Revitalizing Postpartum Family Planning Services in India

Fact Sheet: April 2015

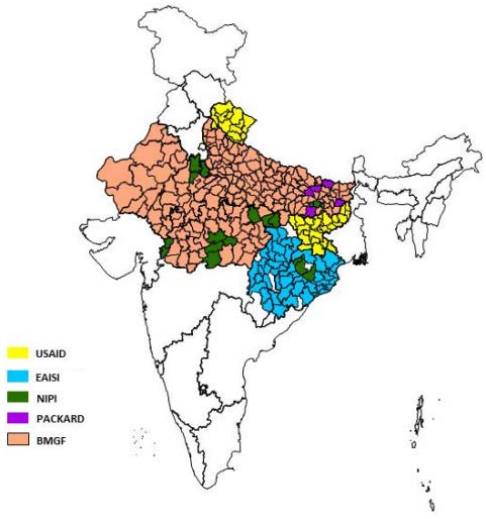
Duration: Oct 2009 – Present
Partners: Ministry of Health and Family Welfare (MoHFW), Government of India, Multiple State Governments
Donors: Bill & Melinda Gates Foundation (BMGF), Norway India Partnership Initiative (NIPI), Large Anonymous Donor, The David and Lucile Packard Foundation, United States Agency for International Development (USAID)

Background and Strategic Approach

In 2008, to address the high unmet need for postpartum family planning (PPFP) services beyond sterilization, the Government of India (GoI) took the initiative to revitalize Postpartum Intrauterine Contraceptive Device (PPIUCD) services in the country. This initiative was also aimed at improving pregnancy spacing, thus contributing to better the maternal and child morbidity and mortality conditions throughout the country.

The exponential rise in institutional deliveries due to the Janani Suraksha Yojana (JSY)—a conditional cash transfer scheme which is bringing millions of women to deliver at facilities—has resulted in increased access to these women during their immediate postpartum period, providing a unique opportunity for the expansion of PPFP services in India. PPFP services are defined as family planning services provided during the extended postpartum period (one year following childbirth). These services are crucial and need to be addressed by maternal, neonatal and child health and/or reproductive health/family planning programs. The reasons are many–high unmet need for contraception among women during the first year postpartum[i]; clear evidence of the health benefits of family planning for women and children[ii,iii]; increasing usage of family planning methods during this period, even in conservative areas in Northern Nigeria[iv]. An array of contraceptive options is available to all postpartum women for pregnancy spacing and limiting, including the Intrauterine Contraceptive Device (IUCD), which is available as either interval (inserted 6 weeks post-delivery) or postpartum (inserted after delivery, including cesarean deliveries, between 10 minutes of delivery of placenta to 48 hours post-delivery).

District wise presence of PPFP in India



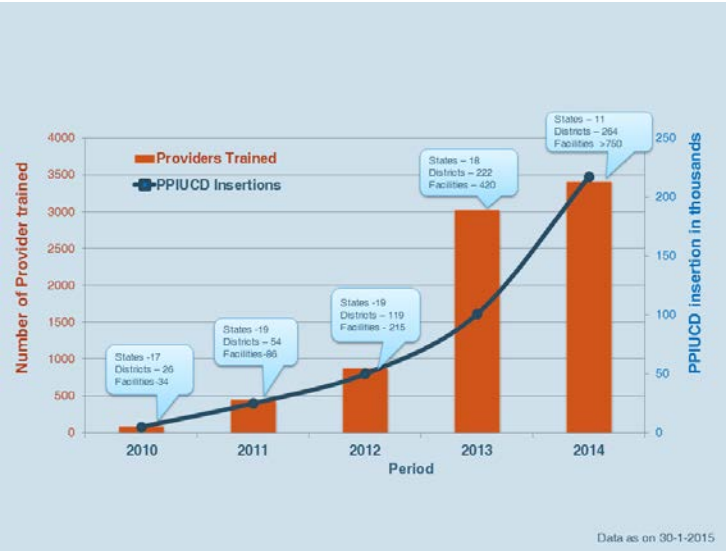
Jhpiego has been supporting the GoI's strategy of revitalizing PPFP in the country since 2009 by providing technical assistance in developing and enhancing the capacity of health care providers to provide PPFP/PPIUCD services and institutionalizing these services at public and private sector health facilities. The approaches being employed to achieve this objective are competency based training of providers, performance improvement measures based on the Standards Based Management and Recognition (SBM-R) approach, building family planning (FP) counseling services at the facilities and providing post-training mentoring support to the facilities.

