

CHAPTER 3

TITLI CENTRE PROVIDERS

Up to March 2001, 8,756 Titli (butterfly) centres were established under the **Janani** programme in 42 districts of Bihar. A registered medical practitioner runs these Titli centre and provides curative services, often dispenses allopathic medicines, and distributes non-clinical contraceptives such as condom and oral contraceptive pills. The Titli centres could be considered as the bridge between the community and the Surya clinics for providing non-clinical services.

This chapter gives the background characteristics of the Titli centre providers, services provided by them, their perceptions on effectiveness of contraceptive methods, knowledge about HIV/AIDS and training. Pricing of family planning services, attitude towards the **Janani** network, decision to join and continue with the program and their suggestions for strengthening the network as per their future perceptions of the **Janani** programme are also discussed briefly in the Chapter.

Altogether 100 Titli centres were to be covered under the study. As per the study design, one Titli centre was to be covered from the catchment area of each selected Surya clinic. Out of the 100 Titli centres contacted in seven cases no Titli centre was established, address was incomplete or not found in four cases, doctors were out of station in three cases, and not available in two cases. In two cases the interviews could not be completed. Hence, totally 82 Titli centre doctors could be interviewed and covered under the survey.

PROFILE OF THE TITLI CENTRE PROVIDERS

Out of the 82 Titli centre providers interviewed, 76 (93 percent) were from the rural areas while only 6 were from semi-urban areas. Sex wise analysis shows that most of the Titli centre providers (n=76) were males and only 6 were females. In this Chapter, data has been analysed by the number of years of working of the providers at the present Titli centre. The duration of work at the present centre helps in understanding the effects of the provider's rapport with the community and the utilisation of Titli centres.

Age distribution: The study shows that majority (55 percent) of the Titli providers were in the younger age group of 34 years or less and another 18 percent of them were aged 35-39 years. Around one-fourth of them were aged over 40 years.

Almost all (95 percent) were currently married. Majority (88 percent) had at least one living child, 7 percent had no child, while 5 percent were not married. Only 9 percent had one child while 56 percent had two or three living children. The remaining 33 percent of the Titli providers had four or more children.

Mainly Hindi (52 percent) and Bhojpuri (21 percent) are the languages spoken by the providers followed by Bengali, Magahi and Maithili.

Religion and caste: A majority of 88 percent of the Titli providers belonged to Hindu religion, and the rest 12 percent were Muslims. Analysis by caste of the providers indicates that 70 percent of them belonged to the other

Table 3.1: Background characteristics of Titli centre providers

<i>Characteristics</i>	<i>Total</i>	
	<i>N</i>	<i>%</i>
Age		
Less than 24 years	8	9.8
25-29 years	17	20.7
30-34 years	20	24.4
35-39 years	15	18.3
40-44 years	11	13.4
45+ yeas	11	13.4
Sex		
Male	76	92.7
Female	6	7.3
Percent currently married	78	95.1
Total number of living children		
0	6	7.3
1	7	8.5
2	29	35.4
3	17	20.7
4	10	12.2
5+	9	11.0
Not applicable/not married	4	4.9
Language spoken at home		
Hindi	43	52.4
Bhojpuri	17	20.7
Magahi	4	4.9
Maithili	4	4.9
Bengali	5	6.1
Saudri	1	1.2
Others	8	9.8
Religion		
Hindu	72	87.8
Muslim	10	12.2
Caste		
Scheduled caste/ Schedule tribe	7	8.5
Other backward class	57	69.5
High caste Hindus	15	18.3
Other	3	3.7
Household assets owned		
Fan	43	52.4
Radio/Transistor	60	73.2
Sewing machine	22	26.8
Television	45	54.9
Bicycle	75	91.5
Motorcycle/Scooter	31	37.8
Car	5	6.1
Main source of drinking water		
Tap (inside residence/yard/plot)	5	6.1
Hand pump	58	70.7
Well	19	23.2
Number of Titli providers	82	

backward class Hindus, while only 18 percent and 9 percent were high caste and scheduled castes/ scheduled tribes respectively.

Household assets: A majority (92 percent) of the Titli centre providers had bicycle and radio/ transistor (73 percent) followed by television (55 percent), fan (52 percent) and motorcycle/ scooter (38 percent). A fourth of them owned a sewing machine, while only 6 percent had a car (Table 3.1).

The main source of drinking water for nearly 71 percent was hand pump and for 23 percent was well. Only 6 percent of the Titli providers had access to tap water.

TITLI CENTRE

Almost all (99 percent) of the providers own the Titli centre. 45 percent of the Titli centres were in private centres separate from other building and one-third of the Titli providers organized clinic functions from outside of the buildings, while one-sixth provided health services along with other functions inside the private centre. One-half of the recently set up Titli centres provided services from a private centre separate from other buildings (Table 3.2).

Of the 82 Titli centre providers interviewed, a majority were registered rural medical practitioners while 9 percent were bachelor or diploma in Ayurvedic, Homeopathic or Unani medicine and surgery (BAMS, DHMS or BUMS).

Majority (66 percent) had been working at the current Titli centre since less than two years and another 28 percent since 3 to 5 years. The remaining only 6 percent had been providing health services from the present Titli centre since more than 6 years.

