

India FP Country Summary, March 2017



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India—Selected Demographic and Health Indicators			
Indicator	Data	Indicator	Data
Population (1)	1,210,854,977	U5MR (per 1,000 live births) (2)	49
Live births/year (1)	25,427,955	TFR (births per woman) (2)	2.3
MMR (per 100,000 live births) (2)	167	CPR (modern methods) (3)	47.1%
NMR (per 1,000 live births) (2)	28	ANC +4 (4)	45.4%


Sources: (1) 2011. *Census of India*. (2) Office of RGI. *SRS (2011–13), Census of India*. New Delhi. (3) Government of India Ministry of Health and Family Welfare. *DLHS 3, 2007–8*. (4) *RSOC 2013–14*.

Strategic Objectives

- To promote expansion of the current basket of contraceptives available in India by advocating for (and demonstrating) the inclusion of proven modern contraceptive options, specifically focusing upon the following methods:
 - Injectable Contraceptives – all variants
 - Progesterone-Only Pills
 - Centchroman¹
 - Hormonal Implants – all variants
- To demonstrate delivery of quality family planning (FP) services in the public health system through improved clinical governance and other innovative processes and systems in selected districts in Chhattisgarh and Odisha, and thereby advocate for delivery of quality FP services in the country.

Program dates	March 2015 – September 2017
Funding status	Spending thru PY2 [REDACTED]; PY3 budget [REDACTED]; Total [REDACTED]
Geographic focus area	Being implemented at the national level, and in 15 districts of the following five states in India: Odisha Chhattisgarh Maharashtra Telangana Assam

¹ Centchroman (Ormeloxifene) is a non-steroidal, non-hormonal, once a week oral contraceptive pill (OCP). It acts as a selective estrogen receptor modulator (SERM). Family Planning Division, Ministry of Health and Family Welfare, GoI. *Reference Manual for Oral Contraceptive Pills*.

	No. of states (provinces)	No. of districts	No. of facilities
Geographic presence	5 (17%) Odisha, Chhattisgarh, Maharashtra, Telangana, and Assam	15 (2%) State wise distribution: Assam - 1, Chhattisgarh - 6, Maharashtra - 1, Odisha - 6 and Telangana - 1	186 (0.6%) State-wise distribution: Assam - 8, Chhattisgarh - 43, Maharashtra - 12, Odisha - 109 and Telangana - 14
Technical interventions	 PRIMARY: Reproductive Health		

Key Accomplishments

Expansion of current FP basket in public health facilities: MCSP successfully advocated for the inclusion of modern contraceptive methods in the current basket of FP options in the public health system. Following these efforts, the Government of India (GoI) recently approved the introduction of injectable contraceptives and Progestin-Only Pills (POPs) in the existing FP basket in the public health system. MCSP actively participated in all the technical expert group meetings held for the introduction of these modern contraceptive methods, and convened two FP2020 partners' consultations with donor and partner organizations. At the consultation, Dr. S.K. Sikdar, Deputy Commissioner and In-charge of Family Planning for the Ministry of Health and Family Welfare, presented key features from the GoI's rollout plan on the injectable contraceptives program in the public sector.

Development of national guidelines for newer contraceptives: MCSP further supported the GoI in drafting and finalizing the learning resource materials for Oral Contraceptive Pills (OCPs) and injectable contraceptives. These manuals will serve as national guidelines for training public health providers on service provision of these methods. MCSP also facilitated translation of the OCP manual and related training materials into regional/local languages. The respective state governments approved the translated versions.

Development of quality improvement and services delivery tools: MCSP finalized and initiated introduction of the client-centric service delivery tools for quality improvement, standardizing service delivery, recording, and reporting at the focus facilities. The quality improvement tools include service delivery standards, a clinical safety checklist, client cards, job-aids on follow-up protocols, FAQs, and others. The client card is designed to facilitate community level screening of potential clients opting for female sterilization. This tool will be instrumental in forwarding screened clients, who are fit for surgery, to a Fixed Day Static (FDS)² facility, improving the linkages between the facility and community. The tool will also ensure timely follow-up of sterilization acceptors and documentation of findings on each follow-up visit. The clinical safety checklist aims to ensure adherence and standardization of pre-, intra- and post-procedure tasks as per the Government of India guidelines for female sterilization. The service delivery documentation tools (recording and reporting of service delivery statistics) will help in capturing the information on the acceptors of the two newer methods, in addition to all other existing oral contraceptives, and standardize reporting in all focus facilities.

² The Fixed Day Static (FDS) approach in sterilization services is defined as "providing sterilization services in a health facility by trained providers posted in the same facility, on fixed days, throughout the year on a regular routine manner."