In 2009, Jhpiego started providing technical assistance to the GoI for strengthening PPFP/PPIUCD services in the states of Jharkhand and Uttar Pradesh through the USAID supported ACCESS-FP program. This was carried forward through USAID's flagship Maternal and Child Health Integrated Program (MCHIP) from October 2011 to September 2014 with Uttarakhand having been added as the third focus state. Under this program, Jhpiego provided technical assistance (TA) to the GoI, and the three aforementioned state governments for revitalization of PPFP/PPIUCD services. To further improve the accessibility of PPFP/PPIUCD services, Jhpiego strengthened the capacity of private providers under the *Saathiya network*[1] in seven cities of Uttar Pradesh and Uttarakhand.

In addition to the national level efforts, Jhpiego also provided state-level TA for strengthening PPFP/PPIUCD services to the Government of Rajasthan from June 2010 to May 2012 with support from NIPI in three districts of Alwar, Dausa and Bharatpur.

Bihar was amongst the first states to make a focused effort for strengthening PPFP. In 2010, the Government of Bihar, with TA from Jhpiego and the support of the David and Lucile Packard Foundation, designed a "Postpartum Family Planning Strategy". With continued support from the Packard Foundation, Jhpiego is working closely with the state – providing TA to effectively implement key components of the PPFP strategy and engage important stakeholders to build further commitment towards sustaining PPFP as a crucial health and social development strategy.

With support from the Bill & Melinda Gates Foundation (BMGF), Jhpiego began providing TA for introducing PPFP/PPIUCD services in 16 (non MCHIP) states from the year 2010. The objective of the program was to demonstrate a comprehensive PPFP service delivery model in the public sector. Thus, Jhpiego's support to the GoI's strategy of revitalizing PPFP and PPIUCD services extended to 19 states in the country. Material developed by Jhpiego under these programs, including PPFP/PPIUCD learning resource package, job-aids, IEC materials as well as alternative training methodology using humanistic anatomic models in competency based trainings were adopted by the government and are now being utilized throughout the country.



Rapid scale up of PPFP services: India (2010 to 2014)

The next phase in revitalizing PPFP/PPIUCD services began in late 2012 when, seeing the encouraging results of the program, the MoHFW took a policy decision to scale up PPIUCD services at the district-level in the six high-focus states of Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand and Uttar Pradesh. This entailed institutionalizing quality PPFP/ PPIUCD service provision in at least one district level facility in each district and strengthening at least one training site in each division in these states. This marked the beginning of the program's penetration to the district level in multiple states.

[1] A family planning network for young married couples. The Saathiya program focuses on establishing a network of health providers to improve reproductive health and reduce the unmet need for family planning among young married couples in Uttar Pradesh and Uttarakhand, where the need for contraception is extremely high.

In light of the fact that in most districts, more than two-third institutional deliveries in the public sector occur at sub-district level health facilities, in 2013 the program moved to the next level of introducing and establishing PPFP/PPIUCD services beyond district level on to the sub-district level through NIPI and BMGF support. The program is now being implemented at 127 sub-district level facilities in the 13 NIPI focus districts across the states of Bihar, Rajasthan, Madhya Pradesh and Odisha. The objective is to strengthen the quality of services at the facilities where services have already been introduced, and to introduce PPIUCD services at select Primary Health Centers (PHCs) which have a high delivery load. Following this initial sub-district level scale-up effort, the GoI, in collaboration with Jhpiego and with support from BMGF, rapidly accelerated the PPFP/PPIUCD services at 285 sub-district level facilities having adequate delivery load in the states of Uttar Pradesh and Bihar.

