0	53.3	80.5	52.2	80.5	52.4	85.6	45.9	63.1	45.0	86.4	45.2
Not very well/poorly	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.6	0.3
How Treated by Other Staff												
Very well	5.1	23.4	11.2	28.2	11.9	28.8	5.7	30.4	29.2	34.1	2.5	31.2
Well	93.4	76.1	87.6	71.5	88.1	71.2	94.0	69.1	70.8	65.3	95.0	68.7
Not very well/poorly	1.5	0.5	0.4	0.3	0.0	0.0	0.3	0.5	0.0	0.7	1.7	0.2
Feelings About Information Given During Visit												
Too little	2.5	4.3	2.1	0.7	0.9	3.0	4.5	2.6	0.5	9.8	8.4	1.1
About right	87.7	82.3	78.1	87.2	85.4	90.2	91.6	93.4	66.1	78.4	87.2	89.1
Too much	9.7	13.4	19.8	12.2	13.8	6.8	4.0	3.9	33.5	11.8	4.1	9.8
Satisfaction with Visit												
Highly satisfied	5.4	25.7	8.4	24.6	9.1	21.8	9.1	23.4	12.4	37.4	8.0	24.0
Satisfied	93.3	73.8	87.7	75.1	89.4	77.3	90.6	76.2	85.5	61.3	90.7	75.2
Somewhat satisfied	0.7	0.3	3.6	0.3	1.5	0.9	0.2	0.2	2.0	1.3	1.1	0.8
Not at all satisfied	0.4	0.2	0.3	0.0	0.0	0.0	0.2	0.3	0.0	0.0	0.0	0.0
Use Facility for Health Care in Future												
Yes	93.1	99.2	93.7	98.9	97.5	99.3	97.6	99.7	96.6	98.8	95.6	99.2
No	3.8	0.5	3.4	0.4	1.7	0.7	0.5	0.2	1.8	0.3	1.1	0.8
Don't know	3.1	0.3	3.0	0.7	0.9	0.0	1.7	0.2	1.6	0.8	3.3	0.0
Recommend the Facility to Family/Friends/Neighbors												
Yes	89.8	96.8	83.2	98.5	89.8	98.3	94.3	99.7	93.0	97.5	93.2	99.5
No	4.7	0.5	6.8	0.3	3.2	1.1	3.8	0.2	2.9	0.2	3.6	0.2
Don't know	5.6	2.7	10.0	1.2	7.0	0.6	1.9	0.2	4.1	2.3	3.0	0.3
Number of Exit Interview Clients	683	627	677	740	471	542	583	608	442	602	634	613

presented by city at baseline and endline. Most women who were current users were asked about current problems and counseled on options, side effects and how to handle potential problems. Moradabad showed dramatic increases of 15 percentage points or more for each question from baseline to endline; however, the small number of facilities at baseline may overstate the apparent improvements. Aligarh and Allahabad also had notable improvements in the number of clients who reported assistance with solving problems with current methods.

Among the nonusers who came for FP services, the quality of reported services was also very high and improved across the board. Allahabad demonstrated impressive increases in all counseling areas, particularly for selecting a method. An increasing trend towards sharing potential side effects was observed across all cities from baseline to endline. This is notable given the ongoing concerns women have about modern contraceptive side effects. In Moradabad, clients who reported learning about side effects almost doubled from 58.5 percent to 100 percent.

In India, as in many countries, overcoming provider biases about who should or should not be using contraception is often challenging. In the provider interviews, a series of questions were asked regarding any restrictions on access to certain FP methods. Specifically at baseline and endline, providers were asked about method restrictions based on parity. In general, we found that the proportion of providers who restricted access increased as the duration of the method's effect increased (Figure 8.2). For example, less than a quarter of the providers restricted access to pills, while more than half restricted access to IUCDs, and nearly 100% of doctors had some parity requirements for sterilization.

Table 8.11 provides more detail on the number of providers who restrict access based on parity and the criteria they follow. Among those who use parity criteria, clients with one child were considered by most of the providers as the benchmark for providing IUCDs and injectables. However, for female sterilization, more than half of the doctors prohibited access to clients with fewer than two children.

It may be said that among a number of factors influencing providers' restriction on providing FP methods, providers' training on these methods is one of the most important aspects. At endline, providers were asked about their in-service family planning training. In-service training refers to on-the-job training specific to family planning and contraceptive methods. Providers who reported ever having received in-service training on family planning topics at endline ranged from 25.7 percent in Moradabad to 36.9 percent in Gorakhpur (Table 8.12). In Allahabad, Gorakhpur, Moradabad and Varanasi, an increase from baseline to endline in those reporting in-service training was reported; however, in Agra and Aligarh, a slight fall in the percentage was registered between these two survey rounds. Among those who had ever received in-service training on FP methods, more than half in Agra (51.6 percent), Aligarh (52.7 percent) and Varanasi (53 percent) received training within the past year. However, in Moradabad, more than two-thirds of providers received their recent in-service training more than a year ago. Topics covered included general FP information and method-specific training for IUCD and OCP, with far fewer providers reporting learning about emergency contraceptives (Figure 8.3). Method-specific training on sterilization for the doctors ranged from 34.3 percent in Gorakhpur to 53.2 percent in Aligarh at endline, while injectables training varied from 39.3 percent in Moradabad to 55.3 percent in Allahabad at endline.

Figure 8.2. Restrictions on clients' eligibility to use contraception for reasons of parity by provider type, 2014

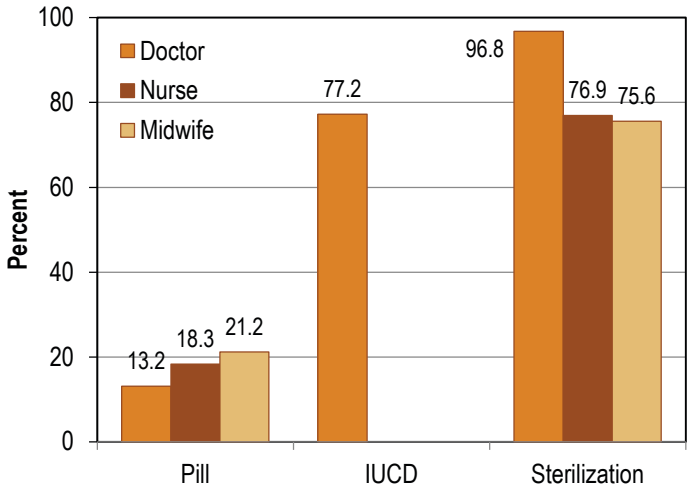


Table 8.10: Client Reports of Selected Aspects of FP Services at Baseline and Endline

Percent of family planning exit clients reporting on selected aspects of quality FP services by city. UHI Cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
Clients Reports	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Current Users	**n = 128**	**n = 196**	**n = 172**	**n = 259**	**n = 96**	**n = 174**	**n = 97**	**n = 189**	**n = 36**	**n = 165**	**n = 113**	**n = 223**
Client asked about any problems she was having with the current method	97.7	100.0	91.3	99.6	93.8	91.4	100.0	99.5	83.3	98.2	99.1	97.8
Actions suggested by provider to resolve the problem	99.2	98.0	69.8	98.8	58.3	83.3	99.0	94.2	52.8	96.4	96.5	91.9
Possible side effects with the current method described by provider	93.8	96.9	79.1	96.9	86.5	89.7	97.9	95.8	61.1	87.3	89.4	90.6
Client told what to do if she has any problems	98.4	98.0	83.7	97.3	87.5	90.8	97.9	95.8	66.7	86.7	97.3	89.7
Nonusers	**n = 147**	**n = 73**	**n = 107**	**n = 64**	**n = 57**	**n = 80**	**n = 90**	**n = 63**	**n = 41**	**n = 70**	**n = 156**	**n = 56**
Client assisted by provider in method selection	98.0	93.2	90.7	95.3	75.4	95.0	95.6	92.1	82.9	92.9	98.1	94.6
Client counseled on correct use of selected a method	98.0	98.6	90.7	100.0	75.4	85.0	95.6	100.0	82.9	100.0	98.1	100.0
Possible side effects with the current method described by provider	98.6	100.0	86.9	98.4	73.7	92.5	91.1	100.0	58.5	100.0	87.8	98.2
Client told what to do if she has any problems	96.6	100.0	85.1	98.4	79.0	92.5	94.4	100.0	58.5	100.0	94.2	98.2
Total Number of FP Clients	**275**	**269**	**279**	**323**	**153**	**254**	**187**	**252**	**77**	**235**	**269**	**279**

Table 8.11: Restrictions on Clients' Eligibility for Contraceptives by Method at Baseline and Endline

Number of family planning providers who provide each method and who restrict clients' eligibility to use a method for reasons of parity, by method, according to type of provider. UHI Cities, India 2010, 2014

	Baseline Providers						Endline Providers					
				Of the BASELINE Providers that Restrict, Distribution Based on Minimum Child Requirement						Of the ENDLINE Providers that Restrict, Distribution Based on Minimum Child Requirement		
Method	Number Who Provide Method	Number Who Restrict	Percent Who Restrict Method Based on Parity	1	2	3+	Number Who Provide Method	Number Who Restrict	Percent Who Restrict Method Based on Parity	1	2	3+
Pill												
Doctor	456	104	22.8	52.9	46.2	1.0	692	91	13.2	90.1	8.8	1.1
Nurse	70	43	61.4	44.2	55.8	0.0	120	22	18.3	90.9	9.1	0.0
Midwife	72	23	31.9	56.5	43.5	0.0	85	18	21.2	77.8	16.7	5.6
Traditional birth attendant	13	2	15.4	50.0	50.0	0.0	0	0	0.0	0.0	0.0	0.0
Pharmacy	503	11	2.2	45.5	45.5	9.1	432	11	2.5	63.6	36.4	0.0
Condom												
Doctor	409	34	8.3	20.6	76.5	2.9	659	1	0.2	100.0	0.0	0.0
Nurse	69	8	11.6	25.0	62.5	12.5	120	4	3.3	50.0	50.0	0.0
Midwife	71	12	16.9	33.3	66.7	0.0	86	0	0.0	0.0	0.0	0.0
Traditional birth attendant	15	1	6.7	0.0	100.0	0.0	3	0	0.0	0.0	0.0	0.0
Pharmacy	120	2	1.7	0	100.0	0.0	435	0	0	0	0.0	0.0
IUCD												
Doctor	312	267	85.6	64.4	32.2	3.0	378	292	77.2	90.4	9.6	0.0
Nurse	101	85	84.2	52.9	47.1	0.0	65	50	76.9	86.0	14.0	0.0
Midwife	70	62	88.6	69.4	27.4	3.2	45	34	75.6	85.3	8.8	5.9
Traditional birth attendant	21	16	76.2	37.5	62.5	0.0	0	0	0.0	0.0	0.0	0.0
Injectables												
Doctor	260	109	41.9	69.7	30.3	0.0	325	169	52.0	93.5	6.5	0.0
Sterilization*												
Doctor	226	205	90.7	11.2	82.4	6.3	279	270	96.8	42.6	57.0	0.4

*Female sterilization

Table 8.12: Provider Training at Baseline and Endline

Percent of FP providers reporting ever receiving in-service training on family planning topics by city. UHI Cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur		Moradabad		Varanasi	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Provider Ever Attended an In-service Training on FP	n = 280	n = 303	n = 238	n = 221	n = 324	n = 234	n = 274	n = 241	n = 226	n = 214	n = 411	n = 370
Yes	32.9	30.7	34.0	33.5	22.5	31.6	22.3	36.9	22.6	25.7	16.1	31.6
No	67.1	69.3	66.0	66.5	77.5	68.4	77.7	63.1	77.4	74.3	83.9	68.4
Among Those Who Attended a FP Training	n = 92	n = 93	n = 81	n = 74	n = 73	n = 74	n = 61	n = 89	n = 51	n = 55	n = 66	n = 117
When was the most recent FP training?												
Within a year	34.8	51.6	27.2	52.7	37.0	46.0	41.0	42.7	35.3	38.2	36.4	53.0
More than a year ago	53.3	48.4	69.1	47.3	57.5	54.0	37.7	57.3	64.7	61.8	45.5	47.0
Don't remember	5.4	NA	3.7	NA	5.5	NA	13.1	NA	0.0	NA	12.1	NA
Missing	6.5	0.0	0.0	0.0	0.0	0.0	8.2	0.0	0.0	0.0	6.1	0.0
What training topics were covered?												
General FP counseling skills	94.6	74.2	95.1	83.8	97.3	87.8	67.2	69.7	92.2	69.1	89.4	82.9
Method specific - IUCD	81.5	79.6	72.8	62.2	84.9	59.5	77.0	76.4	49.0	74.6	89.4	74.4
Method specific - pill	89.1	58.1	92.6	64.9	95.9	78.4	65.6	71.9	72.5	47.3	87.9	77.8
Method specific - EC	93.5	45.2	38.3	48.7	63.0	63.5	39.3	41.6	35.3	34.6	80.3	52.1
Among Doctors Only, What Method Specific FP Training was Covered	n = 46	n = 39	n = 45	n = 47	n = 43	n = 38	n = 22	n = 35	n = 24	n = 28	n = 29	n = 53
Sterilization	63.0	48.7	51.1	53.2	34.9	36.8	54.5	34.3	25.0	39.3	82.8	43.4
Injectables	69.6	51.3	51.1	51.1	62.8	55.3	59.1	48.6	50.0	39.3	65.5	52.8

NA = Not Available

Integration of Services

One of UHI's core strategies is to improve the integration of FP services with delivery services, postpartum care and abortion/post-abortion services. During the endline facility audit, questions were asked about the standard practice adopted by the facilities to provide family planning counseling and services to clients coming for delivery/postpartum services and abortion/post-abortion services. The providers who offered these reproductive health services were also asked whether they routinely provided family planning information to clients. Lastly, during the exit interview, clients were asked about the main service that they were seeking that day and whether they received any FP information or services in conjunction with their visit.