Table 3.2: Type of Titli centre and duration of service

Particulars	Number of years working at the Titli centre				Total	
	1-2		3+		N	%
	N	%	N	%		
Percent of providers own the Titli centre	53	98.1	28	100.00	81	98.8
Type of facility						
Private centre separate from other buildings	27	50.0	10	35.7	37	45.1
Private centre inside the building with other functions	10	18.5	3	10.7	13	15.9
Clinic functions conducted outside of the building	16	29.6	14	50.0	30	36.6
Others	1	1.9	1	3.6	2	2.4
Type of providers						
MBBS or general practitioner	1	1.9	-	-	1	1.2
Registered medical practitioner	48	88.8	26	92.9	74	90.2
BUMS/ BAMS/ DHMS	5	9.3	2	7.1	7	8.5
Duration of working at the current centre						
< 2 year	54	100.0	-	-	54	65.9
3-5 years	-	-	23	82.1	23	28.0
6-10 years	-	-	3	10.7	3	3.7
11-20 years	-	-	1	3.6	1	1.2
21+ years	-	-	1	3.6	1	1.2

Duration of providing health services						
< 2 year	9	16.7	-	-	9	11.0
3-5 years	11	20.4	4	14.3	15	18.3
6-10 years	19	35.2	8	28.6	27	32.9
11-20 years	11	20.4	8	28.6	19	23.2
21+ years	2	3.7	8	28.6	10	12.2
Can't say/No response	2	3.7	-	-	2	2.4
Mean		8.3		15.2		10.7
Total number of Titli providers	54		28		82	

Years since providing health services: Majority (71 percent) of the Titli centre providers have been providing health services since 6 or more years. The rest of the providers were offering services since less than 6 years. On an average, the Titli centre providers were providing health services since 10.7 years at the time of survey.

SERVICES PROVIDED BY TITLI CENTRE

To understand the constellation of services provided by the Titli providers, they were asked about the services provided by them to the clients. Around 94 percent of the providers each mentioned that they provide antenatal care and post-natal care, and 89 percent said they offer delivery/maternity care, and other gynaec and obstetric services. Three-quarters of the Titli providers conducted menstrual regulation (MVA) followed by family planning, HIV/AIDS counselling, and management of RTI/STI. Abortion procedures like D&C were carried out by 41 percent of the Titli centre providers, whereas child welfare and immunization services were available at 45 percent of the Titli centres (Table 3.3).

Table 3.3: Type of services offered to clients in Titli centre

<i>Services provided to clients</i>	<i>Number of years working at the Titli centre</i>				<i>Total</i>	
	<i>1-2</i>		<i>3+</i>		<i>N</i>	<i>%</i>
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>		
Antenatal care	50	92.6	27	96.4	77	93.9
Delivery/maternity care	47	87.0	26	92.9	73	89.0
Post-natal care	49	90.7	28	100.0	77	93.9
Child welfare/immunization	21	38.9	16	57.1	37	45.1
Family planning	39	72.2	16	57.1	55	67.1
RTI/STI management	26	48.1	21	75.0	47	57.3
HIV/AIDS counselling	32	59.3	17	60.7	49	59.8
Abortion (D&C)	19	35.2	15	53.6	34	41.5
Menstrual regulation (MVA)	36	66.7	26	92.9	62	75.6
Other gynaec and obstetric services	46	85.2	27	96.4	73	89.0
Total number of Titli providers	54		28		82	

The analysis also shows that doctors who had been working at the present Titli centre for longer duration of time had been providing more services than those who had recently started working at the centre. The difference is significant particularly in the case of menstrual regulation (MVA), RTI/STI management, abortion services and child welfare services.

PERCEPTIONS OF TITLI PROVIDERS ON THE EFFECTIVENESS OF CONTRACEPTIVE METHODS

All the Titli providers were asked about their opinion regarding two most effective methods of family planning. Combined pills and IUD were referred as the most effective methods by 46 percent of them, followed by condom, mini laparotomy and vasectomy (Table 3.4).

Providers were also asked about their opinion regarding the least effective family planning methods. A little less than one-half of the providers considered condom as the least effective family planning method, while 30 percent each referred to natural family planning methods and combined pills as least effective methods of family planning. About 17–20 percent of the providers considered IUD, injectables and spermicidal methods as least effective.

Table 3.4: Titli provider's perception on effectiveness of FP method

Particulars	Total	
	N	%
Two most effective methods of family planning *		
Combined pills	38	46.3
IUD	38	46.3
Condom	30	36.6
Mini laparotomy	20	24.4
Vasectomy	14	17.1
Injectables	12	14.6
Laparoscopy	5	6.1
Natural family planning	5	6.1
Spermicidal	2	2.4
Two least effective methods of family planning *		
Condom	38	46.3
Natural family planning	25	30.5
Combined pills	24	29.3
IUD	16	19.5
Injectables	15	18.3
Spermicidal	14	17.1
Laparoscopy/Mini laporotomy	7	8.5
Progestin only pill	5	6.1
Norplant implant	5	6.1
Vasectomy	4	4.9
None	5	6.1
Do not know	5	6.1
Suggestion to a client wanting to use a method currently not available		
All methods are always available	1	1.2
Refer her/him to another clinic	54	65.9
Ask her to return when new stocks arrive	14	17.1
Suggest using another method or procedure	4	4.9
Suggest using another method while waiting to obtain the desired method	8	9.8
Others	1	1.2
Total number of Titli providers	82	

* Multiple responses

All the Titli centre providers were presented a situation and asked to give their suggestion for the clients. If a client wants to

use the method, which is not available in the clinic, in such a situation two-thirds of the providers said they would refer him/her to another clinic, while 17 percent said they would ask her to return when new stocks arrive. Only one-tenth said they would suggest them to use another method or procedure until they obtain the desired method.

