

Strengthening Family Planning Services in India

Fact Sheet: November 2017

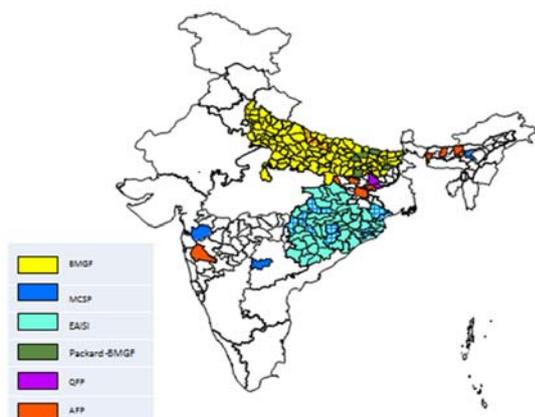
Partners: Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), Multiple State Governments

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 apart¹. Short intervals between births are linked with higher maternal and child mortality and morbidity².

The Family Planning (FP) 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. Increased access to these women during their immediate postpartum period has provided a unique opportunity for the expansion of postpartum family planning (PPFP) services.



Donor wise spread of Jhpiego's current FP programs

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

Overall achievements through Jhpiego's Family Planning programs	
Doctors trained in providing FP	4670
Nurses trained in providing FP	13433
Total number of women Counsellled in FP	Around 12 million counselling contacts
Total General IUCD insertions	7,67,643
Total PPIUCD insertions	13,75,944
Training sites set up	85

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 FP division of MoHFW, GoI, providing strategic leadership, advocacy, technical support and guidance for all programmatic interventions related to 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.

Scaling-Up Postpartum IUCD in India: Leveraging the Confluence of Positive Factors for National Impact

Donor: Bill & Melinda Gates Foundation

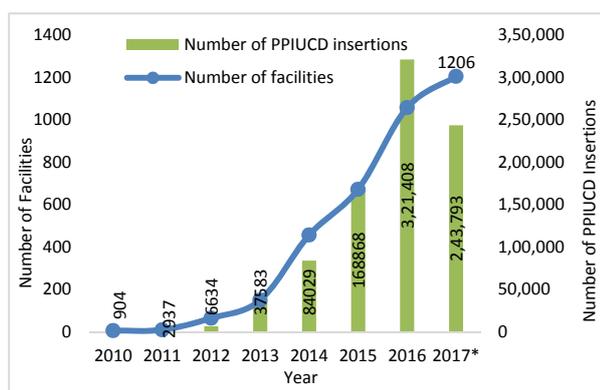
In light of the fact that in most districts, more than two-third institutional deliveries in the public sector occur at the sub-district level health facilities, in 2013, the BMGF supported program moved to the

¹The Lancet: John Cleland, Stan Bernstein, Alex Ezeh, Anibal Faundes, Anna Glasier, Jolene Innis. Family planning: the unfinished agenda. The Lancet Sexual and Reproductive Health Series, October 2006.
²Rutstein S. Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and UnderFiveYears

Mortality and Nutritional Status in Developing Countries: Evidence from the Demographic and Health Surveys. DHS Working Papers No. 41. Macro International; 2008.



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 (UP) and Bihar. A total of 641 district and sub-district level facilities in UP and 404 in Bihar have been strengthened with 1636 doctors, including 365 AYUSH doctors and 7055 nurses trained in providing PPIUCD services. In order to ensure the provision of informed choice among clients, a total of 2,545 providers have been trained in counseling and the program facilities have been equipped with IEC/BCC materials and counseling aids.



Rapid scale up of PPFP services:
(2010 to Mar 2017)

The data management system has also been strengthened with more than 3,218 data handlers trained in recording and reporting. All these efforts have resulted in 9,12,318 women accepting PPIUCD services so far³.

Expanding Access to Intrauterine Contraceptive Device Services in India (EASI)

Donor: Anonymous

Further intensifying efforts to provide FP services at the sub-district level, the EASI 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 EASI program is to increase contraceptive choices at 187 select public-sector 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 trainings followed by supportive supervision visits to help institutionalize quality service delivery.