Service integration, as reported by the facility audit, was almost universal. More than 90 percent of high volume public sites and 85 percent of high volume private sites provided FP information on the same day as a visit for delivery, postpartum care, abortion or post-abortion care (data not shown). Facilities providing these different reproductive health services were also asked about provision of hormonal contraceptive methods (i.e., OCP, IUCD, injectables) during these different types of visits. Overall, the majority of public facilities and HV private facilities offer hormonal methods to clients always or sometimes on the same day as their childbirth delivery visit (Table 8.13). Other private facilities in Allahabad, Gorakhpur, Moradabad and Varanasi were not offering any hormonal methods at these visits 42–50 percent of the time at endline. Those not providing the method at these visits included facilities that required a return visit, facilities that routinely referred clients elsewhere for FP, and those that did not offer any FP services. Similarly, when looking at postnatal visits, the norm across cities was to provide hormonal methods always or sometimes at these visits, particularly for the HV facilities. Again, we saw more variability in Allahabad, Moradabad and Varanasi, highlighting potential missed opportunities to provide women with modern contraception. These percentages should be interpreted cautiously due to the small number of facilities audited, particularly the HV public sites.

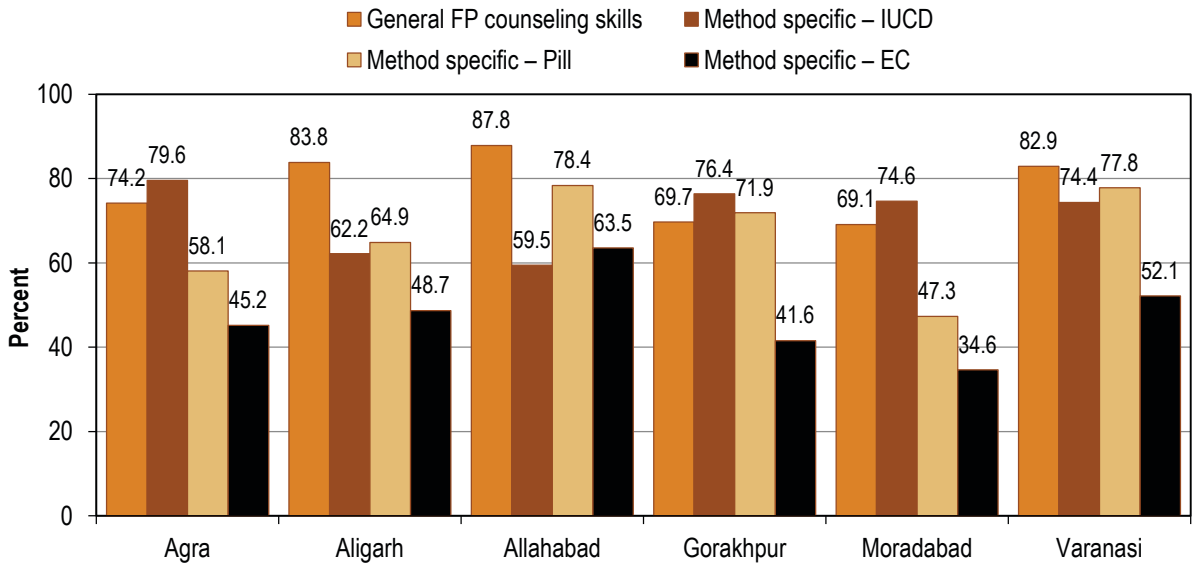
Table 8.14 presents facility data on provision of hormonal methods at the time of an abortion and post-abortion care visits. The number of facilities offering these services, particularly in the public sector, are quite small; interpretations of these findings are limited. As noted, very few public facilities offer abortion-related services, yet those that do, in general, provide hormonal methods at these visits. Private facilities are much more likely to provide abortion-related services and they regularly provide FP methods to clients on the same day. The exceptions are Allahabad and Varanasi, where there is a lot of variability in services provided across all types of facilities.

Table 8.15 presents the distribution of providers by health services, and among them, who routinely provided FP information to clients. The specific services include antenatal care, delivery care, postnatal care, abortion and post-abortion care. Comparisons between provision of information at baseline and endline showed improvements across all cities for high volume delivery care and postnatal care sites, while some variation was seen for ANC; however, the number of facilities is small for some categories so caution should be used in drawing conclusions. At endline, the percentage of delivery care providers in HV public facilities who routinely provide FP information ranged from 62.5 percent in Allahabad to 100 percent in Agra, Aligarh and Gorakhpur. A similar pattern is seen in HV private facilities with providers' responses ranging from 76.7 percent in Allahabad to 100 percent in Aligarh.

At endline, providers who offered abortion care services in Agra, Aligarh, Gorakhpur and Moradabad reported providing FP information routinely to their abortion clients. In HV private facilities, the percentage distribution of abortion care providers offering FP information routinely ranged from 80 percent in Gorakhpur to 100 percent in Agra, Aligarh and Moradabad.

As compared to baseline, across the study cities, larger proportions of the post-abortion care providers in HV public and private facilities at endline reported providing FP information routinely to their clients.

Figure 8.3 Content of family planning in-service provider training within one year of endline



Lastly from the client perspective, we find that the proportion of clients who were seeking other health services yet received FP counseling substantially improved from baseline to endline (Table 8.16). Most notably, at endline receipt of FP counseling at the time of delivery and postnatal care increased 39 and 35 percentage points, respectively (Figure 8.4). Baseline data for abortion clients are unavailable; however, at endline, 65 percent reported receiving some FP information. Not surprisingly, at ANC and delivery visits, no women reported receiving a FP method; however at endline, at the time of post-abortion care and immunization services, 22.0 percent and 30.7 percent of women respectively, reported use of a method, and 11.5 percent of abortion clients reported receiving a method at the time of their abortion visit.

Demand Generation

During endline exit interviews, clients who had either come mainly for FP services or had received FP information on the survey day were asked about their exposure to printed FP materials. Approximately one-third of the clients in Agra, Aligarh and Moradabad were shown FP materials (Table 8.17). In Gorakhpur, highest among all six cities, 52.9 percent of the clients reported seeing the printed materials during their discussion with providers. The percentage of clients who received printed FP materials to take away with them ranged from 15.9 percent in Varanasi to 42.9 percent in Gorakhpur.

Table 8.13: Integration of Family Planning and Birthing Services at Baseline and Endline

Percent distribution of facilities that provide delivery and postnatal care visits, by provision of hormonal contraceptive methods, facility type, and city. UHI cities, India 2010, 2014

City and Facility Type	Percent of Facilities that Provide Hormonal Methods at Delivery Visits				Number of Facilities that Provide Delivery Care	Percent of Facilities that Provide Hormonal Methods at Postnatal Visits				Number of Facilities that Provide Postnatal Care
	Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total		Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total	
Agra Baseline										
HV public						50.0	50.0	0.0	100.0	2
HV private		NA at Baseline				69.2	7.7	23.1	100.0	13
Other public						90.0	10.0	0.0	100.0	10
Other private						62.5	0.0	37.5	100.0	32
Agra Endline										
HV public	100.0	0.0	0.0	100.0	3	66.7	33.3	0.0	100.0	3
HV private	95.7	4.4	0.0	100.0	23	75.0	16.7	8.3	100.0	24
Other public	0.0	0.0	0.0	0.0	0	46.2	46.2	7.7	100.0	13
Other private	52.5	17.5	30.0	100.0	40	47.5	25.0	27.5	100.0	40
Aligarh Baseline										
HV public						100.0	0.0	0.0	100.0	2
HV private		NA at Baseline				65.0	35.0	0.0	100.0	20
Other public						100.0	0.0	0.0	100.0	11
Other private						80.8	7.7	11.5	100.0	26
Aligarh Endline										
HV public	100.0	0.0	0.0	100.0	3	100.0	0.0	0.0	100.0	3
HV private	100.0	0.0	0.0	100.0	21	81.0	0.0	19.1	100.0	21
Other public	0.0	0.0	100.0	100.0	1	42.9	57.1	0.0	100.0	7
Other private	72.2	22.2	5.6	100.0	18	42.1	42.1	15.8	100.0	19
Allahabad Baseline										
HV public						100.0	0.0	0.0	100.0	3
HV private		NA at Baseline				81.8	9.1	9.1	100.0	11
Other public						90.0	10.0	0.0	100.0	10
Other private						92.5	3.8	3.8	100.0	53
Allahabad Endline										
HV public	50.0	50.0	0.0	100.0	2	50.0	50.0	0.0	100.0	2
HV private	45.5	27.3	27.3	100.0	11	61.5	15.4	23.1	100.0	13
Other public	100.0	0.0	0.0	100.0	3	70.0	20.0	10.0	100.0	10
Other private	25.9	25.9	48.2	100.0	27	36.6	24.4	39.0	100.0	41

Table 8.13 Continued

City and Facility Type	Percent of Facilities that Provide Hormonal Methods at Delivery Visits				Number of Facilities that Provide Delivery Care	Percent of Facilities that Provide Hormonal Methods at Postnatal Visits				Number of Facilities that Provide Postnatal Care
	Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total		Always on the same day	Sometimes on the Same Day	Not the Same Day*	Total	
Gorakhpur Baseline										
HV public						0.0	0.0	100.0	100.0	1
HV private		NA at Baseline				81.8	0.0	18.2	100.0	11
Other public						23.1	0.0	76.9	100.0	13
Other private						73.1	7.7	19.2	100.0	26
Gorakhpur Endline										
HV public	100.0	0.0	0.0	100.0	4	75.0	0.0	25.0	100.0	4
HV private	58.3	16.7	25.0	100.0	12	58.3	33.3	8.3	100.0	12
Other public	100.0	0.0	0.0	100.0	1	66.7	33.3	0.0	100.0	12
Other private	32.3	22.6	45.2	100.0	31	32.3	29.0	38.7	100.0	31
Moradabad Baseline										
HV public						100.0	0.0	0.0	100.0	4
HV private		NA at Baseline				100.0	0.0	0.0	100.0	12
Other public						100.0	0.0	0.0	100.0	4
Other private						100.0	0.0	0.0	100.0	33
Moradabad Endline										
HV public	75.0	0.0	25.0	100.0	4	88.9	11.1	0.0	100.0	9
HV private	82.4	11.8	5.9	100.0	17	41.2	29.4	29.4	100.0	17
Other public	100.0	0.0	0.0	100.0	1	25.0	50.0	25.0	100.0	8
Other private	41.7	16.7	41.7	100.0	12	41.7	16.7	41.7	100.0	12
Varanasi Baseline										
HV public						55.6	0.0	44.4	100.0	9
HV private		NA at Baseline				61.9	14.3	23.8	100.0	21
Other public						63.6	18.2	18.2	100.0	22
Other private						94.1	5.9	0.0	100.0	17
Varanasi Endline										
HV public	30.0	20.0	50.0	100.0	10	40.0	20.0	40.0	100.0	10
HV private	60.0	20.0	20.0	100.0	25	51.9	25.9	22.2	100.0	27
Other public	57.1	28.6	14.3	100.0	7	36.4	31.8	31.8	100.0	22
Other private	31.3	18.8	50.0	100.0	16	30.0	35.0	35.0	100.0	20

Note: At baseline, integration was not asked about during delivery care visits.
*Does not provide on the same day includes the following categories: Make appointment to come back on a different day; No appointment made, always told to come back on a different day; Given referral to another facility; Given no information or referral; and Do not offer family planning services.