KNOWLEDGE OF TITLI PROVIDERS ABOUT STI AND HIV/AIDS

All the Titli centre providers who were interviewed were asked a few selected questions related to the STI and prevention of HIV/AIDS.

Encouragingly, almost all (95 percent) the providers interviewed had heard of sexually transmitted infections such as HIV/ AIDS that men and women could get through sexual intercourse. Moreover, most are aware of the prevention aspects of STIs and use of condoms to protect against these infections (Table 3.5). It is also to be noted that most (90 percent) said that condoms are used for protection against both unwanted pregnancy and STI/HIV and AIDS.

Training of Titli providers through the Janani network: A detailed probing was done for each of the aspects of reproductive health training received by the providers. Table 3.6 presents the topics covered under the training provided by the **Janani** network and desire for additional training. All the Titli providers, except two, mentioned that they have received some training under the **Janani** programme.

Table 3.5: Knowledge about STI/HIV/AIDS and its prevention

Particulars	Total	
	N	%
Percent heard of disease that men and women can get through sexual intercourse	78	95.1
Percent heard of HIV or the disease called AIDS	80	97.6
Total number of Titli providers	82	
Percent aware of FP methods, that can protect against sexually transmitted infections including HIV/AIDS	81	98.8
FP methods for protection against STIs		
Condoms	81	98.8
Saying FP can protect against STI	81	
What are condoms used for*		
Prevent or protect from pregnancy	11	13.4
Prevent or protect from STI/HIV/AIDS	1	1.2
Both STI/HIV/AIDS and unwanted pregnancy	74	90.2
Total number of Titli providers	82	

* Multiple responses.

Table 3.6: Training provided through Janani network and preferred training

	Training provided through Janani network	Preferred additional training in MCH		
		Number of years worked at Titli centre		Total
		1-2	3+	

	N	%	N	%	N	%	N	%
Experience and Training								
Antenatal care	48	58.5	34	63.0	21	75.0	55	67.1
Midwifery	28	34.1	28	51.9	17	60.7	45	54.9
Post-natal care	43	52.4	32	59.3	19	67.9	51	62.2
Child welfare	39	47.6	35	64.8	20	71.4	55	67.1
Family planning	75	91.5	37	68.5	22	78.6	59	72.0
RTI/STI management	60	73.2	27	50.0	19	67.9	46	56.1
HIV/AIDS counselling	62	75.6	30	55.6	19	67.9	49	59.8
Menstrual regulation (MVA)	53	64.6	29	53.7	17	60.7	46	56.1
Abortion (D&C)	38	46.3	33	61.1	22	78.6	55	67.1
Other gynaec & obstetric services	30	36.6	29	53.7	21	75.0	50	61.0
Other	7	8.5	5	9.3	3	10.7	8	9.8
Total number of Titli providers	82		54		28		82	

The trainings provided through Titli centre network were mainly family planning (92 percent), management of RTI/STI and HIV/AIDS counselling (73-76 percent), menstrual regulation-MVA (65 percent) and antenatal care (59 percent). The other aspects reported by over one-third of the Titli providers are post-natal care, abortion (D&C), child welfare, and midwifery.

It is important to note that over 55 percent of the providers preferred to have additional training in different areas of MCH. For example, two-thirds of the Titli centre providers wanted training in abortion, antenatal care and child welfare and 72 percent in family planning.

Further analysis by years of working at the present Titli centre shows that the well-established group of providers working at the present centre for 3 or more years expressed more interest in receiving further training. For example, 60–79 percent of the well-established providers showed interest in receiving further training in various aspects of MCH, while the corresponding percentage for those established within 2 years are between 50 and 69.

Training in family planning: Nearly 92 percent of the Titli providers thought that the training received in family planning is adequate to perform their duties. Five of the

seven Titli providers felt that their training was not adequate because topics covered were limited. They also felt that the training should be repeated, clinical facilities should be provided and duration of the training should be longer (Table 3.7).

Table 3.7: Adequacy in family planning training

Particulars	Total	
	N	%
Percent who think that the training received in family planning is adequate to perform their duties	75	91.5
Total number of Titli providers	82	
Reasons for training not being adequate*		
No adequate training/limited topic cover	5	71.4
Training should be repeated	1	14.3
Clinical instrument facility not available	1	14.3
Ward facility not available	1	14.3
Duration of training is very less	1	14.3
Total number of not received adequate training	7	

* Multiple responses.

ATTITUDE OF TITLI PROVIDERS TOWARDS JANANI NETWORK

A series of questions were asked to understand the attitude of the Titli centre providers towards the Janani network. Around 43 percent of the providers revealed that they became a member of the Titli centre network more

Table 3.8: Attitude of Titli providers towards Janani network

	Total	
	N	%
Member of the Titli centre network since		
Less than 1 year	18	22.0
1 year	17	20.7
2 years	22	26.8
3 years	20	24.4
4+ years	5	6.1
Most important benefit gained from being a member of the Titli centre network		
Training	53	64.6
Interaction with other providers	1	1.2
Advertising for network which benefits me	6	7.3
Advertising for specific services which benefits me	5	6.1
Increase in number of clients due to private	6	7.3
Knowledge of service competitors	4	4.9
Others	6	7.3
No response	1	1.2
Total number of Titli providers	82	

recently, less than a year. Another 27 percent of the providers are members since the last 2 years and the rest said that they had been with the programme since 3 or more years.