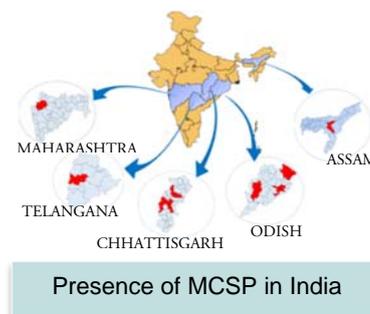
³ Data updated till end November 2016

In phase 1, 1707 providers have been trained in providing comprehensive IUCD services and 376 providers have also been trained in FP counseling. A total of 361 facility staff members have been trained in commodity management and 353 data handlers have been trained in data reporting through the use of the EASI software. (This software was developed by Jhpiego along with IPAS and Engender Health to streamline recording, reporting and timely analysis for strengthening IUCD services in the focus states.) A refresher training of 338 data handler was also conducted on the new version of the registers and software. More than 3,00,000 women have so far received FP counseling in this period which has resulted in 94301 women choosing PPIUCD, 25126 Int. IUCD and 6017 PAIUCD services with the help of this program. Phase I completed in April 2017. The goal of Phase II of the EASI project is to ensure sustained contraceptive prevalence rates in the states of Odisha and Chhattisgarh, particularly ensuring that LARC such as IUCDs are part of the expanded contraceptive choices offered; which also complements and contributes to the achievement of FP2020 goals. 130 participants from 48 phase 2 facilities have been trained on Comprehensive IUCD services as of September 2017.

The Maternal and Child Survival Program (MCSP)

Donor: United States Agency for International Development (USAID)

MCSP is providing technical assistance to the GoI to expand access to quality FP services and contribute to India's FP2020 commitments, with the ultimate



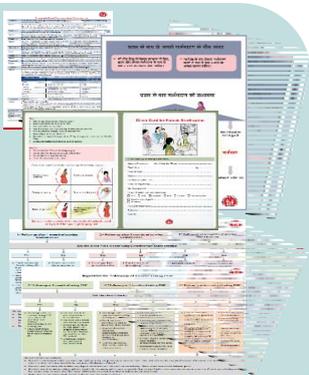
goal of ending preventable maternal and child deaths. The program is advocating with, and providing technical support to, GoI in expanding the contraceptive basket with inclusion of newer proven modern contraceptive methods (injectables, Progesterone-only Pills (POPs), Centchroman and others) and establishing quality service provision for FP at select public health facilities in Telangana, Odisha, Chhattisgarh, Assam and Maharashtra. Furthering the success of USAID's predecessor Maternal and Child Health Integrated Program (MCHIP), MCSP is advocating for adoption of evidence-based approaches, strategies, interventions and solutions to strengthen the delivery of quality



contraceptive services. The program is built on the tenets of informed choice, respectful care, gender- sensitivity and community participation in family planning services.

Following the successful advocacy for introduction of newer contraceptives in Gol's FP basket, the program is undertaking strategic demonstration at 52 selected health facilities for the introduction of POP and Centchroman through public health system. Under this, MCSP has built capacity of 273 providers from the 52 facilities on oral contraceptives through competency-based trainings. MCSP has successfully established service provision of the two methods. Till Aug 31, 2017, of the 45406 women who have delivered at the focus facilities, 1814 accepted POPs and 887 accepted Centchroman.

MCSP developed, and is implementing, tools for quality improvement, standardizing service delivery, recording, and reporting of services provided at the focus facilities. The quality improvement tools include service delivery standards, a Clinical Safety Checklist (CSC), client cards, job-aids on follow-up protocols, FAQs, among others.



To establish quality FP services, MCSP is strengthening the ecosystem for delivering quality services. This includes setting up quality counseling services and counseling corners, expanding trainers' pool, streamlining facility level management processes, strengthening facility, district and state quality assurance mechanisms, strengthening community linkages and addressing system level gaps. MCSP has built capacity of 147 providers on skills' standardization to strengthen the pool of service providers for quality sterilization services, and supported Chhattisgarh in conducting trainings of trainers to expand pool of master trainers and strengthen state's training capacity for training providers on sterilization services. Additionally, 203 providers have been trained on data handling to strengthen and streamline data collection and reporting, and 332 providers have been trained to deliver quality-counseling services with comprehensive information on all FP methods. Approximately 40,000 community health workers are being trained through the program to improve provision of assured quality services, client experience and satisfaction on Fixed Day Static