The sub-district level presence has further intensified in the states of Odisha and Chhattisgarh through the "*Expanding Access to Intrauterine Contraceptive Device Services in India (EAISI)*" program, supported by the Large Anonymous Donor. This program aims at dramatically expanding access to Long-term and Reversible Contraceptive (LARC) methods to tens of thousands of women in the two states of India. While focusing on ensuring quality of care, the program will strengthen the IUCD services in the two states, thus increasing the number of new acceptors of LARC in these states. The goal of the EAISI program is to increase contraceptive choice at 187 select public-sector sub-district health facilities in the two project states by establishing postpartum, interval (general) IUCD, post-abortion, and FP counseling services.

Key elements that have helped attain success in the PPFP program have been the sharp focus on quality, institutionalization of services at the facilities along with building the system's capacity to deliver quality services. This has resulted in sustaining as well as increasing in some cases, the PPIUCD acceptance through government's efforts, despite cessation of TA from few of these states. The various approaches adopted for ensuring quality, despite the rapid pace of scale up were— offering PPFP options, ensuring competency based trainings, using clinical standards, appointing dedicated FP counselors, timely client follow-up, conducting studies to generate evidence and structured post-training supportive supervision visits.

Having recognized the importance of the PPFP program, it is now a critical component of GoI's RMNCH+A strategy—a comprehensive strategy focusing on continuum of care approach with clear prioritization of action areas for improving reproductive, maternal, newborn, child, and adolescent health outcomes.

Catalytic Influences for Scaling-up PPFP/PPIUCD Services

I. Sharing Experiences and Strengthening Services: National level Family Planning meetings (2011, 2012, 2013)

A key achievement of the PPFP program has been convening, on an annual basis, national level meetings under the aegis of Family Planning Division, MoHFW in collaboration with Jhpiego to bring together PPFP program stakeholders on a common platform for fostering learning and sharing experiences for further strengthening PPFP/PPIUCD services in the country.

With close to 300 participants attending these meetings, including key ministry officials, Mission Directors from several states, development partners, civil society organizations, program champions and providers from almost all the states and union territories, the workshops have been a big success. Along with deliberations on the current status of PPFP services in the country and drawing roadmaps

for future action, the government has also used this platform to disseminate its core FP strategy, and release important manuals and guidelines. These workshops were not just rich learning experiences, but also served as arena to discuss and share achievements, constraints, challenges and recommit to the provision of quality FP services to women and families throughout the country.

II. Policy Shift of Government of India

The paradigm shift of the Indian government, from limiting to spacing births and of focusing on long-acting reversible method like IUCD during interval as well as postpartum periods, has provided greater momentum to strategies for increasing use of this method.

Policy decisions supporting task shifting by allowing nurses, who conduct deliveries at high case-load facilities, to insert PPIUCD on clients who opt for it, has expanded the provider base for these services.

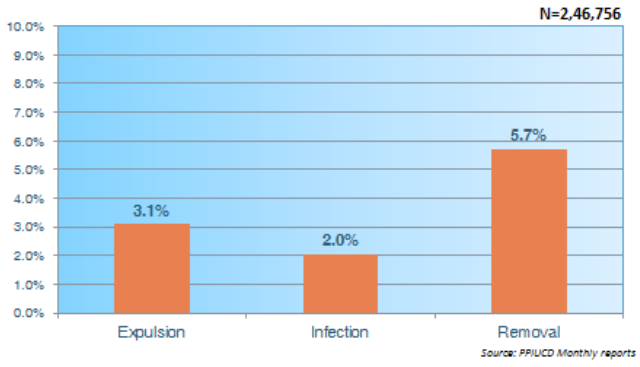
Recognizing the importance of quality counseling, the deployment of a new cadre of RMNCH counselors at high load delivery points, has proved to be a big contributing factor to the successful revitalization of PPFP/PPIUCD services.