Table 8.14 Integration of Family Planning and Abortion Services at Baseline and Endline

Percent distribution of facilities that provide abortion and post-abortion care services, by provision of hormonal family planning methods, facility type and city. UHI cities, India 2010, 2014

City and Facility Type	Percent of Facilities that Provide Hormonal Methods at Abortion Visits				Number of Facilities that Provide Abortion Care	Percent of Facilities that Provide Hormonal Methods at Post-abortion Visits				Number of Facilities that Provide Post-abortion Care
	Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total		Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total	
Agra Baseline										
HV public						0.0	0.0	100.0	100.0	1
HV private		NA at Baseline				75.0	0.0	25.0	100.0	12
Other public						100.0	0.0	0.0	100.0	3
Other private						70.4	7.4	22.2	100.0	27
Agra Endline										
HV public	100.0	0.0	0.0	100.0	2	100.0	0.0	0.0	100.0	2
HV private	100.0	0.0	0.0	100.0	16	100.0	0.0	0.0	100.0	19
Other public	0.0	100.0	0.0	100.0	1	75.0	25.0	0.0	100.0	4
Other private	69.6	30.4	0.0	100.0	23	47.1	26.5	26.5	100.0	34
Aligarh Baseline										
HV public						100.0	0.0	0.0	100.0	2
HV private		NA at Baseline				72.2	22.2	5.6	100.0	18
Other public						100.0	0.0	0.0	100.0	5
Other private						88.9	5.6	5.6	100.0	18
Aligarh Endline										
HV public	100.0	0.0	0.0	100.0	3	100.0	0.0	0.0	100.0	3
HV private	100.0	0.0	0.0	100.0	16	94.4	0.0	5.6	100.0	18
Other public	0.0	0.0	0.0	0.0	0	66.7	33.3	0.0	100.0	3
Other private	55.6	22.2	22.2	100.0	9	41.7	50.0	8.3	100.0	12
Allahabad Baseline										
HV public						100.0	0.0	0.0	100.0	3
HV private		NA at Baseline				90.9	0.0	9.1	100.0	11
Other public						100.0	0.0	0.0	100.0	5
Other private						97.7	2.3	0.0	100.0	44
Allahabad Endline										
HV public	33.3	33.3	33.3	100.0	3	33.3	66.7	0.0	100.0	3
HV private	57.1	14.3	28.6	100.0	7	69.2	7.7	23.1	100.0	13
Other public	0.0	0.0	0.0	0.0	0	83.3	16.7	0.0	100.0	6
Other private	12.5	62.5	25.0	100.0	8	39.3	21.4	39.3	100.0	28

Table 8.14 Continued

City and Facility Type	Percent of Facilities that Provide Hormonal Methods at Aortion Visits				Number of Facilities that Provide Abortion Care	Percent of Facilities that Provide Hormonal Methods at Post-abortion Visits				Number of Facilities that Provide Post-abortion Care
	Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total		Always on the Same Day	Sometimes on the Same Day	Not the Same Day*	Total	
Gorakhpur Baseline										
HV public						100.0	0.0	0.0	100.0	1
HV private		NA at Baseline				100.0	0.0	0.0	100.0	8
Other public						100.0	0.0	0.0	100.0	2
Other private						88.9	5.6	5.6	100.0	18
Gorakhpur Endline										
HV public	66.7	33.3	0.0	100.0	3	100.0	0.0	0.0	100.0	3
HV private	85.7	14.3	0.0	100.0	7	72.7	27.3	0.0	100.0	11
Other public	0.0	0.0	0.0	0.0	0	66.7	33.3	0.0	100.0	9
Other private	18.2	63.6	18.2	100.0	11	41.7	25.0	33.3	100.0	24
Moradabad Baseline										
HV public						100.0	0.0	0.0	100.0	3
HV private		NA at Baseline				100.0	0.0	0.0	100.0	12
Other public						100.0	0.0	0.0	100.0	4
Other private						100.0	0.0	0.0	100.0	27
Moradabad Endline										
HV public	100.0	0.0	0.0	100.0	2	100.0	0.0	0.0	100.0	3
HV private	90.9	0.0	9.1	100.0	11	75.0	12.5	12.5	100.0	16
Other public	0.0	0.0	100.0	100.0	1	0.0	100.0	0.0	100.0	1
Other private	80.0	20.0	0.0	100.0	5	40.0	10.0	50.0	100.0	10
Varanasi Baseline										
HV public						85.7	0.0	14.3	100.0	7
HV private		NA at Baseline				87.5	0.0	12.5	100.0	16
Other public						60.0	40.0	0.0	100.0	5
Other private						85.7	14.3	0.0	100.0	7
Varanasi Endline										
HV public	50.0	16.7	33.3	100.0	6	66.7	0.0	33.3	100.0	6
HV private	58.8	11.8	29.4	100.0	17	56.5	21.7	21.7	100.0	23
Other public	0.0	0.0	0.0	0.0	0	53.3	20.0	26.7	100.0	15
Other private	0.0	75.0	25.0	100.0	4	20.0	46.7	33.3	100.0	15

Note: At baseline, integration was not asked about during abortion visits.
*Does not provide on the same day includes the following categories: Make appointment to come back on a different day; No appointment made, always told to come back on a different day; Given referral to another facility; Given no information or referral; and Do not offer family planning services.

Table 8.15: Providers Reports of Reproductive Health Services at Baseline and Endline

Percentage of providers who offer a specific reproductive health service and who say they routinely provide family planning information to clients seeking that service, by city and facility type. UHI cities, India 2010, 2014

City and Facility Type	Antenatal Care		Delivery Care		Postnatal Care		Abortion Care		Post-abortion Care	
	Number of Providers that Offer Antenatal Care	Routinely Provides FP Info to Antenatal Care Clients	Number of Providers that Offer Delivery Care	Routinely Provides FP Info to Delivery Care Clients	Number of Providers that Offer Postnatal Care	Routinely Provides FP Info to Postnatal Care Clients	Number of Providers that Offer Abortion Care	Routinely Provides FP Info to Abortion Care Clients	Number of Providers that Offer Post-abortion Care	Routinely Provides FP Info to Post-abortion Care Clients
Agra Baseline										
HV public	6	83.3			7	100.0			5	80.0
HV private	38	78.9	NA at Baseline		38	76.3	NA at Baseline		34	79.4
Other public	29	100.0			15	100.0			16	100.0
Other private	89	91.0			85	92.9			82	90.2
Agra Endline										
HV public	15	100.0	7	100.0	11	100.0	3	100.0	3	100.0
HV private	67	77.6	47	93.6	63	82.5	21	100.0	26	100.0
Other public	32	93.8	0	0.0	23	95.7	0	0.0	3	66.7
Other private	95	53.7	89	61.8	71	64.8	22	81.8	40	80.0
Aligarh Baseline										
HV public	12	83.3			6	100.0			7	71.4
HV private	75	32.0	NA at Baseline		76	34.2	NA at Baseline		55	45.5
Other public	26	100.0			5	100.0			9	100.0
Other private	57	78.9			42	76.2			24	87.5
Aligarh Endline										
HV public	14	100.0	11	100.0	13	92.3	5	100.0	5	100.0
HV private	58	93.1	39	100.0	56	94.6	16	100.0	22	100.0
Other public	12	100.0	0	0.0	8	100.0	0	0.0	2	100.0
Other private	48	60.4	44	61.4	39	74.4	8	100.0	20	75.0
Allahabad Baseline										
HV public	17	100.0			19	79.0			10	100.0
HV private	50	62.0	NA at Baseline		53	62.3	NA at Baseline		51	62.8
Other public	35	82.9			21	95.2			12	100.0
Other private	108	51.9			115	48.7			77	54.6
Allahabad Endline										
HV public	10	60.0	8	62.5	5	80.0	5	80.0	5	100.0
HV private	49	77.6	30	76.7	41	82.9	11	90.9	22	90.9
Other public	19	78.9	2	0.0	12	83.3	0	0.0	5	80.0
Other private	69	56.5	38	55.3	54	75.9	9	88.9	17	76.5

Table 8.15 Continued

City and Facility Type	Antenatal Care		Delivery Care		Postnatal Care		Abortion Care		Post-abortion Care	
	Number of Providers that Offer Antenatal Care	Routinely Provides FP Info to Antenatal Care Clients	Number of Providers that Offer Delivery Care	Routinely Provides FP info to Delivery Care Clients	Number of Providers that Offer Postnatal Care	Routinely Provides FP Info to Postnatal Care Clients	Number of Providers that Offer Abortion Care	Routinely Provides FP Info to Abortion Care Clients	Number of Providers that Offer Post-abortion Care	Routinely Provides FP Info to Post-abortion Care Clients
Gorakhpur Baseline										
HV public	4	50.0	NA at Baseline		5	100	NA at Baseline		4	75.0
HV private	35	82.9			43	74.4			27	74.1
Other public	38	73.7			28	85.7			23	82.6
Other private	58	75.9			80	66.3			54	74.1
Gorakhpur Endline										
HV public	18	100.0	15	100.0	16	100.0	4	100.0	4	100.0
HV private	31	77.4	25	80.0	21	90.5	5	80.0	9	77.8
Other public	28	100.0	2	100.0	19	100.0	0	0.0	9	100.0
Other private	48	72.9	62	67.7	47	68.1	12	100.0	28	75.0
Moradabad Baseline										
HV public	17	88.2	NA at Baseline		13	61.5	NA at Baseline		9	66.7
HV private	43	44.2			42	47.6			33	54.6
Other public	13	92.3			11	81.8			6	83.3
Other private	47	40.4			54	31.5			30	46.7
Moradabad Endline										
HV public	23	78.3	11	72.7	15	93.3	2	100.0	3	100.0
HV private	43	72.1	36	83.3	36	80.6	14	100.0	20	85.0
Other public	24	100.0	1	100.0	12	100.0	0	0.0	0	0.0
Other private	26	69.2	26	65.4	19	89.5	4	100.0	14	92.9
Varanasi Baseline										
HV public	23	73.9	NA at Baseline		26	65.4	NA at Baseline		21	76.2
HV private	38	89.5			54	90.6			29	96.6
Other public	63	100.0			56	100.0			46	100.0
Other private	32	100.0			24	91.7			25	100.0
Varanasi Endline										
HV public	38	68.4	40	75.0	37	86.5	17	64.7	17	76.5
HV private	77	72.7	63	77.8	67	88.1	26	88.5	37	86.5
Other public	54	96.3	16	75.0	39	94.9	1	100.0	12	83.3
Other private	38	68.4	42	64.3	30	83.3	7	100.0	11	81.8

Figure 8.4. Clients who received family planning information while seeking other health services at baseline and endline