(FDS) days. The program has utilized a unique approach- Facility Level Orientation (FLO) - to orient all facility staff on the program and its objectives, and introduce quality improvement tools and processes. Whole-site orientations were conducted at 147 focus FDS facilities, along with hands-on demonstration of the CSC at 126 facilities. MCSP is also working on strengthening other components of the ecosystem for delivering quality family planning services. This includes strengthening community linkages through introduction of pre-registration mechanism and client card for sterilization services, setting up of Fixed Day Static (FDS) calendars for routinized sterilization service provision, setting up of counseling corners and establishing quality circles for monitoring FP services at the facility.

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 PPFPP multiyear implementation plan; (ii) further scale up of components in the PPFPP implementation strategy in five focus districts— Muzaffarpur, Gaya, Saran, Bhagalpur and Madhubani—to increase access to comprehensive PPFPP 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 FP services in the four focus districts. The PPFPP services will include Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS).

In addition to expanding access to PPFPP 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. So far, 458 data handlers have been trained in data management while 271 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.



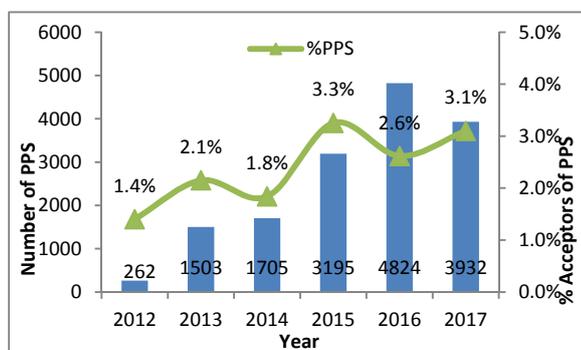
Advocating for Quality in Family Planning

Donor: Bill & Melinda Gates Foundation

Supported by BMGF, the goal of this 30-month program is to develop, pilot test and advocate for simplified, contextualized, evidence based and scalable quality assurance model in Dhanbad, Giridih and Ramgarh districts of Jharkhand, India that could effectively be scaled-up by the Ministry of Health and Family Welfare (MOHFW).

Initiated in August 2016, 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, which will subsequently advocate for it to be integrated into the health system.

To address key constraints to quality, the model is incorporating strategies such as financial provider incentives, planning & management of service delivery point, engagement with community stakeholders (through the support of Accredited Social Health Activists), improved supply of family planning commodities and training human resources for family planning services. Key stakeholders, especially the government decision-makers and implementers, are being continuously engaged during the development and the testing of the model as an ongoing policy engagement process.



Advance Family Planning Program

In view of the global commitment to the FP2020 London Summit, The Government of India (GOI) has recognized the need for improving the quality of reproductive, maternal, newborn, child, and adolescent health services, and especially family planning services. With GoI's aim of creating 48 million new FP users, Jhpiego funded by the Johns Hopkins University, is supporting the State Governments through the Advance Family Planning (AFP) program.

Jhpiego initiated the AFP program in two districts of Jharkhand. In almost two years, the program

now reaches 14 districts of four states: Jharkhand, Assam, Maharashtra and Uttar Pradesh. In accordance with the GoI's vision for quality family planning, Jhpiego is successfully integrating the AFP advocacy efforts to establish state and district working groups (DWGs) for family planning and quality assurance by effectively diffusing the AFP SMART Advocacy Approach throughout government and regional organizations working for family planning. This



Glimpses of the AFP program

combined advocacy approach has also resulted in many quick wins such as advocating for Sahhiya, an Accredited Social Health Activist (ASHA), as a family planning communicator, establishing family planning counselling corners, leveraging the National Health Mission (NHM) budget for procurement of instruments, and institutionalization of an accreditation process for fixed-day services (FDS) in family planning.

Some of the focus areas under the AFP program include increasing quality of care in family planning services such as counseling, training and task-shifting/sharing; postpartum family planning, sterilization services, increase budget allocation for family planning, strengthening public private partnerships for family planning and leveraging corporate social responsibility initiatives.

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/BCC 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.