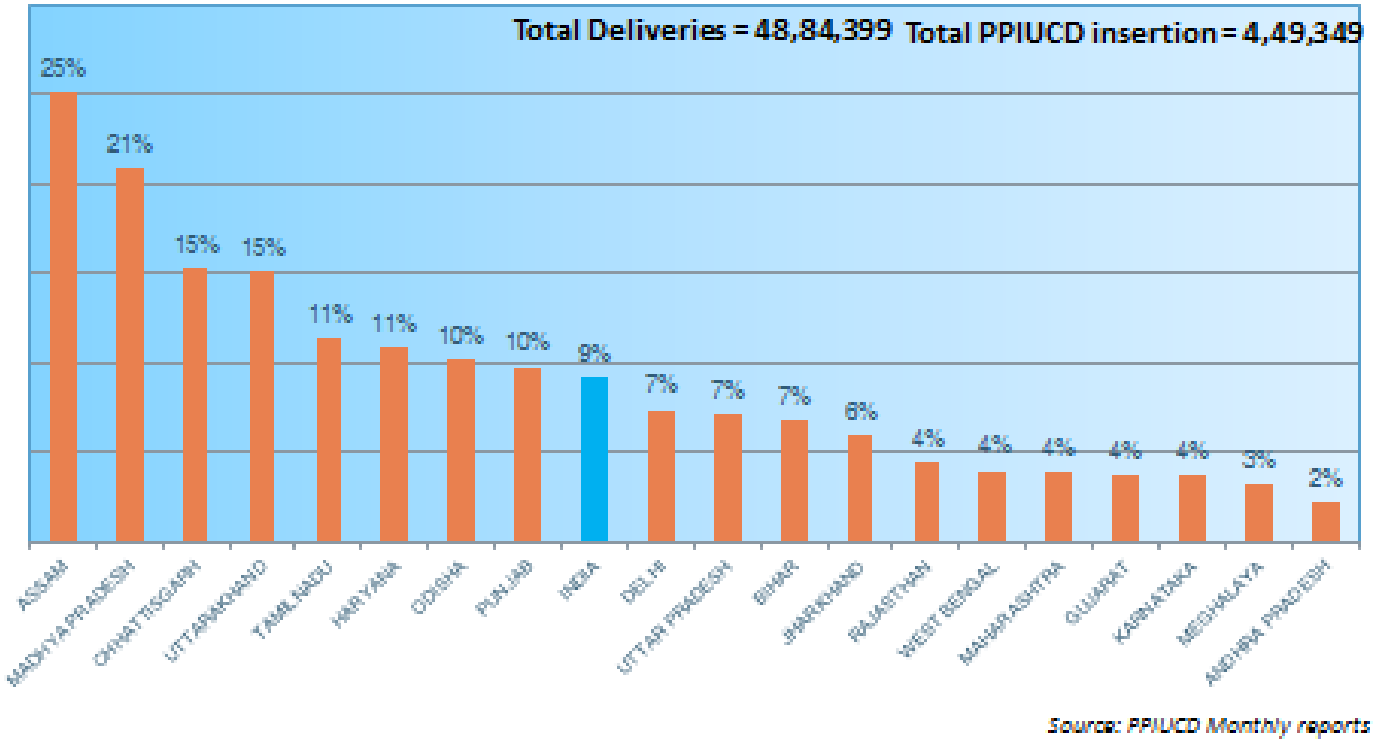
III. Expanding Basket of PPFP Options: Scaling-up Postpartum Sterilization (PPS) Services in Bihar