Training is the most important benefit gained by being a member of the Titli centre network. Around 65 percent of the Titli providers mentioned about training. The other benefits mentioned are benefits through advertising of services, increase in the number of clients, and knowledge of service competitors (Table 3.8).

Further probing was made on each aspect of the network, if the providers from the Titli centre considered it as important or not. The most important aspects of the network were training (91 percent), advertising (84 percent), subsidized clinical supplies and commodities (65 percent), and increased number of clients (61 percent). Interaction with other providers, increased clientele due to referral, knowledge of service competitors and better options for referring patients were other aspects of the **Janani** network appreciated by the providers (Table 3.9).

Table 3.9: Opinion of the Titli centre providers towards different aspects of network

	<i>Least/less important</i>		<i>Somewhat important</i>		<i>More/most important</i>		<i>No response</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Training	2	2.4	4	4.9	75	91.4	1	1.2
Interaction with other providers	11	13.4	29	35.4	41	50.0	1	1.2
Subsidized clinical supplies	12	14.7	16	19.5	53	64.6	1	1.2
Subsidized commodities	10	12.2	16	19.5	54	65.9	2	2.4
Advertising for network which benefits me	5	6.1	7	8.5	69	84.2	1	1.2
Advertising for specific services which benefits	9	11.0	11	13.4	60	73.2	2	2.4
Increase in number of clients due to private providers network reputation	7	8.5	24	29.3	50	61.0	1	1.2
Increase in number of clients due to referrals	11	13.4	27	32.9	42	51.3	2	2.4
Knowledge of service competitors	18	21.9	21	25.6	40	48.8	3	3.7
Options for referring patients	20	24.4	20	24.4	36	43.9	6	7.3
Others	-	-	-	-	3	3.6	-	-

On the other hand, the least important aspects of the network mentioned were increased utilization due to referred

cases (24 percent), knowledge of service competitors (22 percent), and subsidized clinical supplies and commodities.

An attempt was made to assess the knowledge of Titli centre network among other health care professionals and community in general according to the provider's perspective.

Table 3.10: Knowledge of the Titli centre network among professionals and community

	<i>Total</i>	
	<i>N</i>	<i>%</i>
Among health care professionals in this area, Titli centre network is		
Somewhat well known	23	28.0
Very well known	59	72.0
Among community in this area, Titli centre network is		
Somewhat well known	26	31.7
Very well known	56	68.3
Total number of Titli providers	82	

Majority (72 percent) of the Titli providers thought that the Titli centre network is very well known among the other health care professionals in the area and 68 percent said it is well known among the community. The remaining 28 to 32 percent also opined that the network is somewhat known to the other professionals and community in general (Table 3.10). It is encouraging to learn that all the Titli providers held that the network is known to other professionals and community at large.

PRICING OF FAMILY PLANNING SERVICES AT TITLI CENTRE

Under the **Janani** programme it is anticipated that the doctors would provide family planning and abortion services at a fixed price. A majority of 82 percent of the Titli providers reported that they provide family planning services in the centre at fixed rates only, while only 9 percent followed sliding scale for offering FP services. More doctors from the newly established clinics offered services at fixed rates only, while the well-established doctors tried both fixed and sliding rates for offering services.

Twelve providers who had not fixed prices were asked how they decide about the sliding prices. Four providers each decide prices depending on the cost of goods and labour and the time spent with the client, while 3 of them decided fees after assessing how much the client can afford to pay. Majority (83 percent) decide the charges at the end of the visit.

Under the **Janani** network it is envisaged that the Surya clinics and Titli centres would be painted/pasted and a price list for the services would be painted on the wall of the clinic. It is

Table 3.11: Differentials in pricing of family planning services

	<i>Total</i>	
	<i>N</i>	<i>%</i>
Price for family planning services in the centre		
Fixed only	68	82.9
Sliding scale only	7	8.5
Both fixed and sliding	5	6.1
No response	2	2.4
Total number of Titli providers	82	
Percent decide how much to charge someone for a service		
Cost of goods plus labour	4	33.3
Time spent with client	4	33.3
How much they can afford to pay	3	25.0
Equivalent price with other providers	1	8.3
Time when decide how much to charge a patient for service		
Fixed price depending on service	2	16.7
At the end of the visit	10	83.3
Numbers reporting sliding price	12	
Price for FP goods pasted in your centre		
Yes, prices visible	14	17.1
Yes, but prices not visible	8	9.8
No	60	73.2
Total number of Titli providers	82	

noteworthy that in only 17 percent (n=14) of the cases the price list was visible and in another 10 percent cases it was pasted in the clinic, but was not visible. The remaining sixty (73 percent) Titli providers had not pasted the price list in the clinic (Table 3.11).

A detailed probing was made on the pricing component of the various family planning services offered at the Titli centre, profits made, clients served and services provided with charges or free. Most (85–90 percent) of the Titli centre providers offered combined oral pills and condom, a little less than 60 percent provided menstrual regulation, and counselled for

natural family planning. The study also reveals that 42 percent of the Titli franchises provided abortion services and another 28 percent provided post abortion care, while insertion of IUD, and other gynaec and obstetric services were provided by 27 to 30 percent.

