

Strengthening Family Planning Services in India

Fact Sheet: April 2018

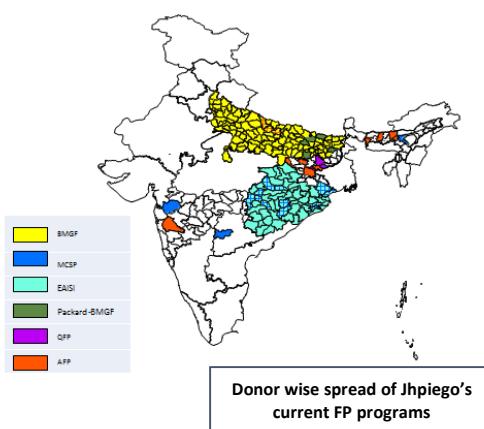
Partners: Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), Multiple State Governments

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.



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 (data till Feb 2018)**	
Doctors trained in providing FP	4838
Nurses trained in providing FP	14294
Total number of women Counseled in FP	Around 14 million counselling contacts
Total General IUD insertions	8,41,120
Total PPIUCD insertions	16,71,460
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 PPFP 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 next level and introduced and established 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)

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.

and Bihar. A total of 655 district and sub-district level facilities in UP and 404 in Bihar have since been strengthened with 1760 doctors, including 414 AYUSH doctors and 7399 nurses trained in providing PPIUCD services. In order to ensure the provision of informed choice among clients, a total of 2703 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 3272 data handlers trained in recording and reporting. All these efforts have resulted in 1,051,723 women accepting PPIUCD services under this program so far.

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 Intrauterine Contraceptive Device (IUCD) services in these two states. The goal of the first phase of the EAISI program was 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 included a combination of centralized and on-site trainings followed by supportive supervision visits to help institutionalize quality service delivery. In its first phase 1,707 providers were trained in providing comprehensive IUCD services and 376 providers were trained in FP counseling. A total of 361 facility staff members had been trained in commodity management and 353 data handlers had been trained in data reporting through the use of the EAISI 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 received FP counseling in this period which resulted in 94301 women choosing PPIUCD, 25126 Int. IUCD and 6017 PAIUCD services. Phase I was completed in April 2017.

The phase 2 of the program comprises of 388 facilities (201 new facilities and 187 phase 1 facilities). The goal of the Phase II of the EAISI 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 the FP2020 goals. **The table below highlights the training progress made in Phase 2 so far**:**

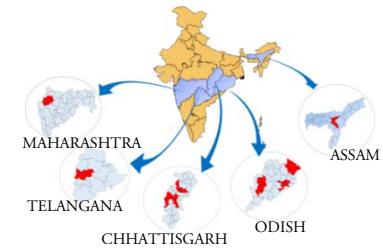
Training Type	Facilities Covered	Number of Staff trained
Comprehensive IUCD training	168	671
Data Handlers training	201	465
Community Counselors	97	158

As a new initiative, 1642 home follow-up visits have been conducted by the 12 community counselors in Odisha and Chhattisgarh. These community counselors have been associated with Jhpiego since November 2017.

The Maternal and Child Survival Program (MCSP)

Donor: United States Agency for International Development (USAID)

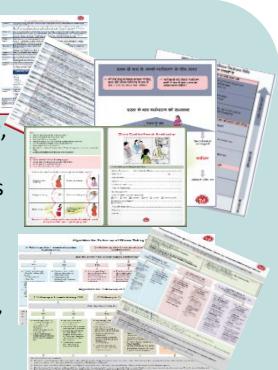
MCSP is providing technical assistance to the GoI to expand access to quality FP services and contribute to India's FP2020 commitments, with the ultimate goal of ending preventable maternal and child deaths. The program is advocating with, and providing technical support to, GoI in expanding the contraceptive basket with inclusion of newer proven modern contraceptive methods (Injectables, Progestin-only Pills (POPs), Centchroman and others) and establishing quality service provision for FP at select public health facilities in Assam, Chhattisgarh, Maharashtra, Odisha and Telangana. Furthering the success of USAID's predecessor Maternal and Child Health Integrated Program (MCHIP), MCSP is advocating for the 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.



Presence of MCSP in India

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 the capacity of 274 providers from the 52 facilities on oral contraceptives through competency-based trainings. MCSP has successfully established service provision of the two methods. So far, of the 89903 women who have since delivered at the focus facilities, 2686 accepted POPs and 1481 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 the system level gaps. MCSP has built the capacity of 152 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 333 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.

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. MCSP has helped facilitate formation of Quality Circles at facility level meetings at regular intervals in 146 facilities across the five states and to streamline client load on FDS (Fixed Day Static) day and "Client Pre-registration" at 144 intervention facilities. MCSP has trained 15700 Community health workers (ASHAs/ANMs³) and 961 Facility level FP service providers on gender sensitivity and respectful care.