Although female sterilization is the most popular and effective method of contraception across the country, there is a high unmet need for the method during the extended postpartum period. Therefore, to provide assured, accessible, easily available and quality sterilization services, Jhpiego has collaborated with the Government of Bihar, with support from the David & Lucile Packard Foundation, to lay the framework for scaled-up availability of quality PPS services as a key offering among the range of PPFP methods. Under this initiative, three-day PPS refresher trainings have been conducted to increase the number of health care providers who are able to offer PPS services so as to expand the range of methods available to women across Bihar in the immediate postpartum period. Jhpiego has supported in establishment of 5 training sites for PPS Clinical skills. Through this training, PPS services have been introduced at 23 facilities in Bihar where routine female sterilization services are being provided. Additionally, the state- and district-level program managers have been sensitized to monitor the delivery and uptake of PPS services in their respective facilities. In order to facilitate comprehensive learning to the participants through audio-visual aids, a customized PPS training video has been developed capturing the surgical process of conducting PPS.

PPIUCD Experience in India

Through the period of January 2011-March 2015, more than 460,000 women have accepted PPIUCD in more than 19 states of the country. Acceptance rate for the method varies from 2% to 25% across all states. Contrary to the common opinion held among the medical fraternity and services providers, the follow-up findings of acceptors reveal that expulsion rate is low and comparable to that of interval IUCD at 3.1% and the infection rate also remains low at 2% (Graphs 2 & 3).



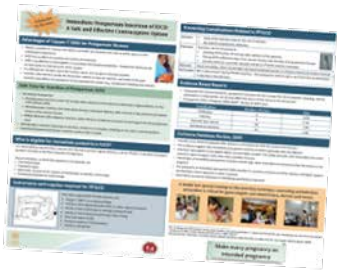


Graph 3: Proportion of PPIUCD Acceptors among Institutional Deliveries (Based on Jan 11- Mar 15 Data)

Development of Resources

Jhpiego has collaborated with the GoI to develop and finalize various materials on FP and PPFP, which have been successfully embedded in government's program implementation framework. Following FP/PPFP materials have been developed and endorsed by the GoI:

- **PPIUCD Learning Resource Package (LRP)**, consisting of Reference Manual, Facilitator's Guide, Job Aids and PPIUCD Insertion Video, is being used widely after being approved by GoI.
- **PPIUCD BCC Material**, developed by Jhpiego, was adapted and approved by GoI. This BCC material includes posters, information leaflets and discharge card for clients and information leaflet for providers.
- **PPFP/PPIUCD Counseling Skills Learning Resource Package**, consisting of Reference Manual, Trainer's Notebook and Job Aids, has also been developed.
- **PPFP counseling LRP for community based link workers (ASHAs)**, which includes Participants' Manual, Trainers' Notebook and Job-Aids, has been finalized and approved by Bihar government.
- **Resources for RMNCH counselors:** The Facilitators' Guide and Handbook have been developed for training of Reproductive, Maternal, Neonatal and Child Health (RMNCH) counselors.
- Developed technical draft for postabortion family planning including postabortion IUCD (PAIUCD)
- **IUCD Manual:** Reference Manual developed for training of Medical Officers and Staff Nurses on provision of IUCD services.



[i] Borda M and Winfrey W. 2010. Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries. Retrieved from: http://www.k4health.org/sites/default/files/PP%20FP%20analy%20final.pdf

[ii] Campbell O and Graham W. 2006. Strategies for reducing maternal mortality: Getting on with what works. *Lancet* Sept: 25-39.

[iii] Cleland S et al. 2006. Family planning: The unfinished agenda. *Lancet* Oct: 47-64.

[iv] McKaig C et al. 2009, An assessment of integration of family planning and maternal, newborn and child health in Kano, Nigeria. Retried from: http://www.k4health.org/sites/default/files/An%20assessment%20of%20integration%20of%20FP.pdf