PROFITS MADE

All the Titli providers who offered services were asked about their perceptions on the profits made on the various services provided. A third of the doctors offering services reported more profit in providing abortion services, gynaec and obstetric services and providing progestin only pills. Moreover, 60 percent and above counted mini-laparotomy, providing combined pills, condom, post abortion care, menstrual regulation, as providing some or low profits. The Titli providers had no profits in conducting vasectomy, motivating for natural family planning, inserting IUD or giving pills menstrual regulation.

Table 3.12: Pricing of various family planning services in Titli Centre

	% actually providing/referred		Profit made						Clients served each month						Average charge		
			None		Low/so		More/h		1-5		6-10		11+				Average
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	Rs.	Range	
Combined pill	74	90.2	9	12.2	57	77.0	8	10.8	19	25.7	29	39.2	26	35.1	15.2	3-4	1-40
Progestin-only pill	3	3.7	1	33.3	1	33.3	1	33.3	1	33.3	-	-	2	66.7	12.3	1-2	1-40
Condom	70	85.4	8	11.4	52	74.3	10	14.3	20	28.6	16	22.9	24	34.3	21.9	1-2	1-80
Spermicide	5	6.1	2	40.0	3	60.0	-	-	4	80.0	1	20.0	-	-	4.5	100	1-30
IUD	22	26.8	8	36.4	11	50.0	3	13.6	18	81.8	1	4.5	2	9.1	6.0	100	41.0
Injectable	12	14.6	4	33.3	7	58.4	1	8.3	9	75.0	1	8.3	2	16.7	6.1	50	50-200
Mini-laparotomy	2	2.4	-	-	2	100.0	-	-	1	50.0	1	50.0	-	-	-	400	100-400
Vasectomy	1	1.2	1	100.0	-	-	-	-	1	-	-	-	-	-	-	-	-
Natural family planning	48	58.5	26	54.2	21	43.7	1	2.1	31	64.6	11	22.9	6	12.5	7.6	Free	0-300
Menstrual regulation	49	59.8	17	34.7	30	61.2	2	4.1	35	71.5	11	22.4	3	6.1	6.4	5-20	5-3000
Abortion services	34	41.5	6	17.6	15	44.1	13	38.3	28	82.4	5	14.7	1	2.9	4.6	200-300	15-1500
Post-abortion care	23	28.0	6	26.1	15	65.2	2	8.7	18	78.3	2	8.7	3	13.0	6.2	30-50	5-400
Other Gynaec and obstetric services	25	30.5	3	12.0	13	52.0	9	36.0	8	32.0	8	32.0	9	36.0	8.2	5-10	3-300

Clients served: The average number of clients served every month is maximum in the case of providing condom (22 cases each month on an average), oral pills (15 cases), other gynaec and obstetric services, followed by 6 to 8 cases for natural family planning, menstrual regulation, injectables, and post abortion services (Table 3.12). It is also noteworthy that on an average there are 6 cases of post abortion complications, five seeking abortion services, and for the other family planning related services there are average 5-6 cases every month.

Fees mostly charged for the different service aspects are also presented in the table 3.12. Titli centre providers charge mostly Rs. 400/- for mini-laparotomy, Rs. 200-300 for abortion services and Rs. 100/- for insertion of IUD. Condoms are provided free and the other remaining services at the rate of up to Rs. 20/- per month.

The minimum and maximum ranges of fees for various services are also presented in the table 3.12. Injectables are charged between Rs. 50 to Rs. 200, while abortion services were provided between 15 to 1500 Rupees. Here some providers are referring their clients to other clinics and charging only consultation fees. That's why the minimum fees was low as per services offered.

PILLS DISTRIBUTION

An attempt was made to understand the distribution of oral contraceptive pills by the Titli providers to their new clients and those who come for re-visits. Almost all (94 percent) of the Titli providers supplied oral contraceptive pills routinely to their clients and most (79 percent) of them gave only one packet of pills (monthly supply) to the first time users of oral pills. Around 15 percent of the providers gave 3 to 4 packets of the oral contraceptive pills to the first time users.

Table 3.13: Distribution of pill packets by Titli centre

	<i>Total</i>	
	<i>N</i>	<i>%</i>
Number of packets of pills routinely supplied on a client's first visit		
1	65	79.3
3	11	13.4
4	1	1.2
Does not provide pills	5	6.1
Total number of Titli providers	82	
Packets of pills routinely supplied at return visit		
1	54	70.1
2	2	2.6
3	17	22.1
4	2	2.6
According to requirement	2	2.6
Option if clients want to use pills, but she is not on her menses		
Tell her to come back when her menses start	31	40.3
Give barrier method(s) and ask to come back when menses start	7	9.1
Give pills and tell her to begin use on first day of her menses	24	31.2
Give pills and barrier method(s) and tell her to use barrier methods until menses start	2	2.6
Refer to Surya Clinic/elsewhere	2	2.6
Pregnancy test	8	10.4
Others	3	3.9
Numbers providing pills to client	77	

Even on their return visits majority (70 percent) of the Titli providers said that they gave only one packet to their client, while one-fourth of them reported that they gave 2 or 3 packets to regular clients.