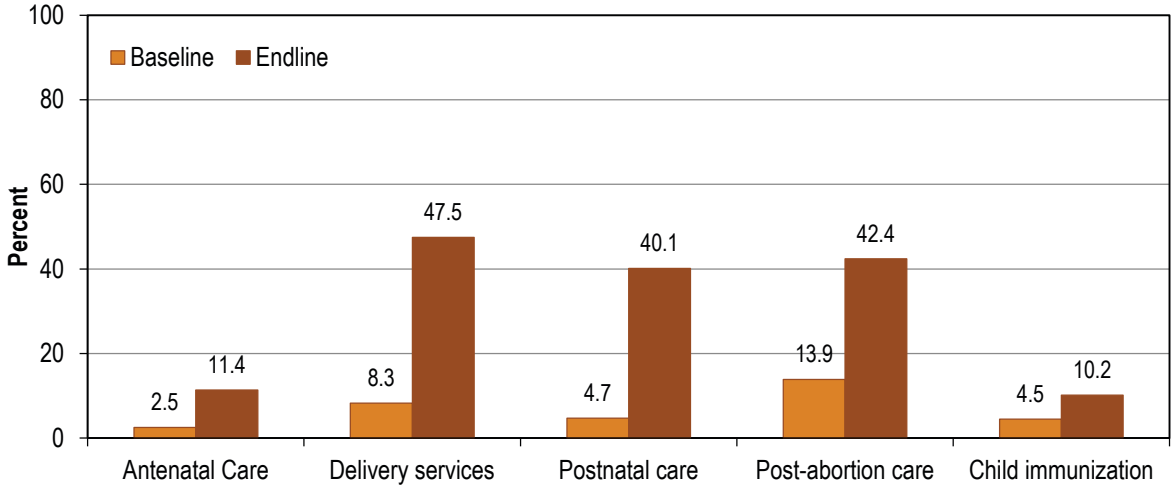


Table 8.16: Integration of Family Planning and Reproductive Health Services at Baseline and Endline
Percent of exit interview clients receiving family planning information or services by the main service the client was seeking. UHI cities, India 2010, 2014

	Main Service Client was Seeking											
	Antenatal Care		Delivery Services		Postnatal Care		Abortion		Post-abortion Care		Child Immunization	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline*	Endline	Baseline	Endline	Baseline	Endline
Received Any Information About Family Planning												
Yes	2.5	11.4	8.3	47.5	4.7	40.1	NA	65.6	13.9	42.4	4.5	10.2
No	97.5	88.6	91.7	52.5	95.3	59.9	NA	34.4	86.2	57.6	95.5	89.8
Did you Receive a FP Method, Referral, or Prescription for a FP Method Today?							NA					
Method	0.2	0.0	3.3	0.0	0.0	0.6	NA	11.5	1.5	0.0	0.0	0.4
Referral	0.5	0.0	0.0	0.0	0.0	0.0	NA	0.0	0.0	0.0	0.0	0.0
Prescription	1.1	0.0	5.0	0.0	2.3	0.0	NA	0.0	4.6	0.0	3.4	0.0
Did not receive anything	98.2	100.0	91.7	100.0	85.9	94.3	NA	88.5	70.8	78.0	68.8	68.9
Already using FP	0.0	0.0	0.0	0.0	11.7	5.1	NA	0.0	23.1	22.0	27.8	30.7
Number of Exit Interview Clients	896	1,517	60	99	128	157	NA	61	65	59	176	225

*At baseline, only post-abortion care clients were interviewed

Table 8.17: Client Reports of Exposure to Printed Materials at Endline
Percent of exit clients reporting on use of printed materials during health facility visits by city. UHI Cities, India 2010, 2014

	Agra	Aligarh	Allahabad	Gorakhpur	Moradabad	Varanasi
Client was shown printed materials on family planning	35.5	33.6	40.9	52.9	32.8	29.4
Client received printed materials on family planning	21.9	16.4	28.4	42.9	19.3	15.9
Number of Clients	352	408	303	312	290	320

APPENDIX: Endline Cross-Sectional Survey

This appendix is intended to provide information on the cross-sectional survey design and highlight key findings. All tables can be found at the end of the appendix.

Introduction

Purpose

The cross-sectional survey was requested by the UHI program because it provides useful program evaluation data; for example, CPR in a representative sample at endline in the intervention cities to compare to the baseline CPR. This information permits a determination of whether the program was successful at increasing CPR at the city-level over the project period, particularly among the urban poor. This information is more representative of the city-level CPR than the longitudinal sample that ages over the follow-up period and becomes more (or less) likely to use contraceptives based on age and other demographic characteristics. However, the cross-sectional design is less useful for impact evaluation as it is not possible to control for unobservable factors associated with use, as is done in the longitudinal sample through impact evaluation modeling. Rigorous cross-sectional surveys provide the attitudes and behaviors of a representative sample of the cities' population at a given point in time. The endline cross-sectional household survey took place in the four initial intervention cities: Aligarh, Allahabad, Agra and Gorakhpur.

Methods

Household Survey Tools

For the endline cross-sectional survey, household survey data were collected with the household head and women's questionnaires. The questionnaires used in the cross-sectional survey were similar to those described earlier in the report for the longitudinal survey (Ch. 2). The household questionnaire captures basic demographic information and socio-economic status of the household, including housing characteristics, water and sanitation facilities and ownership of assets; the women's questionnaire also collects socio-demographic information, family size, fertility desires and contraceptive use, as well as exposure to the UHI program strategies, levels of respondent's interaction with community health workers and counseling on contraceptive use during antenatal, postpartum and abortion/post-abortion care visits. All questionnaires were designed in English and translated into Hindi, pre-tested and finalized for use in the field. A household interview was conducted with the head of household and listed usual residents and visitors who stayed the night before. Women ages 15-49 who were married or in union and were usual residents of the selected households or visitors who stayed in the selected household the night before were eligible to participate in the women's interview.

Sampling Design and Implementation of the Household Survey

At the time of the sample design for the endline cross-sectional sample, MLE considered drawing a new random sample from the 2009 strata of slum and non-slum areas. However, this design might misclassify slum areas from 2009 that were no longer slums in 2014, or non-slum areas in 2009 that became slums in 2014. Given that the UHI program specifically targeted all slum areas, including newly created slums, the MLE team decided that an updated classification of neighborhoods was critical to adequately represent slums at the time of the endline. The 2011 Census of India became available in formats suitable for sample selection in 2013. The advantages of using the newly available 2011 census data were two-fold: first, because it occurred within a reasonable period before intended fieldwork dates for the MLE endline, it provided an up-to-date accounting of the full population of the MLE study cities. Second, the new census data provided an updated classification of slum areas according to the official Government of India definition of slums, which was also observed by the UHI program efforts.[9] In November 2013, the MLE study team obtained full lists of Census Enumeration Blocks (CEB) for each of the four study cities from the Census office of Lucknow. Each CEB was classified as either slum or non-slum, according to the above definition. To achieve the target sample size required for each city, the number of slum

9 Office of the Registrar General & Census Commissioner, India. Primary Census Abstract for Slum. 2011. Registrar General of India, New Delhi http://www.censusindia.gov.in/2011-Documents/Slum-26-09-13.pdf (accessed July 8, 2013**).

and non-slum clusters was determined in advance: 95 slum CEBs and 95 non-slum CEBs across the four cities. For each individual city, the same number of slum and non-slum CEBs was selected, with 28 slums and non-slums in Agra, 26 in Aligarh, 20 in Allahabad, and 21 in Gorakhpur.

Recruitment, Training and Fieldwork, Data Entry and Processing, and Data Analysis

The processes described for these components of the longitudinal household survey in Chapter 2 of this report are the same for the cross-sectional survey. All baseline results shown in this appendix are for the full sample of the baseline survey.

Response Rates

At endline, a total of 5,671 households were identified from 95 predetermined slum and 95 predetermined non-slum CEBs across the four cities. Completed interviews were obtained from 5,416 households and 4,534 women, 95.5 percent and 94.1 percent response rates, respectively. For the individual women's interviews, the response rates ranged from 96.9 percent in Aligarh to 90.9% in Gorakhpur (Table A1)

Key Findings

Background Characteristics

- The cross-sectional survey included currently married women ages 15–49. Their distribution by age, literacy, education, number of live births, religion, caste, residency and wealth is shown in Table A4.
- The distribution of women's ages was similar across cities with a larger proportion of women in middle ages of 25–40, than in younger age groups of 15–24 and older age groups 40–49. Agra and Aligarh had the highest proportion of younger women 15–24, 20.9 percent and 19.7 percent, respectively. Gorakhpur and Agra had the highest proportion of women in older age groups 40–49, 29.7 percent and 25.9 percent, respectively.
- The proportion of women who had completed at least 12 years of school ranged fairly widely from 30.3 percent in Allahabad to 17.8 percent in Aligarh and 23.2 percent in Agra. Allahabad and Gorakhpur had the lowest proportion of women with no education at 21.2 percent and 22.7 percent, respectively, while Aligarh had the highest proportion of women with no education (35.5 percent). Similar results were found for literacy among women across the cities; Allahabad and Gorakhpur had the highest proportion of women who were able to read a whole sentence, 74.5 percent and 71.8 percent, respectively; while Aligarh had the highest proportion of women unable to read, 36.0 percent.
- The same wealth index that is described in Chapter 2 of this report was used for the endline cross-sectional survey. Selected housing characteristics, including types of cooking fuel, water source, and toilet facility (Table A3) were used to create the wealth index. As expected, there are about 20 percent of respondents in each wealth category.

Family Planning

At endline, women were asked if they or their husbands were currently doing something or using a contraceptive method to delay or avoid getting pregnant, and, if so, which method.

Current Contraceptive Use

- The data on current use of modern and traditional family planning methods were analyzed according to city and wealth quintile for the women interviewed. The results for each of the four core cities and a combined-city total are shown alongside baseline results in Table A5.
- Across the four cities at endline, a majority of women used family planning. The proportion of women who did not use any family planning method was slightly over one-third of the total in each city, which was similar to the proportion of nonusers at baseline. Across all cities, the overall proportion of nonusers declined as the wealth quintile increased, similar to the trend at baseline. For example, 47.3 percent of nonusers in Gorakhpur were in the poorest quintile, while 34.6 percent of nonusers were in the richest quintile.

- Approximately half of all the women used modern family planning methods. Modern contraceptive use increased among most wealth quintiles in each city between baseline and endline. At endline, the overall modern method use ranged from 47.4 percent in Aligarh to 51.3 percent in Gorakhpur. Unlike at baseline, however, the use of modern contraceptive methods was not always highest among the richest quintiles and varied across cities. In fact, among the poorest quintile, large increases were seen in modern method use since baseline in all cities except Allahabad; rising from 38.0 percent to 46.9 percent in Agra, 26.7 to 37.8 percent in Aligarh and 41.6 to 46.8 percent in Gorakhpur.

- A much smaller proportion of women relied on traditional methods, ranging from 11.1 percent in Agra to 7.2 percent in Aligarh at endline as compared to 14.9 percent and 19.1 percent at baseline in Agra and Aligarh, respectively.

- Comparing contraceptive use reported by the cross-sectional sample and the longitudinal sample, we find overall that use was similar across the samples, although slightly lower in the cross-sectional. In the cross-sectional sample, modern method use ranged from 47.4 percent in Aligarh to 51.3 percent in Gorakhpur. In the longitudinal sample, modern method use ranged from 48.1 percent in Aligarh to 56.1 percent in Allahabad. Similarly, among slum residents of the core cities in the endline longitudinal sample contraceptive use of any modern method ranged from 52.8 percent in Agra to 59.4 percent in Varanasi. Whereas in the endline cross-sectional sample, modern method contraceptive use was slightly lower among slum residents and ranged from 44.4 percent in Gorhkapur to 57.4 percent in Allahabad.

Current Method Mix

- Female sterilization and condoms remained the most commonly used methods of contraception in all four cities at endline. A slight increase in the use of IUCDs was seen, ranging from 2.1 percent of women in Agra to 5.6 percent in Gorakhpur (Table A6). Among the poorest quintile in each city, condoms were the method with the largest uptake since baseline, ranging from 7.9 percent in Allahabad to 21.2 percent in Aligarh. Female sterilization varied slightly within cities, but generally use was inversely related to wealth, with use decreasing as wealth increased. For example, in Allahabad, 29.8 percent of women in the poorest quintile and only 17.0 percent of women in the richest quintile were sterilized and in Gorakhpur, 24.5 percent of women in the poorest quintile and only 22.8 percent of women in the richest quintile were sterilized.

- The results for contraceptive method use in each of the four core cities and a combined-city total are shown alongside baseline results in Table A6.

- Current contraceptive method use among slum residents in each city did not vary greatly from baseline. Modern method use did increase slightly in some cities, ranging from 46.0 percent in Aligarh to 48.8 percent in Agra. Across the four cities, use of traditional methods did decrease since baseline, with the lowest proportion of women in Gorakhpur at 5.4 percent. More details about contraceptive use among slum residents are shown in Table A7.

