Strengthening Family Planning Services in India
Fact Sheet: July 2016

**Partners:** Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), Multiple State Governments

**Donors:** Bill & Melinda Gates Foundation (BMGF), The David and Lucile Packard Foundation, United States Agency for International Development (USAID)

**Background**
Family planning can avert nearly one-third of maternal deaths and 10% of child mortality when couples space their pregnancies more than two years apart\(^1\). Short intervals between births are linked with higher maternal and child mortality and morbidity\(^2\).

The Family Planning program in India is being looked at with renewed interest in the last decade with its repositioning (beyond population stabilization) as a key initiative to promote maternal and child health, and reduce maternal, infant and child mortality and morbidity. Additionally, the exponential rise in institutional deliveries to around 80% largely due to the Janani Suraksha Yojana (JSY)—a conditional cash transfer scheme, is bringing millions of women to deliver at public health facilities. This has increased access to these women during their immediate postpartum period, providing a unique opportunity for the expansion of postpartum family planning (PPFP) services.

Since 2006, Jhpiego has worked with the GoI and several state governments in revitalizing family planning (general, postpartum and post abortion) services in India.

**Jhpiego’s current Family Planning programs in India**

**The National Technical Support Unit–Family Planning (NTSU–FP)**
Donor: Bill & Melinda Gates Foundation

The NTSU–FP works in close coordination with the Family Planning division of MoHFW, GoI, providing strategic leadership, advocacy, technical support and guidance for all programmatic interventions related to Family Planning (FP) in India, with special focus on six states with high Total Fertility Rate (TFR)—Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Madhya Pradesh and Chhattisgarh. Set up in 2014, this partnership helps strengthen and scale-up the provision of FP services for improved maternal and child health outcomes in line with India’s FP2020 commitments. The strategy involves—a) expanding the basket of choices in FP; b) enhancing the focus on spacing; c) enhancing the focus on Postpartum FP services; d) integration of FP commodities with healthcare commodities.

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Scaling-Up Postpartum IUCD in India: Leveraging the Confluence of Positive Factors for National Impact
Donor: Bill & Melinda Gates Foundation

In light of the fact that in most districts, more than two-third institutional deliveries in the public sector occur at the sub-district level health facilities, in 2013, the BMGF supported program moved to the next level of introducing and establishing Postpartum Family Planning and Postpartum Intra Uterine Contraceptive Device (PPFP/PPIUCD) services beyond district level on to the sub-district level facilities. This effort was further intensified in the states of Uttar Pradesh and Bihar. A total of 363 sub district level facilities in UP and 366 in Bihar have been strengthened with 1,601 doctors, including 116 AYUSH doctors and 5,542 nurses have been trained in providing PPIUCD services. In order to ensure the provision of informed choice among clients, a total of 1,200 providers have been trained in counseling and the program facilities have been equipped with IEC, BCC materials and counseling aids. The data management system has also been strengthened with more than 1,500 data handlers trained in recording and reporting. All these efforts have concerted in a total of 6,09,423 PPIUCD insertions so far3.

Expanding Access to Intrauterine Contraceptive Device Services in India (EAISI)
Donor: Anonymous

Further intensifying efforts to provide FP services at the sub-district level, the EAISI program aims at dramatically expanding access to Long-term and Reversible Contraceptive (LARC) methods to women in the two states of Odisha and Chhattisgarh. While focusing on ensuring quality of care, the program works to strengthen IUCD services in these two states.

The goal of the EAISI program is to increase contraceptive choices at 187 select public-sector district health facilities in the two project states by establishing postpartum, interval (general) IUCD, post-abortion, and FP counseling services. The program strategy includes a combination of centralized and on-site five-day trainings followed by supportive supervision visits to help institutionalize quality service delivery.

From January 2015 to May 2016, 1,513 providers have been trained in providing comprehensive IUCD services and 339 providers have also been trained in family planning counseling. A total of 346 facility staff members have been trained in commodity management and 343 data handlers have been trained in data reporting through the use of software. More than 1,66,033 women have received family planning counseling in this period which has resulted in 66,139 women choosing IUCD services with the help of this program.

3As of end May 2016
MCSP has initiated strengthening quality of FP services, focusing on female sterilization, through provider trainings aligned with the national FP service delivery guidelines. This would lead to standardization of services, strengthening quality of services at Fixed Day Static (FDS) sites, and building each state’s capacity to generate an increased pool of trainers.