Doctors were asked how they would handle a woman who comes for pills, but she is not on her menses. It is remarkable that more than two-fifths of the Titli providers told they would ask client to come back, when menses starts, while another 31 percent said they would give her pills and ask her to begin using on the first day of their menses (Table 3.13). Only 9

percent correctly said that they would give her a barrier method to use until her menses starts.

Reasons for joining the Titli centre network: To understand their motivation, the Titli providers were asked the reasons for joining the **Janani** network. Table 3.14 shows that 43 percent of the Titli providers joined the network to provide good family welfare services, for public service or social cause, while 38 percent for gaining more knowledge about family planning and reproductive health problems.

Table 3.14: Reasons for deciding to join the Titli centre network

Reasons *	Working at the center in years				Total	
	1-2		3+		N	%
	N	%	N	%		
To provide good FW services/for social work/ population explosion	22	40.7	13	46.4	35	42.7
For more knowledge about FP / about gynaecological problem/ RH problem	17	31.5	14	50.0	31	37.8
As a facility/for the benefit of the villagers	6	11.1	7	25.0	13	15.9
To gain more experience/ get training	9	16.7	3	10.7	12	14.6
We benefit from it	7	13	-	-	7	8.5
To become member of Titli centre/good objectives/ Popularity	3	5.6	2	7.1	5	6.1
Was in this line (field of medicine) right from the beginning	2	3.7	2	7.1	4	4.9
Was advised by the area inspector to join Titli centre Network	2	3.7	-	-	2	2.4
We would get a large supply of medicines/got a commission	1	1.9	-	-	1	1.2
Total number of Titli providers	54		28		82	

* Multiple responses.

One-sixth of the providers joined for the benefit of the villagers, and to gain more experience and training. Altogether seven providers tied up with the program for personal benefit, and thinking that the objectives of the network are good. Well-established providers joined for more knowledge and for the benefit of the villagers, while recently established providers wanted to gain more experience and get training.

Negative aspects of the Titli centre network: In the case of Surya providers, all the franchises were also asked about the negative aspects of the program to help in further strengthening the network by rectifying the problem areas. In view of this, all

the Titli franchises were asked to give their comments on the negative aspects of being a member of the Titli centre network.

Tables 3.15: The negative aspects of being a member of the Titli centre Network

<i>Negative aspects</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
- Like it/it is fine/Can't say	25	30.5
- Condom/contraceptives should be available at all times/insufficient supply	14	17.1
- Nothing is difficult for us	13	15.9
- Improper training/should repeat training/duration of training is less	12	14.6
- No/low benefit/had to pay more/less profit on family planning contraceptives	12	14.6
- Membership fee is very high	9	11.0
- Inadequate facilities/no ward/centre is far off	7	8.5
- Patients referred from Titli centre are not served/charged more by Surya clinic	6	7.3
- Information given is inadequate	3	3.7
- We like it but it is against religion	3	3.7
- Difficult to make village people aware	3	3.7
- Poor administration/did not get photocopy of signed agreement/less staffed	2	2.4
- Painting was not done	2	2.4
- Janani Programme is not in the right direction/Not in proper time	1	1.2
- People expect free services thinking that this is government centre	1	1.2
- Ambulance facility should be available	1	1.2
- WMP should get some more reward from the institution	1	1.2
Total number of Titli providers	82	

* Multiple responses.

Poor supplies by **Janani**, improper training, less duration of training program, lower monetary gain, high membership fees, inadequate facilities, poor response to the patients referred from Titli centre and inadequate information given were the major complaints among the Titli providers. They also expressed difficulty in explaining to the community, poor administration of **Janani**, painting of the clinic not done, and lower/no rewards to the women medical practitioners.

A closure look at the analysis shows that providers from customized clinics and specialized MD and Ob/Gyn doctors complained mainly against the non-cooperation of RMPs, poor publicity and lower charges. Analysis by gender of the providers showed that female doctors complained about inadequate facilities for providing abortion services, while male

doctors talked about poor implementation of the program activities.

Continuity of the franchises with the Titli centre network: To assess the sustainability of the project and satisfaction of the providers towards the network, the Titli franchises were asked if they would be continuing with the network, say for the next two years, and what would influence their decision to continue or discontinue with the network. It is encouraging to learn, as shown in Table 3.16, that in spite of the complaints expressed in the earlier section, most (94 percent) of the network members think that they would continue to be a member at least till the next two years.

Table 3.16: Provider's continuity with the Titli centre

<i>Particulars</i>	<i>Total</i>	
	<i>N</i>	<i>%</i>
Percent thinking they would still be in the Titli Clinic Network after two years	77	93.9
Factors influencing to continue or not in the Titli Clinic Network *		
- There would be no effect	27	32.9
- If people remain deprived of the services/people would not benefit from services	21	25.6
- It would affect a lot	17	20.7
- Effect won't be good. People would not get the required information about FP	10	12.2
- We would be deprived of the experience we were gaining	5	6.1
- If I don't stay, it won't affect in any way	4	4.9
- Decrease reputation	3	3.7
- If correct information does not reach people	2	2.4
- Condom and APSARA must be given at a reasonable price which is not being done	1	1.2
- Can't say	1	1.2
Total number of Titli providers	82	

* Multiple responses.

Further probing showed that in one-third of the cases nothing would influence their decision to continue with the network, while one-fourth said if public would not benefit from services, they would not continue with the network.