- By endline, use of modern methods increased by 4 percentage points ($p=.006$) in total for the combined four cities (Table A15). This increase was driven by Aligarh, which increased almost 10 percentage points since baseline ($p=0.001$), while the other cities did not report significant changes for modern method use. Among methods, a significant increase in condom use was reported in Agra ($p<0.01$), Aligarh ($p=0.001$) and in Gorakhpur ($p=0.04$). All cities reported a significant decrease in the use of traditional methods, ranging from 3.8 percentage points in Agra to 11.9 percentage points in Aligarh, ($p<0.01$). There were no significant changes in non-use of family planning methods across the four cities

Unmet Need

- Unmet need is defined and calculated as previously described in Chapter 5 of this report. Overall, unmet need for spacing increased slightly since baseline and unmet need for limiting

slightly decreased. In each city, unmet need for spacing and limiting decreased with increasing wealth quintile, ranging from 7.8 percent among the poorest quintile and 1.2 percent in the richest quintile in Agra.

- More results on unmet need by wealth group and city are shown in Table A8**.**

Sources of Modern Contraception

- All women who report using a modern method of contraception were asked to provide the source from which they or their husband obtained the method the last time. Table A9 presents the endline sources of modern contraceptive methods alongside baseline results. Public facilities remain the primary source for female sterilizations, the most commonly used method, ranging from 53.2 percent in Agra to 75.3 percent in Allahabad. Compared to baseline results, public facilities also became a larger secondary source, and the primary source in Gorakhpur, for the IUCD at endline, ranging from 30.0 percent in Agra to 72.8 percent in Gorakhpur. Condoms and OCP were still most often obtained from a pharmacy or the husband.

Service Integration

For the endline survey in 2014, information on various maternal and child health indicators and exposure to UHI integration efforts were collected from women who had given birth during or after 2011.

- Across cities, a majority of births took place in either a private or public facility. Anywhere from one sixth to one third of births took place at home in Agra and Aligarh, respectively (Table A10). While most women were seen for antenatal care, a smaller proportion was seen for a postnatal care visit, ranging from 29.3 percent in Agra to 45.8 percent in Allahabad (Table A11). Nearly half of the women in all cities who attended antenatal care received information or messages about family planning, yet for those women who attended postnatal care, receiving information and messages about family planning varied from 20.9 percent in Agra to 55.5 percent in Gorakhpur. In the three months prior to the survey, exposure to community health workers varied across cities, ranging from 10.9 percent in Allahabad to 33.4 percent in Agra (Table A12).

- More findings related to place of delivery, exposure to family planning during pre- and postnatal care and exposure to different health workers are shown in Tables A10, A11 and A12, respectively.

Demand Generation

- Sustained demand generation-related activities included mid- and mass media efforts to market contraceptive supplies and services as well as motivate method use among women. At endline, women in each city were asked about their exposure to family planning messages in the media in the past three months.

- Across the four cities, nearly all women watch television and a much smaller proportion listen to the radio (Table A13**)**. Among those who do watch television, a majority had seen family planning related content, ranging from 84.4 percent in Gorakhpur to 93.3 percent in Aligarh in the past 3 months. Compared to baseline, at endline, women in all cities reported seeing more information on television about pills, IUCD, and female and male sterilization.

- Exposure to UHI print materials, such as brochures, pamphlets and leaflets, remained low across cities; however, a majority of women in each city that reported that they had seen wall paintings, bill boards, or posters on family planning, ranging from 70.9 percent in Gorakhpur to 89.1 percent in Agra (Table A14).

- Higher exposure to mass media was reported in the cross-sectional sample for family planning content seen on television (Table A13), but among the longitudinal sample higher exposure to family planning content on the radio was reported (Table 8.5). Slightly higher exposure to family planning brochures/pamphlets/leaflets was reported among the longitudinal sample (Table 8.7), ranging from 8.0 percent in Varanasi to 40.5 percent in Agra.

Cross-sectional Tables

Table A1: Results of the Household and Individual Interviews at Cross-sectional Endline
Number of households, number of female cross-sectional respondents and response rates (unweighted). UHI Cities, India 2014

Result	Agra	Aligarh	Allahabad	Gorakhpur	Total
Household Interviews					
Households selected	1,682	1,543	1,200	1,246	5,671
Households interviewed	1,588	1,507	1,141	1,180	5,416
Household response rate*	94.4	97.7	95.1	94.7	95.5
Interviews with Currently Married Women Age 15-49					
Eligible women	1,418	1,334	911	1,158	4,821
Women interviewed	1,359	1,292	831	1,052	4,534
Women response rate**	95.8	96.9	91.2	90.9	94.1

*Households interviewed/Households selected
**Women Interviewed/Eligible Women

Table A2: Household Composition at Cross-sectional Endline
Percent distribution of the households by sex of household head and household mean size (weighted). UHI cities, India 2014.

Background Characteristic	Agra	Aligarh	Allahabad	Gorakhpur
Sex of Household Head (%)				
Male	88.5	87.4	88.2	89.3
Female	11.6	12.6	11.8	10.7
Mean size of households (n)	5.0	5.6	5.0	5.6
Mean Age of Household Heads (Years)				
Male	47.4	48.4	47.4	49.5
Female	50.3	55.9	53.3	51.5
Number of Households	1,588	1,507	1,141	1,180

Table A3: Housing Characteristics at Cross-sectional Endline
Percent distribution of households by selected housing characteristics. UHI cities, India 2014

Housing Characteristics	Agra	Aligarh	Allahabad	Gorakhpur
Type of Dwelling*				
Slum	63.5	43.5	22.6	26.7
Street (pavement dweller)	0.1	0.0	0.0	0.0
Pipe dweller	0.0	0.0	0.1	0.0
Brick kiln	0.0	0.0	0.0	0.0
Non-slum residence	36.3	56.4	77.3	73.4
Other	0.1	0.1	0.0	0.0
Slum Status Based on Census Definition of PSU				
Slum	31.7	30.5	10.5	7.1
Non-slum	68.3	69.5	89.5	92.9
Separate Room for Kitchen				
Households with separate kitchen	65.4	65.6	62.0	62.6
Households without separate kitchen	34.6	34.3	37.9	37.3
Don't Know	0.0	0.1	0.1	0.1
Household Electrification				
Households with electricity	97.5	96.6	98.2	96.5
Households without electricity	2.5	3.4	1.8	3.5
Type of Cooking Fuel				
Electricity	1.1	0.6	2.6	0.9
LPG/natural gas	78.8	82.4	78.1	80.1
Biogas	0.1	0.0	0.1	0.0
Kerosene	1.2	1.7	5.4	7.6
Coal/lignite	0.2	0.4	1.7	0.5
Charcoal	0.2	0.1	0.3	0.0
Wood	11.6	9.8	6.7	10.7
Straw/shrubs/grass/dung	6.5	4.5	4.8	0.2
Other	0.4	0.5	0.3	0.0
Main Drinking Water Source				
Piped water into dwelling	5.5	42.2	66.6	29.8
Piped water into yard/plot	0.4	2.0	10.1	2.0
Piped water to public tap/standpipe	3.1	3.1	3.6	1.4
Hand pump inside dwelling	2.6	6.1	5.0	44.7
Public hand pump	8.0	7.5	3.4	2.3
Tube well/borehole/dug protected well	36.9	38.3	10.3	18.8
Tanker truck	4.2	0.0	0.2	0.0
Bottled water	39.2	0.5	0.0	0.9
Other	0.0	0.3	0.8	0.1
Toilet Facility				
Septic tank/modern toilet	77.2	60.0	67.9	83.0
Pour/flush toilet	8.2	35.2	20.1	7.9
Pit toilet/latrine	0.7	0.9	2.0	2.5
Pit latrine without slab	0.1	0.6	0.0	0.0
No facility/bush/field	13.6	3.0	9.3	6.2
Other	0.1	0.3	0.7	0.4
Number of Households	1,588	1,507	1,141	1,180

Note: PSU - primary sampling unit
*Assessed by interviewer on household questionnaire

Table A4: Background Characteristics of Married Women at Cross-sectional Endline

Percent distribution of women by age, education, live births, religion, caste and wealth. UHI cities, India 2014

Background Characteristics	Agra	Aligarh	Allahabad	Gorakhpur
Age				
15-19	3.0	3.8	2.0	2.1
20-24	17.9	15.9	13.4	12.0
25-29	17.9	20.4	20.0	18.1
30-34	16.9	19.9	22.0	19.0
35-39	18.4	16.7	19.9	19.1
40-44	13.3	14.7	12.9	14.7
45-49	12.6	8.6	9.8	15.0
Literacy				
Cannot read at all	32.3	36.0	22.4	24.7
Able to read parts of sentence	3.1	4.5	3.1	3.3
Able to read whole sentence	64.4	58.3	74.5	71.8
Do not read the language	0.2	1.3	0.0	0.2
Education				
No education	30.2	35.5	21.2	22.7
1-5 classes completed	11.6	13.0	8.6	10.6
6-8 classes completed	13.2	10.7	9.1	10.1
9-12 classes completed	21.8	22.9	30.8	27.7
13 or more classes completed	23.2	17.8	30.3	28.9
Number of Live Births				
No children	9.7	11.1	11.9	8.0
1 child	16.6	14.8	15.3	16.8
2 children	27.4	22.1	30.7	28.8
3 children	19.5	17.6	17.9	19.6
4 children	12.4	12.5	11.3	13.7
5 children	6.5	10.0	6.0	6.4
6+ children	7.8	11.9	6.9	6.7
Religion				
Hindu	84.2	42.2	77.1	75.1
Muslim	11.1	57.4	22.7	24.8
Others*	4.6	0.4	0.2	0.1
Caste				
Scheduled caste	24.5	13.5	20.0	12.2
Scheduled tribe	0.1	0.0	0.0	0.6
Other backward class	34.7	44.4	37.6	41.6
General caste	40.6	42.0	42.3	45.6
Unknown caste/no caste	0.1	0.1	0.1	0.0
Residency				
Less than 1 year	6.8	7.7	10.1	9.2
1-2 years	13.1	13.6	11.3	13.2
3-4 years	10.9	11.1	8.1	12.4
5-6 years	9.6	9.9	8.9	8.3
7-8 years	10.1	8.7	10.7	6.4
9-10 years	7.3	8.1	9.1	9.1
More than 10 years	38.7	37.7	35.1	37.0
Visitor	3.5	3.1	4.7	4.1
Don't know	0.0	0.1	0.0	0.3
Wealth Index**				
Poorest	19.2	21.3	17.6	18.3
Poor	20.9	21.7	19.2	16.0
Middle	20.3	20.9	18.4	22.4
Rich	19.9	23.2	22.4	18.1
Richest	19.7	12.9	22.4	25.2
Total Number of Women	1,359	1,292	831	1,052

*Others include Christian, Sikh, Buddhist and Jain **Calculated from household data

Table A5: Current Use of Contraception by Wealth Quintile and City at Baseline and Cross-sectional Endline
Percent distribution of all women by type of contraceptive method currently used and wealth quintile. UHI cities, India 2010, 2014

	Baseline Contraception Use, 2010				Endline Contraception Use, 2014			
	Modern*	Traditional**	Nonuse	Number of Women	Modern*	Traditional**	Nonuse	Number of Women
Agra								
Poorest	38.0	18.3	43.7	540	46.9	13.0	40.1	247
Poor	43.4	16.8	39.7	588	47.1	11.8	41.1	262
Middle	46.8	13.3	39.9	599	47.5	11.9	40.6	281
Rich	54.0	12.9	33.2	635	53.2	10.4	36.4	290
Richest	56.0	14.0	30.1	646	60.7	8.8	30.5	279
Overall	48.1	14.9	37.0	3,007	51.2	11.1	37.6	1,359
Aligarh								
Poorest	26.7	15.9	57.5	544	37.8	10.5	51.7	255
Poor	33.7	19.0	47.3	604	43.7	11.1	45.2	250
Middle	37.0	22.5	40.6	638	56.1	6.0	37.9	269
Rich	38.9	20.0	41.1	644	49.6	3.5	46.9	272
Richest	49.7	17.6	32.7	681	49.1	5.4	45.6	246
Overall	37.7	19.1	43.2	3,112	47.4	7.2	45.4	1,292
Allahabad								
Poorest	46.1	11.6	42.3	389	42.7	8.4	49.0	151
Poor	46.1	13.3	40.6	488	57.3	9.1	33.6	166
Middle	48.6	17.4	34.0	587	50.7	13.2	36.1	171
Rich	50.0	20.4	29.6	625	48.5	11.3	40.2	170
Richest	50.6	20.9	28.5	581	44.5	10.4	45.1	173
Overall	48.5	17.3	34.2	2,670	48.8	10.5	40.7	831
Gorakhpur								
Poorest	41.6	18.1	40.3	554	46.8	5.9	47.3	207
Poor	46.2	17.1	36.7	609	46.0	5.9	48.1	205
Middle	49.7	16.5	33.7	603	56.4	9.2	34.4	207
Rich	41.9	19.6	38.5	639	49.6	11.1	39.2	212
Richest	51.3	17.5	31.2	616	57.2	8.2	34.6	221
Overall	46.2	17.8	36.0	3,022	51.3	8.1	40.6	1,052
Four Cities* **								
Poorest	37.3	17.3	45.4	2,067	44.0	10.1	45.9	859
Poor	43.4	15.5	41.2	2,233	49.1	9.2	41.6	876
Middle	47.6	16.2	36.2	2,394	51.5	10.3	38.2	930
Rich	48.4	17.8	33.8	2,553	51.2	9.6	39.2	933
Richest	51.5	17.6	30.9	2,563	53.8	8.3	37.9	936
Overall	46.0	16.9	37.1	11,811	50.0	9.5	40.5	4,534

*Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, EC, dermal patch, diaphragm, spermicide, LAM and SDM
**Traditional methods include periodic abstinence, rhythm and withdrawal
*** Four Cities include Agra, Aligarh, Allahabad and Gorakhpur cities

Table A6: Contraceptive Method Use by Wealth Quintile and City at Baseline and Cross-sectional Endline

Percentage distribution of all women by contraceptive method currently used, by wealth quintile and city. UHI cities, India 2010, 2014

	Any Method	Any Modern Method	Modern Method							Any Traditional Method**	Nonuse	Number of Women
			Female Sterilization	Male Sterilization	IUCD	DMPA / Injectable	OCP	Condom/ Nirodh	Other Modern Method*			
Agra Baseline												
Poorest	56.3	38.0	24.1	0.0	0.8	0.1	2.0	9.5	1.5	18.3	43.7	540
Poor	60.3	43.4	20.4	0.0	0.6	0.7	2.6	18.2	0.9	16.8	39.7	588
Middle	60.1	46.8	23.2	0.0	1.5	1.3	2.5	18.0	0.3	13.3	39.9	599
Rich	66.8	54.0	20.0	0.0	2.1	1.0	4.4	25.6	0.8	12.9	33.2	635
Richest	69.9	56.0	22.2	0.2	3.1	1.2	3.9	23.9	1.4	14.0	30.1	646
Overall	63.0	48.1	21.9	0.1	1.7	0.9	3.2	19.4	1.0	14.9	37.0	3,007
Agra Endline												
Poorest	59.9	46.9	21.7	0.0	1.8	1.4	1.6	20.4	0.0	13.0	40.1	247
Poor	58.9	47.1	24.0	0.0	3.8	1.1	1.4	16.5	0.3	11.8	41.1	262
Middle	59.4	47.5	21.3	0.0	1.3	0.3	0.5	22.9	1.2	11.9	40.6	281
Rich	63.6	53.2	22.6	0.4	2.8	0.0	2.5	24.5	0.4	10.4	36.4	290
Richest	69.5	60.7	18.3	0.5	1.0	0.3	2.2	38.2	0.0	8.8	30.5	279
Overall	62.4	51.2	21.6	0.2	2.1	0.6	1.7	24.7	0.4	11.1	37.6	1,359
Aligarh Baseline												
Poorest	42.5	26.7	12.8	0.1	0.5	0.4	1.9	10.4	0.6	15.9	57.5	544
Poor	52.7	33.7	14.7	0.4	0.9	0.7	3.6	13.4	0.0	19.0	47.3	604
Middle	59.4	37.0	13.1	0.0	1.8	0.1	3.1	18.8	0.1	22.5	40.6	638
Rich	58.9	38.9	10.9	0.0	1.7	0.2	4.6	21.3	0.1	20.0	41.1	644
Richest	67.3	49.7	12.0	0.0	6.5	0.2	2.6	28.4	0.1	17.6	32.7	681
Overall	56.8	37.7	12.6	0.1	2.4	0.3	3.2	18.9	0.1	19.1	43.2	3,112
Aligarh Endline												
Poorest	48.3	37.8	11.5	0.0	3.3	0.2	0.5	21.2	1.1	10.5	51.7	255
Poor	54.8	43.7	9.3	0.3	5.5	0.2	1.5	25.0	1.8	11.1	45.2	250
Middle	62.1	56.1	19.2	0.5	5.9	1.1	2.4	26.8	0.2	6.0	37.9	269
Rich	53.1	49.6	13.0	0.0	4.0	0.0	1.1	31.2	0.2	3.5	46.9	272
Richest	54.4	49.1	6.9	0.0	4.8	0.0	2.5	34.4	0.4	5.4	45.6	246
Overall	54.6	47.4	12.1	0.2	4.7	0.3	1.6	27.7	0.7	7.2	45.4	1,292
Allahabad Baseline												
Poorest	57.7	46.1	34.9	0.1	0.8	0.0	3.4	7.0	0.0	11.6	42.3	389
Poor	59.4	46.1	29.0	0.0	0.9	0.2	3.3	12.5	0.2	13.3	40.6	488
Middle	66.0	48.6	27.9	0.1	1.9	0.7	1.1	16.0	0.9	17.4	34.0	587
Rich	70.4	50.0	19.3	0.0	4.4	0.7	3.0	21.8	0.8	20.4	29.6	625
Richest	71.5	50.6	13.9	0.7	7.2	0.7	5.3	22.8	0.0	20.9	28.5	581
Overall	65.8	48.5	24.1	0.2	3.3	0.5	3.2	16.9	0.4	17.3	34.2	2,670

Table A6 Continued

	Any Method	Any Modern Method	Modern Method							Any Traditional Method**	Nonuse	Number of Women
			Female Sterilization	Male Sterilization	IUCD	DMPA / Injectable	OCP	Condom/ Nirodh	Other Modern Method*			
Allahabad Endline												
Poorest	51.0	42.7	29.8	0.0	0.5	0.1	3.2	7.9	1.2	8.4	49.0	151
Poor	66.4	57.3	35.5	1.0	3.5	1.1	0.0	15.3	1.1	9.1	33.6	166
Middle	63.9	50.7	33.1	0.0	2.8	0.1	0.7	13.9	0.0	13.2	36.1	171
Rich	59.8	48.5	19.6	1.6	2.0	0.6	3.1	21.5	0.0	11.3	40.2	170
Richest	54.9	44.5	17.0	0.0	2.8	0.8	1.9	18.4	3.6	10.4	45.1	173
Overall	59.3	48.8	26.9	0.5	2.4	0.6	1.8	15.6	1.2	10.5	40.7	831
Gorakhpur Baseline												
Poorest	59.7	41.6	29.3	0.3	0.1	0.9	3.4	7.7	0.0	18.1	40.3	554
Poor	63.3	46.2	30.7	0.2	0.4	0.4	2.5	11.4	0.7	17.1	36.7	609
Middle	66.3	49.7	26.8	0.0	1.5	0.0	3.1	18.3	0.0	16.5	33.7	603
Rich	61.5	41.9	17.6	0.1	2.0	0.4	3.6	17.2	1.1	19.6	38.5	639
Richest	68.8	51.3	21.1	0.2	2.9	0.1	3.9	22.3	0.8	17.5	31.2	616
Overall	64.0	46.2	24.9	0.1	1.4	0.3	3.3	15.5	0.5	17.8	36.0	3,022
Gorakhpur Endline												
Poorest	52.7	46.8	24.5	0.0	0.1	1.0	2.1	19.0	0.1	5.9	47.3	207
Poor	51.9	46.0	23.7	0.0	3.5	0.5	0.5	17.8	0.0	5.9	48.1	205
Middle	65.6	56.4	28.3	0.0	8.2	1.5	2.1	15.9	0.4	9.2	34.4	207
Rich	60.8	49.6	15.4	0.1	8.4	2.9	2.0	20.9	0.0	11.1	39.2	212
Richest	65.4	57.2	22.8	0.0	7.6	0.1	1.0	25.3	0.5	8.2	34.6	221
Overall	59.4	51.3	22.9	0.0	5.6	1.2	1.5	19.8	0.2	8.1	40.6	1,052
Baseline Four Cities* **												
Poorest	54.6	37.3	24.0	0.1	0.6	0.3	2.4	9.2	0.8	17.3	45.4	2,067
Poor	58.8	43.4	24.5	0.2	0.7	0.5	3.5	13.8	0.3	15.5	41.2	2,233
Middle	63.8	47.6	23.4	0.0	1.8	0.8	2.6	18.8	0.3	16.2	36.2	2,394
Rich	66.2	48.4	19.4	0.0	2.2	0.7	3.7	21.5	1.1	17.8	33.8	2,553
Richest	69.1	51.5	17.7	0.3	5.2	0.6	3.7	23.5	0.6	17.6	30.9	2,563
Overall	62.9	46.0	21.6	0.1	2.2	0.6	3.2	17.8	0.6	16.9	37.1	11,811
Endline Four Cities* **												
Poorest	54.1	44.0	21.7	0.0	1.7	0.8	1.8	17.5	0.5	10.1	45.9	859
Poor	58.4	49.1	24.4	0.3	3.3	0.7	1.1	18.5	0.9	9.2	41.6	876
Middle	61.8	51.5	24.6	0.1	4.2	0.7	1.0	20.6	0.3	10.3	38.2	930
Rich	60.8	51.2	19.2	0.5	3.9	0.9	2.7	23.8	0.2	9.6	39.2	933
Richest	62.1	53.8	17.9	0.2	4.6	0.3	1.6	28.1	1.0	8.3	37.9	936
Overall	59.5	50.0	21.5	0.2	3.6	0.7	1.7	21.8	0.6	9.5	40.5	4,534

*Other modern methods include dermal patch, diaphragm, spermicide, LAM and SDM
**Traditional methods include periodic abstinence, rhythm and withdrawal
***Four cities include Agra, Aligarh, Allahabad and Gorakhpur cities

Table A7: Contraceptive Use Among Slum Residents by Contraceptive Method Currently Used and City at Baseline and Cross-sectional Endline
Percent distribution of women 15-49 residing in slum neighborhoods by contraceptive method currently used. UHI cities, India 2010, 2014

			Modern Method									
	Any Method	Any Modern Method	Female Sterilization	Male Sterilization	IUCD	DMPA / Injectable	OCP	Condom/ Nirodh	Other Modern Method*	Any Traditional Method**	Nonuse	Number of Women
Agra												
Baseline slum	60.2	46.0	23.8	0.1	1.1	0.3	2.6	16.8	1.3	14.2	39.8	752
Endline slum	59.8	48.8	22.3	0.0	2.7	0.9	1.6	21.3	0.0	11.0	40.2	482
Aligarh												
Baseline slum	53.9	36.7	12.3	0.1	1.3	0.4	3.0	19.4	0.1	17.3	46.1	581
Endline slum	54.9	46.0	11.8	0.2	5.0	0.6	1.1	26.6	0.7	8.9	45.1	411
Allahabad												
Baseline slum	59.8	45.7	26.8	0.2	2.1	0.4	2.2	13.8	0.0	14.2	40.2	288
Endline slum	66.1	57.4	37.2	0.5	3.5	0.4	1.4	14.4	0.0	8.7	33.9	80
Gorakhpur												
Baseline slum	61.9	44.4	29.2	0.1	0.9	0.6	2.9	10.6	0.2	17.5	38.1	293
Endline slum	49.8	44.4	23.0	0.2	2.6	1.0	2.4	14.9	0.4	5.4	50.2	74
Four Cities* **												
Baseline slum	59.2	44.0	22.9	0.1	1.3	0.4	2.6	16.0	0.7	15.2	40.8	1,970
Endline slum	58.3	48.6	21.2	0.1	3.4	0.8	1.5	21.4	0.2	9.7	41.7	960

Note: Slums at baseline were defined using remote sensing and mapping; slums at endline were identified and selected from India's 2011 Census frame.
*Other modern methods include emergency contraceptives, dermal patch, diaphragm, spermicide, SDM and LAM
**Traditional methods include periodic abstinence, rhythm and withdrawal
***Four cities include Agra, Aligarh, Allahabad and Gorakhpur cities