[illegible]

Quality improvement, and data documentation tools developed by MCSP

Baseline assessments for introduction of newer methods and strengthening quality of FP services:

MCSF received the GoI's approval to conduct a pilot for inclusion of POPs and Centchroman in the current FP basket in 52 facilities in one district each of the five focus states of Odisha, Chhattisgarh, Assam, Maharashtra, and Telangana. The letters for rolling out the pilot were issued by the GoI to the five focus state governments.

MCSP completed baseline assessments at the 52 selected health facilities for the introduction of POPs and Centchroman. These assessments conducted a situational analysis of the feasibility of introducing POPs and Centchroman into the current system. Various service delivery areas were assessed to derive an overarching picture of facilitators and barriers to the introduction of the two newer methods. These areas included availability of human resources, status of counseling services, availability of IEC/BCC materials, and uptake of PPF services. The assessment findings were compiled, analyzed, and shared with the respective states and districts. The expanded basket of contraceptives, including the newer modern contraceptives, would lead to increased acceptance and sustained use of new methods, addressing the unmet need for FP in the focus states.

MSCP also conducted baseline assessments for strengthening quality of FP services in the selected facilities of the five states. The assessments were carried out to identify gaps in services such as availability and readiness of surgical teams for sterilization service provision, surgical practices, FP commodity management, pre- and post-operative care, availability of laboratory services, and quality of counselling services. Crucial components including respectful care towards clients, voluntarism in accepting female sterilization services, and understanding management for quality of FP services, were also assessed. MCSP will work to address the identified gaps to establish a standardized and optimized system for delivery of quality FP services. This will entail adherence to prescribed surgical practices, mobilizing adequate and appropriate resources, promoting informed choice and voluntarism among providers and FP acceptors, integrating respectful care and gender perspectives into service provision, improving provider-client interaction, and enhancing overall client experience.



Photographs taken during baseline assessments

Capacity building of providers on provision of newer contraceptives and quality FP services:

MCSP facilitated capacity building of providers through competency-based trainings. 15 batches of provider trainings have been conducted in the five focus states, training a total of 381 participants. The trainings aimed at building capacity of providers on oral contraceptives. This included orienting providers to the two newly introduced in the public sector FP basket (POPs and Centchroman), as well as updating their knowledge on methods currently present in the basket (the Combined Oral Contraceptive Pills (COCs) and Emergency Contraceptive Pills (ECPs)). The training also focused on informed choice, addressing misconceptions related to OCPs through a dedicated session on counselling, along with a session on contraceptive logistics and record keeping. The objective of the trainings was to prepare competent providers for service provision of the expanded FP basket, providing increased options for clients seeking contraceptive methods or continuing with an accepted FP method, thus contributing to India's progress in achieving FP2020 goals.

In Chhattisgarh and Odisha, MCSP facilitated standardizing female sterilization services and strengthening quality of FP services, aligned with national guidelines. The two-day standardization trainings were conducted for the existing providers of female sterilization services from identified functional facilities of the focus districts, in which a total of 238 providers were trained. Additionally, MCSP supported the state of Chhattisgarh in conducting a three-day ToT at Raipur to build the state's training capacity by preparing seven trainers selected from the pool of providers already trained in the two-day standardization trainings. These trainers, in compliance with GoI directives, will in the future, support the state in conducting the 12-day induction trainings on minilap skills for in-service MBBS providers. To ensure quality, three batches of induction trainings in Chhattisgarh, facilitated by the newly inducted trainers, were conducted with support of the state MCSP teams. These trainings will contribute to strengthening the minilap services in the state and ensuring adherence to national guidelines for female sterilization leading to improved quality of FP services.

MCSP district orientation workshops: MCSP conducted district level orientation workshops for all 15 focus districts in the five states. These workshops served as a platform to build a clear understanding amongst the participants on MCSP's goals, objectives, implementation strategy, and innovative quality improvement tools. A total of 804 state and district officials (including administrators), program managers, and key providers engaged in family planning services were oriented in these workshops. Each workshop featured interactive panel discussions wherein the panelists shared experiences and expressed their views on challenges, opportunities, and strategies on key areas for improving quality of FP services. Participants also discussed the facility level action plans prepared in response to analyses of baseline findings, which will be taken forward by each facility after the workshops to enable them to address the gaps identified during the baseline assessments.