Image of Titli centre network: The Titli franchises were further asked about their perceptions regarding the image of the Titli centre network in the near future and after five years. Their responses presented in Table 3.17 reveal that majority (71

percent) of the Titli providers are optimistic and said that the network would grow, look better and become well established in the next two years, and another 10 percent said there would be some expansion and would become profitable.

In the next five years, a majority of 80 percent of the providers think that it would be well established and could be in all villages, while 17 percent said it would be more profitable. Eleven percent of the providers mentioned that the training component should improve. However, a few (n=3) opined that it would be a failure and this would depend on the management.

Table 3.17: Perceived image of the Titli Centre Network in two years and five years

<i>Perceived image *</i>	<i>Total</i>	
	<i>N</i>	<i>%</i>
In two years		
– It would improve/grow more/Network would be in each and every village	58	70.7
– There would be some growth/expansion, gradually information on FP would reach people	8	9.8
– It would be good	7	8.5
– Would become profitable	5	6.1
– There would be less of these (expansion, profit, etc.)	2	2.4
– Depends on future situation	2	2.4
– Provide training/improve training	2	2.4
– Painting should be done well	1	1.2
– Would be a failure	1	1.2
– No response	1	1.2
In five years		
– It would improve/grow more/Network would be in each and every village	64	80.0
– Would become profitable	14	17.1
– Training would improve	9	11.0
– Control population explosion/growth	6	7.3
– Depends on future situation/if situation is positive it would be positive	3	3.7
– Would fail/would be a total failure, won't even exist	3	3.7
– People become more aware	2	2.4
– Depend on management	1	1.2
– No response	1	1.2
Percent thinking that the Janani, the Titli centre Network		
– Would grow	63	76.8
– Would fail	2	2.4
– Would be profitable	6	7.3
– Would expand subsidies and training	7	8.5
– Would give less subsidies and training	2	2.4
– Others	2	2.4
Total number of Titli providers	82	

* Multiple responses.

On further specific probing, 77 percent said the network would grow, 9 percent thought it would expand subsidies and training, 7 percent believed it would be more profitable. Two providers each said it would fail and give less subsidies and training. Thus most of the providers were optimistic about the growth of Titli centre network.

PERCEPTIONS OF TITLI PROVIDERS ON JANANI’S IMAGE IN THE FUTURE

To value the vision of the network members they were also asked about how they think the Titli centre network should look like in the next two or five years. Nearly 56 percent said that in two years the network should look better and grow, while 11 percent hoped that there would be further improvement and service on family planning would reach more people. They requested that painting (of the clinic) should be done well so that it looks better than it does now. A few envisioned that the network would help in spacing between children for control of population and reach each and every village.

More than one-half of the Titli centre providers perceived that, in the next five years, the network program should look better and one-fourth envisioned that it would progress even more. A few others hoped for its expansion, more training, good services, and more value. In other words, Table 3.18 shows that if the program runs for a longer time, the network would develop, expand and provide better quality of services.

Table 3.18: Future perceptions of how Titli centre Network should look like in two and five years

<i>Future perceptions *</i>	<i>Total</i>	
	<i>N</i>	<i>%</i>
In two years		
- It should look good	46	56.1

<i>Future perceptions</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
– There would be further improvement/service on FP would reach people	9	11.0
– Painting (of the clinic) should be done well	5	6.1
– It should look better than it does now	5	6.1
– It would be effective for spacing between children /better for future control of population	5	6.1
– People would become more aware/Network would be each & very village	4	4.9
– The centre's value would appreciate/increase	3	3.7
– Its existence is not certain	2	2.4
– Not sure/Depend on situation	2	2.4
– Training would improve/special training facility should be there	2	2.4
– Work should be good	1	1.2
– Would be a failure	1	1.2
In five years		
– Titli centre would look very/very fine	43	52.4
– Would develop/progress even more	20	24.4
– This network would be in each and every village/People would become more aware	10	12.2
– Work should be good	5	6.1
– The more training we receive, the better the development of the Titli centre	3	3.7
– The centre's value would appreciate/increase	2	2.4
– Would be a totally failure	2	2.4
– We may not even be here, so no need to think about it	1	1.2
– Painting should be done well	1	1.2
– Depend on situation	1	1.2
– Control population	1	1.2
Total number of Titli providers	82	

* Multiple responses.

SUGGESTIONS OF TITLI PROVIDERS FOR IMPROVING THE JANANI PROGRAMME

To improve the functioning of the Titli centre network as well as its utilization, the providers were asked about their suggestions. Their suggestions are analysed and presented in Table 3.19. About 22 percent of the Titli centre providers suggested creating community awareness, through advertising.

Table 3.19: Suggestions to improve the Titli centre Network

<i>Suggestions</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
– Through publicity there would be improvement	18	22.0
– RMPs should be trained once again/Proper training/Frequently training	13	15.9
– Through hard work/proper direction/management there would be improvement	11	13.4
– Supply of materials is not proper/should supply sufficient/timely	9	11.0
– Seminar and meet together/time to time meeting/camp	9	11.0
– If the network staff is honest, the network would improve, otherwise not	6	7.3
– Should be regular monitoring	6	7.3
– If field worker would provide better services and also RMP would give more cooperation	6	7.3
– Registration should be free for all RMPs/Yearly fees should be free	5	6.1
– If we provide good services, people would be happy	5	6.1
– If we get more training timely supply of contraceptives, there would be more improvement	4	4.9
– FP services should be free/Medicine/Equipment	4	4.9
– There should be facilities like radio, TV and newspaper	3	3.7
– Improve referral service/If Surya improve than Titli centre would improve	2	2.4

<i>Suggestions</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
_ Should provide office for Titli centre	1	1.2
_ If ambulance facility provided to RMP	1	1.2
_ If Surya clinic would be at block level	1	1.2
_ Other contraceptive methods should be invented and tested	1	1.2
_ Should get some monthly consolidated amount	1	1.2
_ Painting & board facility should be available	1	1.2
Total number of Titli providers	82	

* Multiple responses.