Table A8: Unmet Need for Family Planning by Wealth Quintile and City at Baseline and Cross-sectional Endline

Percentage distribution of all women with unmet need and demand satisfied, by wealth quintile. UHI cities, India 2010, 2014

	Baseline Unmet Need				Endline Unmet Need			
	Unmet Need for Spacing	Unmet Need for Limiting	Demand Satisfied	Number of Women	Unmet Need for Spacing	Unmet Need for Limiting	Demand Satisfied	Number of Women
Agra								
Poorest	4.0	11.2	84.8	540	5.3	7.8	86.9	247
Poor	5.9	7.2	86.8	588	5.1	7.9	87.1	262
Middle	5.4	7.3	87.3	599	6.0	4.3	89.7	281
Rich	2.8	5.6	91.6	635	1.9	5.1	93.0	290
Richest	2.5	5.3	91.8	646	2.0	1.2	96.8	279
Overall	4.1	7.2	88.6	3,007	4.0	5.2	90.9	1,359
Aligarh								
Poorest	4.3	18.3	77.4	544	8.3	8.6	83.1	255
Poor	4.2	7.3	88.5	604	2.8	6.8	90.4	250
Middle	3.6	8.2	88.2	638	3.1	9.2	87.7	269
Rich	4.2	6.9	88.9	644	4.2	6.5	89.3	272
Richest	3.3	4.3	92.4	681	4.8	3.7	91.5	246
Overall	3.9	8.7	87.4	3,112	4.6	7.0	88.4	1,292
Allahabad								
Poorest	6.1	8.2	85.7	389	3.6	11.2	85.2	151
Poor	4.0	7.0	89.0	488	3.8	4.7	91.5	166
Middle	4.5	5.6	89.9	587	5.5	5.4	89.1	171
Rich	2.4	3.9	93.8	625	4.5	8.0	87.5	170
Richest	2.4	4.9	92.8	581	5.2	6.3	88.5	173
Overall	3.7	5.7	90.7	2,670	4.6	7.0	88.4	831
Gorakhpur								
Poorest	2.8	9.4	87.3	554	3.2	13.4	83.4	207
Poor	5.3	4.7	89.9	609	5.8	13.3	80.9	205
Middle	2.7	6.6	90.5	603	3.6	3.5	93.0	207
Rich	4.8	7.4	87.3	639	9.1	1.2	89.7	212
Richest	3.3	4.8	91.6	617	2.6	7.5	89.9	221
Overall	3.8	6.5	89.4	3,022	4.9	7.7	87.4	1,052
Four Cities*								
Poorest	4.1	10.8	85.1	2,067	4.9	9.6	85.6	859
Poor	5.0	7.0	88.0	2,233	4.7	8.7	86.7	876
Middle	4.3	7.3	88.4	2,394	4.0	6.0	90.0	930
Rich	3.4	5.6	90.8	2,553	4.8	4.7	90.5	933
Richest	2.8	4.6	92.5	2,563	4.1	4.4	91.6	936
Overall	3.9	6.9	89.1	11,810	4.5	6.6	89.0	4,534

Note: Unmet need for spacing includes pregnant or postpartum amenorrheic women whose pregnancy was mistimed; and fecund women who are not pregnant, not using any method of family planning, and say they want to wait two or more years for their next birth. Unmet need for limiting refers to pregnant or postpartum amenorrheic women whose pregnancy was unwanted; and fecund women who are not pregnant, who are not using any method of family planning, and who want no more children. Demand satisfied includes women using a method as well as women with no demonstrated need for a method. The revised unmet need definition was used here (Bradley et al., 2012)

*Four cities include Agra, Aligarh, Allahabad and Gorakhpur cities

Table A9: Source of Modern Contraceptive Methods at Baseline and Cross-sectional Endline

Percent distribution of women using a modern method by source of modern contraceptive method by city. UHI cities, India 2010, 2014

	Baseline Method Source, 2010					Endline Method Source, 2014				
Source	Female Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh	Female Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh
Agra	**n = 650**	**n = 50**	**n = 27**	**n = 95**	**n = 582**	**n = 293**	**n = 29**	**n < 10**	**n = 23**	**n = 336**
Public facility	60.3	18.2	2.6	6.7	1.6	53.2	30.0	NR	2.7	0.6
Private facility	39.7	76.8	86.6	6.6	0.8	42.6	58.9	NR	1.3	0.5
Pharmacy/drugstore	0.0	1.1	3.6	70.6	71.4	0.0	0.0	NR	31.5	7.1
Community health worker	0.0	0.0	0.0	1.1	0.6	0.0	0.8	NR	0.0	0.9
Retail shops/NTOs*	0.0	0.0	0.0	0.4	0.6	0.0	0.0	NR	0.0	0.3
Husband/respondent does not know where	0.0	0.0	0.0	7.8	21.1	0.0	3.3	NR	64.5	90.3
Other	0.0	3.2	7.2	0.0	0.0	0.5	0.0	NR	0.0	0.0
Don't know	0.0	0.0	0.0	6.8	3.0	3.7	7.0	NR	0.0	0.3
Missing	0.0	0.8	0.0	0.0	0.8	0.0	0.0	NR	0.0	0.0
Aligarh	**n = 391**	**n = 76**	**n = 10**	**n = 99**	**n = 588**	**n = 156**	**n = 61**	**n < 10**	**n = 21**	**n = 358**
Public facility	80.2	4.4	0.0	3.6	2.0	62.5	45.5	NR	1.5	1.0
Private facility	19.6	92.5	100.0	1.2	0.7	35.0	45.9	NR	22.0	0.9
Pharmacy/drugstore	0.0	0.0	0.0	54.8	35.2	0.0	0.0	NR	15.2	13.3
Community health worker	0.0	0.0	0.0	1.5	0.3	0.0	0.0	NR	1.7	0.8
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.5	0.0	0.0	NR	0.0	0.0
Husband/respondent does not know where	0.0	3.1	0.0	38.9	61.2	0.0	1.8	NR	54.9	83.1
Other	0.0	0.0	0.0	0.0	0.0	1.4	4.0	NR	0.0	0.0
Don't know	0.2	0.0	0.0	0.0	0.1	1.2	2.8	NR	4.7	0.9
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NR	0.0	0.0
Allahabad	**n = 638**	**n = 88**	**n = 14**	**n = 85**	**n = 451**	**n = 223**	**n = 20**	**n < 10**	**n = 15**	**n = 130**
Public facility	75.6	22.3	20.0	16.0	2.0	75.3	35.4	NR	0.0	2.9
Private facility	23.4	77.0	80.0	6.4	0.9	21.2	54.8	NR	36.1	3.8
Pharmacy/drugstore	0.0	0.0	0.0	42.3	24.0	0.0	0.0	NR	9.7	3.5
Community health worker	0.0	0.0	0.0	2.6	0.3	0.0	7.0	NR	0.0	0.1
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.5	0.0	0.0	NR	0.0	0.0
Husband/respondent does not know where	0.4	0.0	0.0	32.7	72.2	0.0	2.1	NR	54.2	88.0
Other	0.0	0.0	0.0	0.0	0.0	0.1	0.0	NR	0.0	0.0
Don't know	0.6	0.7	0.0	0.0	0.1	3.4	0.7	NR	0.0	1.7
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NR	0.0	0.0

Table A9 Continued

Source	Baseline Method Source, 2010					Endline Method Source, 2014				
	Female Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh	Female Sterilization	IUCD	DMPA/ Injectable	OCP	Condom/ Nirodh
Gorakhpur	**n = 752**	**n = 42**	**n = 11**	**n = 100**	**n = 470**	**n = 241**	**n = 59**	**n = 12**	**n = 16**	**n = 209**
Public facility	70.5	42.1	13.9	1.7	1.7	55.3	72.8	55.6	0.7	2.1
Private facility	29.2	57.6	82.7	15.8	2.0	40.9	27.2	37.0	7.1	2.4
Pharmacy/drugstore	0.0	0.0	3.4	64.9	62.9	0.0	0.0	0.0	3.5	6.2
Community health worker	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7	0.8	0.1
Retail shops/NTOs*	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	3.3	1.2
Husband/respondent does not know where	0.0	0.0	0.0	12.0	29.4	0.0	0.0	0.7	82.9	84.8
Other	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.4
Don't know	0.0	0.0	0.0	5.7	3.4	2.9	0.0	0.0	1.7	2.8
Missing	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

*Non-traditional outlets are shops, retail outlets or other stores that sell contraceptives in addition to other supplies and household items.
NR = Not Reported, n < 10

Table A10: Place of Delivery at Baseline and Cross-sectional Endline
Percent distribution of the last live births in the three years prior to 2010 and the three years prior to 2014 by place of delivery. UHI cities, India 2010, 2014

Facility Type	Agra		Aligarh		Allahabad		Gorakhpur	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Public	16.1	20.8	21.8	33.8	21.4	26.5	25.9	36.6
Private	56.2	62.0	38.0	32.7	55.1	55.3	41.4	43.5
Home	26.4	16.4	39.4	32.3	23.1	18.2	32.1	18.9
Other	0.1	0.8	0.8	1.2	0.5	0.0	0.3	1.0
Missing	1.1	0.0	0.0	0.0	0.0	0.0	0.4	0.0
Number of Women	1,039	372	1,110	432	765	204	844	260

Table A11: Exposure to Health Services and Family Planning Messages During the Pre-natal and Postnatal Period at Cross-sectional Endline

Percent distribution of women with a live birth in the three years prior to 2014 who reported exposure to health services and family planning messages. UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur
Did You See Anyone for Antenatal Care	**n = 372**	**n = 432**	**n = 204**	**n = 260**
Yes	92.5	85.5	78.6	74.3
No	7.5	14.5	21.4	25.7
Did You Receive Any Information or Messages Regarding Family Planning During the Antenatal Period (Among Women that Saw Someone for Antenatal Care)	**n = 344**	**n = 369**	**n = 160**	**n = 193**
Yes	49.2	49.2	53.4	50.2
No	50.8	50.8	46.6	49.8
After the Birth, Did You Go to a Health Facility for a Postnatal Care Visit Within 6 Weeks of Delivery	**n = 372**	**n = 432**	**n = 204**	**n = 260**
Yes	29.3	36.5	45.8	41.1
No	70.7	63.5	54.2	58.9
Did You Receive Any Information or Counseling on FP During the Postnatal Care Visits (Among Women that Went for a Postnatal Care Visit)	**n = 109**	**n = 157**	**N = 93**	**n = 107**
Yes	20.9	31.9	50.3	55.5
No	79.1	68.1	49.7	44.5
Did You Go to the Anganwadi Center During the Antenatal Period of the Last Birth	**n = 372**	**n = 432**	**n = 204**	**n = 260**
Yes	6.3	9.7	9.9	12.0
No	93.7	90.3	90.1	88.0
Did You Receive Any Information or Messages Regarding Family Planning in the Anganwadi Center (Among Women that Went to the Anganwadi Center During the Antenatal Period)	**n = 23**	**n = 42**	**n = 20**	**n = 31**
Yes	43.4	33.3	55.8	43.6
No	56.6	66.7	44.2	56.4