Expanding IUCD services in 187 Facilities of Odisha & Chhattisgarh (Jan 15–May 16)

The Maternal and Child Survival Program (MCSP)
Donor: United States Agency for International Development (USAID)

MCSP is taking forward the technical and programmatic expertise gained under its predecessor, the Maternal and Child Health Integrated Program (MCHIP) that successfully initiated and established the PPFP program in India with a focus on PPIUCD. The program is aligned with India’s commitment to FP2020 by promoting the expansion of the current basket of contraceptives available in India in the states of Odisha, Chhattisgarh, Assam, Telangana and Maharashtra.

MCSP carries forward the momentum of advocating with the FP partners for inclusion of newer modern contraceptives in the public health system of India. It is built on the tenets of informed choice, respectful care, gender-sensitivity and community participation. MCSP has received GoI’s approval for inclusion of Progesterone Only Pills and Centchroman in the current FP basket at 52 facilities across its five focus states (one district in each focus state). In Odisha and Chhattisgarh,

Strengthening Postpartum Family Planning and Quality of Family Planning Services in Bihar
Donor: The David and Lucile Packard Foundation

In partnership with the Government of Bihar, this program aims to contribute to improving access to high-quality reproductive health services, thus leading to improvements in reproductive health outcomes of women and their families in Bihar. The program provides strategic technical assistance to the Government of Bihar for (i) facilitating the implementation of a comprehensive PPFP multiyear implementation plan; (ii) further scale up of components in the PPFP implementation strategy in five focus districts—Muzaffarpur, Gaya, Saran, Bhagalpur and Madhubani—to increase access to comprehensive PPFP services to 80% of women delivering at public health facilities in these districts; and (iii) demonstrate a feasible, efficient and effective programmatic model to strengthen provision of high-quality family planning family planning services in the four focus districts. The PPFP services will include Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS).

In addition to expanding access to FP services, the project will pilot an introduction of Progestin only Pills (POP) in the public sector health facilities in the district of Gaya. The project’s long-term goal is to address unmet need for modern contraceptive methods, in particular during the postpartum period, thereby empowering women and couples in India to fulfill their reproductive health wishes.
In addition to the above graphs, 178 data handlers have been trained in data management while 161 providers have been trained in FP counseling services. A total of 9 divisional training sites have been developed for PPS clinical skill training inclusive of a well-equipped counseling corner.

### Strengthening Family Planning Services through a Quality Assurance Model
**Donor: Bill & Melinda Gates Foundation**

With Support from BMGF, Jhpiego is rolling out a program entitled “Quality in Family Planning”. The goal of this 30 month program, which started in August 2016, is to develop, pilot test and advocate for simplified, contextualized, evidence based and scalable quality assurance model in Jharkhand, India.

To accomplish this goal, Jhpiego is gathering knowledge and engaging the public and private sectors through formative research and engagement with the government; collaborating with the government and other stakeholders to develop a quality assurance model that would be facilitated in three districts in Jharkhand, which will subsequently advocate for it to be integrated into the health system.

### Advance Family Planning Program
**Donor: Bill & Melinda Gates Foundation**

Started in January 2016, the 10 months project aims at working with the Government of India to increase the budgets for family planning services and quality parameters within the Program Implementation Plans of the National Health Mission for the State of Jharkhand. Using advocacy as a major tool to implement the same, the programs will establish functional state working group (SWG) and two functional district working groups (DWGs) for family planning and gender rights in the state.

A catalyst for change—Jhpiego’s commitment towards better provision of family planning and reproductive health services in India

Jhpiego follows a system’s approach to its program design and implementation. A 360 degree comprehensive advocacy strategy speaks not only with policy makers, program managers but also with professional associations, using data to advocate for change- be it for the introduction of newer contraceptive methods, allowing nurses to provide IUCD services, or advocating for skilled counselors to provide essential reproductive health messages.

Jhpiego works to develop the system’s capacity to provide quality services by developing training sites, training state level master trainers from within the system and by creating an enabling environment at the facilities through on-site mentoring support. This has resulted in sustaining, as well as increasing in some cases, the IUCD acceptance through government’s efforts, despite cessation of TA from few states. Material developed by Jhpiego—learning resource packages, job-aids, IEC materials etc. has been adopted by the government and is being utilized throughout the country. Jhpiego also works to strengthen the system’s capacity to record, report and analyze data for decision making. Quality was and continues to be the cornerstone of every program that Jhpiego designs and implements. Jhpiego believes that successful, sustainable programs can be achieved only through solid partnerships. Jhpiego has helped bring together policy makers, government officials, providers, civil society, donors and partners to discuss and share experiences through various fora including the national level family planning summits which it organized in 2011, 2012, 2013 and through NTSU-FP, in 2016.