Around 16 percent of the Titli providers suggested giving proper training to RMPs once again, while thirteen percent suggested hard work and proper management and 11 percent each requested for better supplies and frequent and regular meetings among the providers and the **Janani** staff. Another 7 percent each suggested services with honesty and dedication, better monitoring and more cooperation from **Janani's** field staff. Some of the franchises suggested to lower fees for RMP training, ensuring quality of services, adequate and regular clinical supplies, free supplies of medicines, and improving coordination between RMP and Titli centre with proper guideline.

SUGGESTIONS OF TITLI PROVIDERS FOR IMPROVING THE QUALITY OF SERVICES

All the Titli centre providers were asked for their suggestions to improve the quality of services. To assure quality of services one-third of the providers suggested for regular meetings among the providers by improving interpersonal relationship, 24 percent for publicity and advertisement of the services and another 23 percent each suggested for frequent training in MCH and reproductive health.

Table 3.20: Suggestions to assure quality of services of Titli centre Network member providers

<i>Suggestions</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>

<i>Suggestions</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
_ Improve interpersonal relationship, regular meetings of the network/regular visit	26	31.7
_ Create publicity/Advertise now and then through billboards	20	24.4
_ Training should be given properly/frequently/ everyone should be trained in MCH	19	23.2
_ Should supply sufficient stock of medicine/timely supply	9	11.0
_ Registration should be free/ should provide some economical help	6	7.3
_ RMP should have full faith	6	7.3
_ Titli centre and RMP must understand villagers, should be good relationship among members of Titli centre	6	7.3
_ Free distribution of condom/pills/injection/free services	5	6.1
_ Create awareness about contraceptive methods among people	4	4.9
_ Provide more services/Proper treatment/services/more counseling	4	4.9
_ Work with honesty & hard labour for centre	4	4.9
_ We don't think this is the matter of Janani	2	2.4
Total number of Titli providers	82	

* Multiple responses.

The Titli providers highlighted supplying sufficient stock of medicine, free registration, having faith in each other, better co-ordination between RMPs and Titli centre doctors, and understanding the client's needs. They also suggested for free distribution of contraceptives, creating awareness among the community, providing more counselling and services, and hard work for ensuring better quality of services (Table 3.20).

Comments from the Titli centre providers: Before moving out of the Titli centre the Titli providers were also given the opportunity to ask any questions related to the Titli centre network. Detailed analysis of the comments is presented in Table 3.21. More than 56 percent had no questions and felt that everything has been discussed while upto 13 percent of the providers talked about eliminating the annual membership fees, and getting some income out of the services provided. Less than five providers raised queries related to more training, inadequate supplies of medicines and other materials, getting latest information about diseases, infertility etc., effectiveness of *Apsara* (oral pills supplied by **Janani**), and training of women medical practitioners. They also commented upon publicity, advertising, abortion facilities, and better implementation of the programme activities.

Table 3.21: Comments from the Titli centre providers

Comments *	Total	
	N	%
- Every thing has been asked/Question you have asked are enough, no further questions	46	56.1
- Annual membership fees must not be charged/should be considerable/low rate/ should get some income	11	13.4
- I want more training for development of Titli centre	5	6.1
- Insufficient supply of condom and OCP from Janani /clinical supply must be regular if you want the progress of Janani	4	4.9
- We should get information about different disease/infertility/ANC	3	3.7
- Frequently monitoring	3	3.7
- We should get information about yearly fees/new invention/Development/ it should be sent to RMP	3	3.7
- <i>Apsara</i> (OCP) is not effective, failure rate is high	2	2.4
- WMP should be trained because they can increase awareness among women	2	2.4
- Centres should look into the matter of publicity & advertisement	2	2.4
- Abortion facility should be available	2	2.4
- There should be one Surya clinic in panchayat, presence of a nurse is very important, so that we can take better care of our patients	1	1.2
- Referral units should be located close by	1	1.2
- Condom performance is not good	1	1.2
- Medicine should be free	1	1.2
- Provide ambulance/vehicle services	1	1.2
- Free services of operation & Cu-T from Surya clinic	1	1.2
- Painting should be done	1	1.2
- Institute just sends us material but does not provide amount of money for any miscellaneous expenses (such as for pasting poster, banners etc.)	1	1.2
- No body gives importance to RMP at Surya clinic	1	1.2
- The organization should be prompt	1	1.2
- Illiterate should not get listed as Titli centre	1	1.2
- Cooperation with doctor	1	1.2
- Management of Titli center which should be developed	1	1.2

<i>Comments</i> *	<i>Total</i>	
	<i>N</i>	<i>%</i>
- Don't know		
Total number of Titli providers	82	

* Multiple responses.