

# Strengthening Family Planning Services in India

Fact Sheet: October 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 (FP) can avert nearly one-third of maternal deaths and 10% of child mortality when couples space their pregnancies more than two years apart<sup>1</sup>. Short intervals between births are linked with higher maternal and child mortality and morbidity<sup>2</sup>.

India looks at FP as a key initiative to promote maternal and child health and reduce maternal, infant and child mortality and morbidity (beyond population stabilization). Janani Suraksha Yojana (JSY) - GoI's conditional cash transfer scheme, is bringing millions of women to deliver at public health facilities, with close to 80% of deliveries taking place in health care institutions. This increased access to women during their immediate postpartum period has provided a

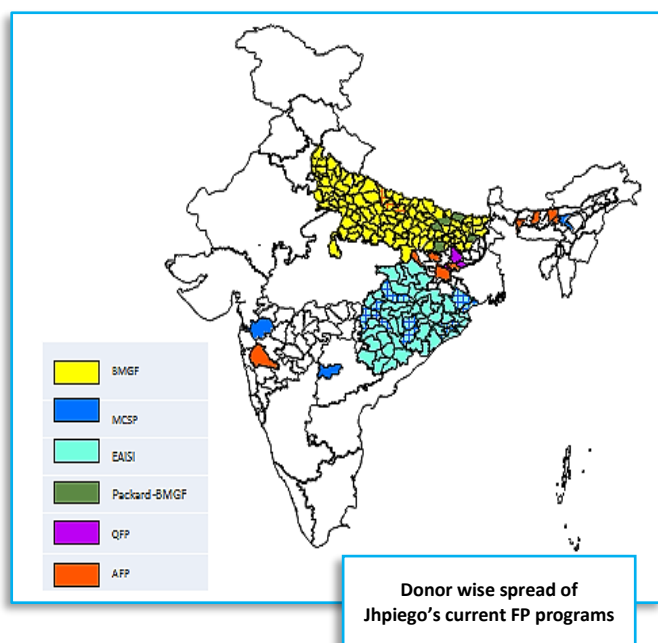
unique opportunity for the expansion of postpartum family planning (PPFP) services.

For over a decade, Jhpiego has been working with the GoI and several state governments in revitalizing and strengthening FP (general, postpartum and post abortion) services in India.

Just in the past three years, Jhpiego has supported the GoI to save the lives of an estimated 60,000 children and 6,000 women through improved contraceptive services. Averting an estimated 8.5 million unintended pregnancies and 4 million abortions saved an estimated USD 418 million (INR 26.5 billion) in direct health care spending<sup>3</sup>.

## Jhpiego's Family Planning Programs Overall Achievements (Jhpiego MIS data till Aug 2018)

Doctors trained in providing IUCD services	5,178
Nurses trained in providing IUCD services	14,945
Providers trained in postpartum sterilization	332
Providers trained in new FP methods (POP, Centchroman)	511
Total number of women counseled in FP	Around 16 million counselling contacts
Total general IUCD insertions	909,019
Total PPIUCD <sup>4</sup> insertions	1,914,260
Total PAIUCD <sup>5</sup> insertions	17,635
Training sites set up	85



<sup>1</sup> The 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

<sup>2</sup> Rutstein S. Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and Under Five Years Mortality and Nutritional

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

<sup>3</sup> Estimates calculated using Impact 2, Marie Stopes International, 2016.

<sup>4</sup> PPIUCD refers to 'Postpartum Intrauterine Contraceptive Device.'

<sup>5</sup> PAIUCD refers to 'Post Abortion Intrauterine Contraceptive Device.'



## Jhpiego's current FP programs in India

### The National Technical Support Unit - Family Planning (NTSU-FP)

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

**Donor:** Bill & Melinda Gates Foundation (BMGF)

**Program Period:** November 2013 - December 2018

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 PFP services; d) integration of FP commodities with health care commodities.

### Expanding Access to Intrauterine Contraceptive Device Services in India (EIASI)

**Partners:** GoI, MoHFW, State governments of Odisha and Chhattisgarh

**Donor:** Anonymous

**Program Period:** May 2017 - April 2020

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, the EIASI program aims at dramatically expanding access to long-acting 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.

Now in its second phase, the goal of the first phase of the EIASI 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. 2,888 providers were trained in providing comprehensive

IUCD services and 534 providers were trained in FP counseling. More than 900,000 women received FP counseling in this period, which resulted in 235,718 women choosing postpartum intrauterine contraceptive device (PPIUCD), 49,653 interval IUCD and 17,631 post abortion intrauterine contraceptive device (PAIUCD) services. Phase-I was completed in April 2017.