Facility Level Orientations (FLOs) on program objectives and tools: After the completion of district orientation workshops, MCSP conducted facility level all-staff orientations at 43 and 61 focus facilities of the five states, to introduce and initiate service provision of POPs and Centchroman and to strengthen quality of FP services respectively. These orientations served as a platform to introduce related service delivery and quality improvement tools and to discuss the road ahead for establishing quality service provision, addressing the identified gaps at baseline for each focus facility. Facility staff of various cadres, such as medical superintendents (program managers), medical officers, staff nurses, pharmacists, laboratory technicians, counselors, data entry operators, housekeeping staff, and others, have been oriented. A total of 891 facility staff has been oriented on newer contraceptives and 1,558 on quality of FP services in the FLOs. These FLOs will aid in laying a strong foundation for strengthening quality of the expanded contraceptive basket

and creating awareness and knowledge on the newly added contraceptives among the facility staff, enabling them to roll out the services effectively.

Training of data handlers on data documentation tools: MCSP also conducted 12 batches of data handlers' training to train data handlers on recording and reporting tools, training a total of 328 providers from selected focus districts. These trainings intend to build counseling skills of providers on all FP methods, as well as strengthen and streamline data collection and recording on newer GoI approved documentation tools at project focus facilities.

Training on FP counseling services: MCSP conducted nine batches of trainings to build capacity of select providers on counseling services of all FP methods available in public health facilities. The participants were given a technical update on all methods, along with comprehensive information on each method to be integrated in FP counseling sessions. A session on documenting and reporting counseling data for each FP methods was also included in the training. A total of 310 providers have been trained in these trainings till date.

Challenges

As the program rolled-out in the focus states, unexpected changes in state level leadership in the states of Chhattisgarh and Maharashtra led to delays in program activities. Renewed advocacy efforts had to be undertaken in these states for inclusion of newly approved FP methods and expansion of contraceptive basket at project focus facilities. In the states of Assam and Chhattisgarh, other state health priorities overtook MCSP activities, leading to delays in the planned implementation. Another challenge faced by the project was the unanticipated delay in receiving donation of POPs from the pharmaceutical partner impacting initiation of service provision for expanded FP basket at project focus facilities. The donation of Centchroman was secured in July 2016, but the delayed supply of POPs has led to a gap between training of providers and initiation of service for the two newer contraceptives as planned. The partner has assured the supply of POPs to all five focus states by early March 2017, which will be further distributed to the facilities along with Centchroman. The delay in the release of the POPs supply from the partner was due to pending necessary approvals from their authorities for dispatching supplies.

Way Forward

Activities under MCSP are focused on supporting an individual's right to make an informed and voluntary choice about their use of FP methods and to access any desired FP method, including short-term, long-acting, and permanent methods. In the coming year, respectful care and gender sensitive approaches will be integrated and demonstrated in the delivery of FP services at MCSP focus facilities. In partnership with C3, through a sub-award, MCSP will work closely with the community to increase engagement and participation of community as a stakeholder to ensure informed choice and voluntarism in FP. MCSP will support the focus facilities in advocating for quality client-centered FP services focusing on voluntarism and informed choice. MCSP will work closely with the quality assurance structures at all levels (facility, district and state) to institutionalize quality as a part of FP service delivery. At the facility level, MCSP will facilitate organization and functioning of the Quality Circles, which will in turn ensure adherence to quality assurance guidelines and delivery of quality FP services at their respective institutions. At the district level, MCSP will reinvigorate the functionality of the District Quality Assurance Committees (DQACs) to fulfill quality assurance parameters on a larger scale, and lastly, facilitate the convening of State Quality Assurance Committees (SQACs).

As part of the learning agenda, MCSP will conduct three studies and anticipates valuable learnings from each. The study on six month continuation rates of Progestogen-only Pills and Centchroman will help in understanding the acceptance POPs and Centchroman among acceptors. It will also study the reasons for discontinuation among acceptors of these two newer methods as well as build knowledge on the methods these acceptors choose, in case of a switch over. Another potential learning from the study will be to understand the perspectives of service providers on the introduction of these two newer methods and of acceptors on their usage. The facilitators and barriers to introduction of POPs and Centchroman as a FP

method in the public health system will also be identified through this study. The second study, a quasi-experimental study on effectiveness of MCSP in improving the quality of female sterilization services in the states of Chhattisgarh and Odisha will test the use and acceptability of the innovative tools introduced at facilities as part of the intervention to ensure adherence to key practices by service providers (according to GoI guidelines) during the provision of female sterilization services. The study will also measure and provide evidence related to client satisfaction with the services at the public health facilities following standardization of service delivery incorporating gender and respectful care through implementation of quality improvement tools. The third study, a data visualization study for improved decision-making in strengthening the quality of FP services, will generate evidence on the use of program data for decision-making and empowering facility level managers to make appropriate, timely and guided program decisions for improved program outcomes.

Selected Performance Indicators for PY2	
MCSP Global or County PMP Indicators	Achievement
Percentage of demonstration sites in which at least 5 providers were trained in service provision of the two newer contraceptive methods (POP and Centchroman).	35%