Table A12: Exposure to Health Workers in the Last Three Months at Baseline and Cross-sectional Endline
Percent distribution of women who reported contact with health workers in the last three months prior to survey. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur	
CHW Exposure in the Last 3 Months	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Met Any Auxiliary Nurse Midwife or Lady Health Visitor Worker	**n = 3,007**	**n = 1,359**	**n = 3,112**	**n = 1,292**	**n = 2,670**	**n = 831**	**n = 3,022**	**n = 1,052**
Yes	18.6	8.3	1.8	14.5	4.3	8.2	20.4	7.4
No	81.1	91.7	98.1	85.5	95.6	91.8	79.5	92.7
Missing/don't know	0.3	0.0	0.1	0.0	0.1	0.0	0.1	0.0
Place of Meeting Among Those Who Met With an ANM or LVH*	**n = 560**	**n = 113**	**n = 56**	**n = 187**	**n = 116**	**n = 68**	**n = 616**	**n = 77**
Home	80.3	69.1	28.0	80.0	50.4	56.1	79.4	40.4
Anganwadi center	4.5	9.1	23.7	10.5	6.7	17.8	1.2	15.8
Health facility/camp	22.8	36.5	47.8	14.2	44.1	25.2	21.1	50.1
Elsewhere	0.3	1.6	2.5	0.5	5.4	2.2	3.5	3.4
Met Any Community Health Worker Such as AWW, ASHA, RMP, or NGO	**n = 3,007**	**n = 1,359**	**n = 3,112**	**n = 1,292**	**n = 2,670**	**n = 831**	**n = 3,022**	**n = 1,052**
Yes	48.9	33.4	4.5	31.0	3.4	10.9	54.4	22.2
No	51.1	66.6	95.5	69.0	96.6	89.1	45.6	77.8
Among Those Who Met with a CHW, What Type of CHW Was Met*	**n = 1,469**	**n = 454**	**n = 141**	**n = 400**	**n = 92**	**n = 91**	**n = 1,645**	**n = 135**
Anganwadi worker	4.7	12.2	97.5	28.6	93.6	41.8	3.9	44.3
ASHA / USHA	0.3	84.6	2.7	74.6	5.5	76.6	0.4	75.3
RMP	6.8	0.1	0.4	0.0	0.6	0.0	0.9	2.4
NGO worker	1.1	0.5	0.0	0.2	4.1	1.3	1.6	1.4
UHI / Peer educator	NA	27.5	NA	32.6	NA	1.9	NA	2.7
Doctors	87.7	0.0	0.0	0.0	0.0	0.0	90.8	0.0
Other	12.3	0.0	0.6	0.3	0.0	0.0	9.2	0.1
During All These Contacts With the ANM, LHV and CHW, the Health Matters Discussed or Services Provided*	**n = 1,596**	**n = 497**	**n = 188**	**n = 463**	**n = 184**	**n = 106**	**n = 1,776**	**n = 174**
Family planning	1.7	86.2	1.8	81.6	3.8	60.5	0.7	55.1
Immunization	26.1	26.2	90.9	37.4	85.6	45.4	20.0	45.1
Antenatal care	7.2	5.5	9.2	3.4	8.5	0.7	9.1	12.5
Delivery care	2.6	1.3	0.5	1.2	0.4	1.9	2.0	8.5
Postnatal care	2.1	0.4	1.1	0.0	0.3	2.6	1.2	4.5
Disease prevention	1.9	12.4	0.0	3.6	0.0	9.7	8.1	10.1
Treatment for self	40.1	11.4	0.2	15.3	1.5	22.1	43.1	23.8
Treatment for child	56.8	3.4	0.0	8.3	0.9	18.4	51.0	18.0
Treatment for other person	12.6	0.8	0.0	0.2	0.0	0.6	6.3	0.6
Growth monitoring of child	1.0	0.3	0.0	2.2	0.5	2.8	0.6	9.4
Health checkup	5.6	2.1	0.9	2.6	2.0	5.8	3.7	16.0
Other	0.0	1.4	0.0	0.9	0.0	0.7	0.0	2.1

*Percentages do not sum to 100 because women can give multiple responses.

Table A13: Exposure to Mass Media at Baseline and Cross-sectional Endline

Percent distribution of women with recent exposure to family planning in the media. UHI cities, India 2010, 2014

	Agra		Aligarh		Allahabad		Gorakhpur	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Listens to the Radio	**n = 3,007**	**n = 1,359**	**n = 3,112**	**n = 1,292**	**n = 2,670**	**n = 831**	**n = 3,022**	**n = 1,052**
Yes	3.7	0.9	3.3	2.7	22.4	8.9	7.5	14.4
No	96.6	99.1	96.7	97.3	77.6	91.1	92.4	85.6
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Among Women Who Listen to the Radio, Was Family Planning Information Heard in the Last 3 Months?	**n = 104**	**n = 13**	**n = 104**	**n = 35**	**n = 598**	**n = 74**	**n = 228**	**n = 152**
Yes	74.0	52.0	67.9	72.6	62.5	63.3	76.5	60.8
No	26.0	48.0	32.1	27.4	37.5	36.7	22.7	39.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0
Among Women Who Heard FP Information on the Radio in the Last 3 Months, They Heard About*	**n = 77**	**n < 10**	**n = 70**	**n = 26**	**n = 374**	**n = 47**	**n = 174**	**n = 92**
Pills	38.8	NR	23.6	58.8	31.2	68.9	59.8	71.8
IUCD	31.3	NR	2.4	51.0	8.5	52.8	39.1	48.4
Condom	67.4	NR	64.2	61.7	60.6	35.4	80.9	42.9
Injectables	6.4	NR	1.1	0.0	0.2	9.8	22.0	10.1
Emergency contraceptives	41.6	NR	28.2	10.5	37.5	10.8	41.2	17.0
Female sterilization	16.0	NR	22.5	27.8	16.2	34.3	7.9	34.9
Male sterilization	1.6	NR	6.3	23.1	3.6	14.5	0.0	9.2
Standard days method	3.7	NR	0.0	0.0	0.0	0.0	0.0	0.0
MTP/abortion	0.0	NR	0.0	0.0	0.2	0.0	1.6	4.3
Age at marriage	5.1	NR	9.8	6.1	3.7	14.3	4.5	5.4
Delaying first birth	13.1	NR	3.5	13.6	9.6	37.8	14.3	12.3
Spacing between births	20.2	NR	23.2	34.6	25.3	43.0	45.2	31.9
Limiting family size	16.8	NR	20.2	4.3	22.4	30.1	47.4	7.7
Watches Television	**n = 3,007**	**n = 1,359**	**n = 3,112**	**n = 1,292**	**n = 2,670**	**n = 831**	**n = 3,022**	**n = 1,052**
Yes	90.4	94.4	77.4	91.0	92.8	95.4	88.3	92.7
No	9.6	5.6	22.6	9.0	7.2	4.6	11.7	9.3
Among Women Who Watch TV, Was Family Planning Related Information Seen on the TV in the Last 3 Months?	**n = 2,419**	**n = 1,283**	**n = 2,407**	**n = 1,175**	**n = 2,479**	**n = 793**	**n = 2,668**	**n = 975**
Yes	79.4	90.9	72.8	93.3	76.4	89.9	84.5	84.4
No	20.6	9.1	27.2	6.7	23.7	10.1	15.6	15.6
Among Women Who Saw FP on the TV in Last 3 Months, Information Seen About*	**n = 2,157**	**n = 1,166**	**n = 1,752**	**n = 1,096**	**n = 1,892**	**n = 713**	**n = 2,254**	**n = 823**
Pills	37.7	77.2	12.8	77.5	19.8	80.1	46.9	83.9
IUCD	18.8	60.7	7.3	63.0	6.7	61.5	32.6	62.7
Condom	73.9	74.0	74.3	73.4	73.8	67.5	76.1	75.2
Injectables	8.3	13.8	1.9	16.9	1.2	16.5	12.7	21.6
Emergency contraceptives	58.9	6.0	62.7	9.6	69.5	15.4	60.2	12.5
Female sterilization	11.7	26.7	14.0	33.6	10.7	43.4	11.2	42.2
Male sterilization	1.9	11.2	1.5	10.4	3.8	13.0	1.8	14.2
Standard days method	0.4	1.2	0.1	0.4	0.0	2.8	0.9	1.3
MTP/abortion	1.0	0.0	0.0	0.0	0.2	0.9	1.2	1.1
Age at marriage	7.6	10.0	6.2	11.6	1.7	11.8	10.5	10.9
Delaying first birth	10.7	15.1	4.7	11.8	4.0	14.0	18.8	10.6
Spacing between births	26.9	26.8	14.0	33.6	12.5	17.7	37.4	18.1
Limiting family size	22.4	10.4	12.0	19.7	11.1	9.4	30.9	7.7

*Percentages do not sum to 100 because women can give multiple responses

NR = Not Reported, n < 10

Table A14: Exposure to UHI Print Materials and Posters at Cross-sectional Endline
Percent distribution of women with exposure to print materials and posters on FP.
UHI cities, India 2014

	Agra	Aligarh	Allahabad	Gorakhpur
Ever Been Shown Any Brochures/ Pamphlets/Leaflets Related to Family Planning	**n = 1,359**	**n = 1,292**	**n = 831**	**n = 1,052**
Yes	12.2	9.8	4.1	5.9
No	87.8	90.2	95.9	94.1
Among Women Who Were Ever Shown These Materials, Who Showed Them*	**n = 166**	**n = 126**	**n = 34**	**n = 63**
Relatives	2.6	0.0	7.3	0.8
Friends	0.0	1.0	9.3	1.0
Neighbors	0.9	0.5	15.4	4.3
Community health worker	88.8	74.3	30.8	35.4
Doctor	3.0	9.2	23.6	34.8
Nurse	4.1	8.7	23.2	26.4
Other health provider	1.2	1.7	19.1	12.7
Counselor	0.0	1.5	0.0	0.2
Other	3.3	9.3	3.5	3.9
Ever Received Any Brochures/Pamphlets/ Leaflets Related to Family Planning	**n = 1,359**	**n = 1,292**	**n = 831**	**n = 1,052**
Yes	14.8	13.4	7.6	8.2
No	85.2	86.6	92.4	91.8
Ever Seen Any Wall Paintings/Billboards/ Posters on Family Planning	**n = 1,359**	**n = 1,292**	**n = 831**	**n = 1,052**
Yes	89.1	80.9	82.2	70.9
No	10.9	19.1	17.8	29.1

*Percentages do not sum to 100 because women can give multiple responses

Table A15: Contraceptive Use by Method and City at Baseline and Cross-sectional endline (Significance Testing)

Percent distribution of all women by contraceptive method currently used by city. UHI cities, India 2010, 2014

	Agra			Aligarh			Allahabad			Gorakhpur			Four Cities[1]		
Method	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference
Any method	63.0	62.4	0.783	56.8	54.6	0.426	65.8	59.3	0.060	64.0	59.4	0.328	62.9	59.5	0.049
Any modern method	48.1	51.2	0.147	37.7	47.4	0.001	48.5	48.8	0.928	46.2	51.3	0.124	46.0	50.0	0.006
LAPM[2]	23.7	23.9	0.901	15.2	17.0	0.377	27.5	29.7	0.524	26.5	28.5	0.543	23.9	25.3	0.324
LAPM and DMPA[3]	24.5	24.5	0.978	15.5	17.3	0.379	28.0	30.3	0.518	26.8	29.7	0.362	24.5	26.0	0.271
Female sterilization	21.9	21.6	0.834	12.6	12.1	0.717	24.1	26.9	0.359	24.9	22.9	0.529	21.6	21.5	0.947
Male sterilization	[0.1]	[0.2]	0.351	[0.1]	[0.2]	0.713	[0.2]	[0.5]	0.347	[0.1]	[0.0]	0.101	[0.1]	[0.2]	0.349
IUCD	1.7	[2.1]	0.398	2.4	4.7	0.051	3.3	[2.4]	0.208	[1.4]	[5.6]	0.023	2.2	3.6	0.027
DMPA/injectables	[0.9]	[0.6]	0.407	[0.3]	[0.3]	0.901	[0.5]	[0.6]	0.892	[0.3]	[1.2]	0.063	0.6	[0.7]	0.513
OCP	3.2	[1.7]	0.017	3.2	[1.6]	0.036	3.2	[1.8]	0.097	3.3	[1.5]	0.024	3.2	1.7	0.000
Condom/Nirodh	19.4	24.7	0.011	18.9	27.7	0.001	16.9	15.6	0.617	15.5	19.8	0.040	17.8	21.8	0.001
Other modern method[4]	[1.0]	[0.4]	0.072	[0.1]	[0.7]	0.122	[0.4]	[1.2]	0.217	[0.5]	[0.2]	0.135	0.6	[0.6]	0.966
Any traditional method	14.9	11.1	0.008	19.1	7.2	0.000	17.3	10.5	0.001	17.8	8.1	0.000	16.9	9.5	0.000
Nonuse	37.0	37.6	0.783	43.2	45.4	0.426	34.2	40.7	0.060	36.0	40.6	0.328	37.1	40.5	0.049
Number of Women	3,007	1,359		3,112	1,292		2,670	831		3,022	1,052		11,811	4,534	

Note: Numbers in brackets are based on less than 50 unweighted cases

[1]Four Cities include Agra, Aligarh, Allahabad and Gorakhpur cities

[2]IUCD, male & female sterilization

[3]DMPA, IUCD, male & female sterilization

[4]Other modern methods include dermal patch, diaphragm, spermicide, LAM and SDM