The Phase-II of the program comprises of 388 facilities (201 new facilities and 187 phase-I facilities). The goal of the phase II of the EIASI program is to ensure sustained contraceptive prevalence rates in the states of Odisha and Chhattisgarh, particularly ensuring that LARCs such as IUCDs are part of the expanded contraceptive choices offered. This also complements and contributes to the achievement of the FP2020 goals.

As a new initiative, home follow-up visits were introduced in this phase. The community counselors in Odisha and Chhattisgarh have conducted 1,678 such visits. These community counselors have been associated with Jhpiego since November 2017.

**EIASI Phase-I and Phase-II\*\***

Comprehensive IUCD Services	2,888
FP Counseling Training	534
Commodity Management Training	366
Data Handler Training	818
Women, who received FP counseling	941,683
PPIUCD Insertions	2,35,718
Interval IUCD Insertions	49,653
PAIUCD Insertions	17,631

\*\*The data in the table above highlights the training progress made in phase 2 so far.

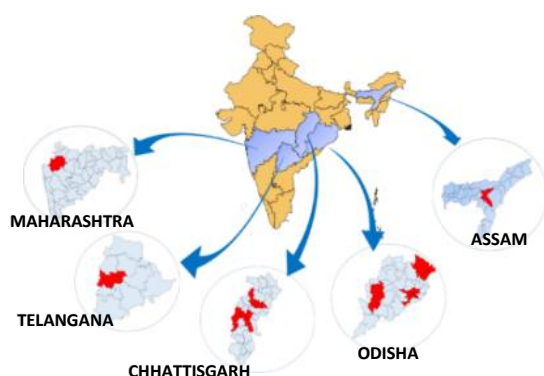
### The Maternal and Child Survival Program (MCSP)

**Partners:** MoHFW, State governments of Assam, Chhattisgarh, Maharashtra, Odisha and Telangana

**Donor:** USAID

**Program Period:** March 2015 – December 2018

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 preventing maternal and child deaths.



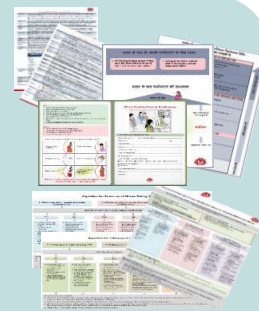
**Presence of MCSP (Family Planning) in India**

The program is advocating for and providing technical support to GoI in expanding the contraceptive basket with inclusion of newer proven modern contraceptive methods (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 FP services.

Following the successful advocacy for introduction of newer contraceptives in GoI'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 286 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 137,593 women who have since delivered at the focus facilities, 3,501 accepted POPs and 3,561 accepted Centchroman.

To establish quality FP services, MCSP is strengthening the ecosystem for delivering quality services. This includes setting up quality counseling

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.



services and counseling corners, expanding providers' as well as 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 156 providers on skills' standardization to strengthen the pool of service providers for quality voluntary female sterilization services, and supported Assam, Chhattisgarh, Maharashtra, Odisha and Telangana. MCSP has also supported and extended technical assistance (TA) in conducting trainings of trainers (ToTs) to expand the pool of master trainers and strengthen the state's training capacity for training providers on voluntary female sterilization services. Additionally, 215 providers have been trained on data handling to strengthen and streamline data collection and reporting, and 446 providers have been trained to deliver quality-counseling services with comprehensive information on all FP methods.

32,019 community health workers have been trained through the program to improve provision of assured quality services, client experience and satisfaction for fixed day static (FDS) services. During facility level orientation (FLO), MCSP orients all facility staff on the program and its objectives, with the introduction of quality improvement (QI) tools and processes.

MCSP is also working on strengthening FDS services for voluntary female sterilization by defining facility specific calendars for service days and improving community linkages through introduction of pre-registration mechanism, and introduction of client card for voluntary female sterilization services. These help the facilities to standardize and optimize its service provision. MCSP has also advocated for the 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 182 facilities across the five states and to streamline client load on FDS day and



“client pre-registration” at 109 intervention facilities. MCSP has trained 20,442 community health workers (ASHAs/ANMs<sup>6</sup>) and 2,131 facility level FP service providers on gender sensitivity and respectful care.

To assess the level of improvement of quality of FP services and measure the progress on quality of service provision, MCSP conducts quarterly assessments against service delivery performance standards. Over the implementation period, through regular assessment of facilities, technical support and advocacy, MCSP has been able to improve the overall quality of FP services by 25% over baseline, with a 28% improvement in facility profile, 45% in FP and method-specific counseling, 17% in infection prevention measures, screening and surgical procedures, 45% in client follow-up, and 6% in quality assurance and mechanism for reporting and recording<sup>7</sup>.