Over the implementation period, through regular assessment of facilities, technical support and advocacy, MCSP has been able to improve infrastructure and basic amenities from 18% to 43% facilities, counseling services in 8% to 47% facilities, client follow up in 12% to 52% facilities and management and system for QA (Quality Assurance) in 32% to 37% facilities.

Strengthening Postpartum Family Planning and Quality of Family Planning Services in Bihar

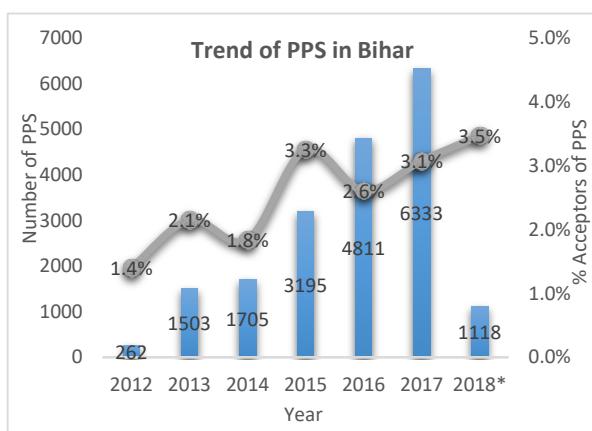
Donor: The David and Lucile Packard Foundation

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 Postpartum Family Planning (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 FP services in the four focus districts. The PPFP services will include

³ ASHA- Accredited Social Health Activist,
ANM- Auxiliary Nurse Midwife

Lactational menorrhoea Method (LAM), PPIUCD and Postpartum Sterilization (PPS).

In addition to expanding access to PPFP services, the project piloted the introduction of Progestin-only Pills (POP) in the public sector health facilities in District 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 291 providers have been trained in FP counseling services. A total of nine divisional training sites have been developed for PPS clinical skill training inclusive of a well-equipped counseling corner.



*Till Feb 2018

Advocating for Quality in Family Planning

Donor: Bill & Melinda Gates Foundation

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 that could effectively be scaled-up by the Ministry of Health and Family Welfare (MOHFW).

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 (ASHA)), 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.

Successful policy advocacy has been undertaken for developing ASHA as 'Family Planning Communicator' to combat the human resource gap in counseling. Until now, 1,170 ASHAs have been trained as FP communicators and have reached out to 10,982 clients. Working groups have been established at state and district levels to organize a system for accountability and platform to discuss progress and challenges in FP programs. 72 counseling corners have been established in 24 districts of high delivery points to provide dedicated space for counseling and increase acceptance of modern methods of family planning. Decentralized training system have been created in five additional sites for Minilap and Non-scalpel Vasectomy operations. Doorstep FP communication and counseling has been initiated by ASHAs after training them through Balance Counseling Strategy (BCS). To fix poor organization with non-scheduling of clients for fixed day services, pre-registration of clients for sterilization services has been initiated. Site-wise FDS microplan and managerial checklist was developed for further regularity and accountability. Clinical Skill Standardization (CSS) training has been undertaken for providers, including ancillary staff. ASHA checklist and Client exit interview have also been introduced as client feedback mechanism.

Advance Family Planning Program

The 'Advance Family Planning' program focuses on mainstreaming quality in India's FP2020 commitments through the SMART advocacy approach in the states of Assam, Jharkhand, Maharashtra and Uttar Pradesh. The overall goal of the program is to successfully advocate for sanctioned increase in budgets for family planning services and quality within the 'Program Implementation Plans' of the National Health Mission for the focus states. In accordance with the Government of India'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. The combined advocacy approach has leveraged government resources, resulting in policy and financial quick wins.



Advocacy efforts by Jhpiego India's AFP team mobilized additional budget from National Health Mission, India for improving the visibility and overall quality of family planning information and service delivery mechanism. Resources leveraged include several policy-level wins such as Jharkhand approving the pilot of Sahhiya as 'Family Planning Communicator' at public health facilities, and Maharashtra procuring MEC wheel and IUCD register for client tracking for improving quality of FP services. Some successful budgetary wins include Jharkhand budgeting 5.5 million INR for procuring instruments for NSV/ mini-lap/IUCD and 0.455 million Indian rupees allocated for developing 7 Minilap/NSV training sites. Similarly, Maharashtra committed 40.885 million Indian rupees for FP IEC-BCC activities in the state, an extraordinary 252% increment in this budget category. Apart from this, Jhpiego has also established working groups for family planning in 16 districts of the focus states for strengthening family planning service provision by improving service delivery, expanding method of choice and ensuring access to timely, voluntary, quality services.

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.

****Note:** Source of data: Jhpiego MIS

Data till February 2018