### Strengthening Postpartum Family Planning (PPFP) and Quality of Family Planning Services in Bihar

**Partners:** State Government of Bihar

**Donor:** The David and Lucile Packard Foundation

**Program Period:** February 2017 - January 2019

In partnership with the Government of Bihar, this program aims to contribute to improving access to high-quality reproductive health services, thus leading to improved health outcomes for women and their families in Bihar. In its fourth phase, the program provides strategic technical assistance (TA) to the Government of Bihar for -

- (i) Facilitating the implementation of a comprehensive PPFP multiyear plan
- (ii) Further scaling up of components in the PPFP implementation strategy in five focus districts of 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
- (iii) Demonstrating 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 Lactational Amenorrhea Method (LAM), PPIUCD and Postpartum Sterilization (PPS).

In addition to expanding access to PPFP services, the program piloted the introduction of Progestin-only Pills (POP) in the public sector health facilities in

district Gaya. The program’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, 619 data handlers have been trained in data management while 320 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.

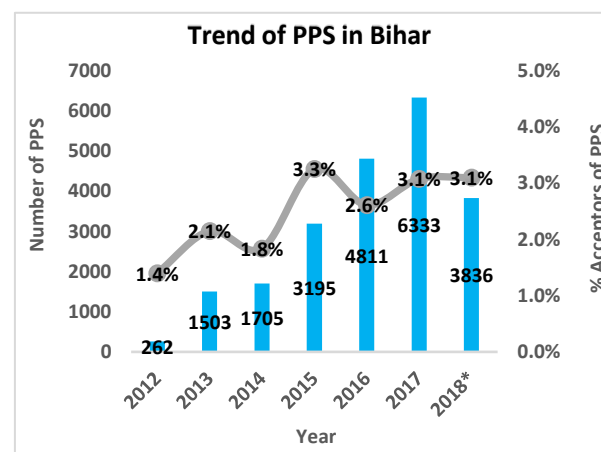
### Advocating for Quality in Family Planning (QFP)

**Partners:** State Government of Jharkhand

**Donor:** Bill & Melinda Gates Foundation (BMGF)

**Program Period:** July 2016-December 2018

The goal of this program is to develop, pilot test and advocate for a 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 MoHFW.



\*\* Source of data: Jhpiego Database (Data until August 2018)

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

Among the key successes in policy advocacy under this program include developing ASHAs as ‘family planning communicators’ to combat the human

<sup>6</sup> ASHA - Accredited Social Health Activist, ANM - Auxiliary Nurse Midwife

<sup>7</sup> Data till August, 2018.



resource gap in counseling. So far, 622 ASHAs have been trained as FP communicators and have reached out to 15,294 clients. Working groups have been established at state and district levels to organize a system for accountability and provide a 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). Pre-registration of clients for sterilization services has been initiated to streamline provision of fixed day services (FDS) and thus improve quality. Site-wise FDS micro plan and managerial checklists have been developed for further regularity and accountability. Clinical skill standardization (CSS) trainings have been undertaken for providers and ancillary staff. ASHA checklist and client exit interviews have also been introduced as client feedback mechanisms.

### Advance Family Planning (AFP) Program

**Partners:** State Governments of Jharkhand, Uttar Pradesh, Assam and Maharashtra

**Donor:** Advance Family Planning (AFP)

**Program Period:** November 2017-October 2018

AFP 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. In its third year with Jhpiego India, the overall goal of the program is to successfully advocate for sanctioned increase in budgets for FP services and quality within the 'program implementation plans (PIPs)' of the National Health Mission (NHM) for the focus states.

In accordance with the GoI's vision for quality FP, Jhpiego is successfully integrating the AFP advocacy efforts to establish state and district working groups (DWGs) for FP 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 several policy and financial quick wins. Advocacy efforts by Jhpiego India's AFP team mobilized additional budget from India's NHM for improving the visibility and overall quality of FP information and service delivery mechanism. Resources leveraged include several policy-level wins such as Jharkhand approving the pilot of Sahhiyas<sup>8</sup> as 'FP communicators' at public health facilities, and Maharashtra procuring Medical Eligibility Criteria (MEC) wheel and IUCD register for client tracking for improving quality of FP services.

Some successful budgetary wins include Jharkhand budgeting INR 5.5 million for procuring instruments for Non-Scalpel Vasectomy (NSV)/ Minilap/ IUCD and INR 0.455 million was allocated for developing seven Minilap/ NSV training sites. Similarly, Maharashtra committed INR 40.885 million 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 FP in 16 districts of the focus states for strengthening FP service provision by improving service delivery, expanding method of choice and ensuring access to timely, voluntary, quality services.

### Ensuring Quality and Informed Choice for Family Planning (EQIC-FP)

**Partners:** State Governments of Assam & Maharashtra

**Donor:** Anonymous

**Program Period:** September 2018 - August 2020

At the London Family Planning summit in 2012, the GoI made an ambitious commitment to reach 48 million additional users of family planning (FP) by 2020 - accounting for a formidable 40% of the FP2020 global target of 120 million additional users. India has made great strides to reach more women with modern contraceptives, reaching 9.2 million additional users since 2012. However, the country faces the critical challenge of overcoming barriers to quality, method mix and informed choice.

According to Track20 estimates<sup>9</sup>, India has an unmet need for FP of 19.2%. Also, with a method mix

<sup>8</sup> Terms used for community health workers in Jharkhand

<sup>9</sup> Track20 works with FP2020, pledging countries to work directly with governments, building their capacity to improve the quality of data

being collected and how the data is being used to inform regular monitoring and strategic decision-making. Link: <http://www.track20.org>



dramatically skewed toward female sterilization and a 'method information index (an indicator reflecting informed choice)' that reflects a lack of counseling and a lack of essential information provided to women seeking FP services, India urgently requires strategic investments to ensure that women are fully supported to select the method that best suits their needs.

To that end, Jhpiego India has successfully piloted an innovative model to support the Government of Jharkhand in implementing a range of policies, capacity-building approaches, and managerial/operational processes and tools. Jhpiego India has collaborated closely with the GoI to focus attention on quality of care and rights of clients to address pervasive problems including poor counseling, lack of information, lack of available methods and poor quality of services.

With this philanthropic investment, Jhpiego plans to implement the lessons learned from the State of Jharkhand in select districts of Maharashtra & Assam. Jhpiego India will convene and actively engage government FP champions as thought partners and messengers to propel statewide scale-up of a quality improvement model in Maharashtra & Assam states through data-driven advocacy at district & state levels.

Jhpiego anticipates a two-percentage point increase in acceptance of spacing methods in these two states within two years after statewide scale-up, potentially resulting in as many as 600,000 more users of reversible/ short-term, spacing methods. Furthermore, Jhpiego will assist in the rollout of reformed incentive mechanisms to ensure that success is defined not only by numbers of new acceptors, but also by the assurance that each woman has received the best available method to meet her needs.

### Supporting Postpartum Family Planning Transition to State Governments in Uttar Pradesh and Bihar and Assessing Post-Abortion Comprehensive Family Planning Gaps

**Partners:** State Governments of Uttar Pradesh & Bihar

**Donor:** Bill & Melinda Gates Foundation (BMGF)

**Program Period:** September 2018 - August 2019

In order to address the lack of access to quality FP services in Uttar Pradesh and Bihar, from November 2010 - July 2018, Jhpiego's technical assistance to the state governments has been to ensure PPFP services, specifically PPIUCD services, are available and provided with quality throughout Uttar Pradesh and Bihar. The partnership has been able to work in 769 sites in Uttar Pradesh and 492 sites in Bihar and sustain an average PPIUCD acceptance rate among women delivering in the facility by 15% in Uttar Pradesh and 10% in Bihar.

Now, PPFP-PPIUCD services provided at health facilities need to be sustained and gradually expanded to include all delivery sites in these two states to continue to effectively address unmet need. SIFPSA, the state institution in Uttar Pradesh, will take over the 769 facilities from Jhpiego and sustain these efforts while also planning for expansion in other sites. In Bihar, Jhpiego will work closely with the State Health Society to ensure transfer of ownership of the 492 PPFP-PPIUCD program sites as well as its expansion to other delivery sites in the state.

To sustain the functioning and impact of this program, Jhpiego, along with the Uttar Pradesh and Bihar Governments and their respective State Technical Support Units (TSUs), identified the areas that still need strengthening. Jhpiego will work with the state governments to transition oversight of service availability, workforce capacity and service quality.

To respond further to the unmet need in Uttar Pradesh and Bihar, Jhpiego will leverage its experience in strengthening post-abortion family planning (PAFP) services in Odisha and Chhattisgarh, to evaluate the situation through a landscape assessment of post-abortion care and FP at Bihar and Uttar Pradesh. The assessment will specially focus on achievements to date by the state and it will also focus on the assistance provided by the development partners, the lessons learnt in establishing the program, the gaps and areas of improvement and to what extent the integration of care is successful at the field level.

*Updates till August, 2018*

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