Assessing the Quality of Integrating Family Planning Services into the Immunization Program in Jharkhand

Report for the Government of Jharkhand from FHI 360/PROGRESS

March 2012

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ACKNOWLEDGEMENTS

This study and the present report were made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of FHI Cooperative Agreement No. GPO-A-00-08-00001-00, the Program Research for Strengthening Services (PROGRESS) project. In addition, we are extremely grateful to the Government of Jharkhand for its interest and support of our research. We sincerely thank our partner CARE/India for facilitating our work in Jharkhand, and we appreciate USAID/India for providing technical insight and additional support. We value the contributions of our FHI 360 colleagues in India and North Carolina, and we thank Sigma Research and Consult Pvt Ltd for managing data collection for the assessment. Finally, we thank the mothers, auxiliary nurse midwives, accredited social health activists, and managers who participated in the study. Without the generous contributions of all of these people and organizations, this research would not have been possible.

For more information:

FHI 360
H-5 (Ground Floor), Green Park Extension
New Delhi 110016
Tel 91.11.40487777

FHI 360
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel 1.919.544.7040
www.fhi360.org

I. BACKGROUND

The integration of family planning (FP) and immunization (IZ) services is a key priority in the National Rural Health Mission's (NRHM's) guidelines on converging services provided by the Department of Women and Child Development and the Department of Health and Family Welfare.[1] If FP and IZ services are effectively integrated, the multiple provider and beneficiary contacts for IZ and the broad reach of IZ services in India could be used to address unmet need for FP among postpartum women seeking IZ services.

FHI 360 and CARE India conducted a study to assess the quality of the integration of FP services into the IZ program under the NRHM in the state of Jharkhand. The study was conducted from 2010 to 2011 with financial assistance from the U.S. Agency for International Development (USAID) and with support from the NRHM and the Department of Health and Family Welfare within the Government of Jharkhand. This report presents 1) a summary of the salient findings, 2) key recommendations based on the findings and on post-assessment stakeholder meetings, and 3) a plan of action to improve the integration of FP and IZ services in the state.

II. ASSESSMENT PROCESS

FHI 360 designed the assessment of integrated FP and IZ services after conducting consultative meetings with officials from the Department of Health and Family Welfare at the state and district levels in Jharkhand. The assessment was conducted in Lohardaga, as this district had high IZ coverage and a high unmet need for FP. It took place in the Kuru, Bhandra, and Lohardaga blocks of the district.

Data were collected through semi-structured interviews and assessments of IZ service-delivery points. Regarding the service-delivery points, two primary health centers (PHCs) and 15 Anganwadi centers where village health and nutrition days (VHNDs) were held were assessed. Interviews were conducted with 125 women seeking IZ services for their children under 12 months old. The majority of the women were seeking services at VHNDs. Interviews were also conducted with 30 auxiliary nurse midwives (ANMs) and accredited social health activists (ASHAs) who were providing IZ services, and with 17 IZ service managers and 7 block- and district-level managers.

Findings were shared in small group meetings conducted separately with stakeholders from development agencies and stakeholders from the government in September 2011 (Appendix I). A large stakeholder dissemination meeting also took place in September 2011 (Appendix II). In all of these meetings, the participants deliberated on the findings of the assessment and made recommendations for next steps. Under the leadership of the Mission Director of the NRHM in Jharkhand, a subsequent meeting was conducted in December 2011 to prioritize the recommendations, formulate a coordinated plan of

action, and, ultimately, improve the integration of FP and IZ services in the state (Appendix III).

III. SALIENT FINDINGS

Women's Assessment of Pregnancy Risk

Among the 125 women surveyed, 27% were at risk for an unintended pregnancy. Of those women at risk, more than half (62%) wanted another child sometime in the future, but only 6% wanted their next child within a year's time. Additionally, only 26% of the women could correctly assess that they were at risk of an unplanned pregnancy.

Providers' Understanding of Integration Policy

ANMs and ASHAs understood the need to provide integrated FP and IZ services, but their understanding was derived from verbal instructions from their supervisors and medical officers in-charge, and the interpretation and implementation of these instructions varied among the providers. When mothers sought IZ services for their children, providers usually counseled them on FP according to their parity. The providers recommended condoms, an intrauterine device (IUD), or oral contraceptive pills to women with zero children or one child, and they recommended sterilization (usually female sterilization) to women with at least two children.

Provision of Integrated Services

Both IZ and FP services were offered at all 15 Anganwadi centers where the VHNDs were conducted and at one of the two PHCs. At the other health center, only FP services were offered.

ANMs assumed the primary responsibility for providing IZ services. The three frontline providers—ANMs, ASHAs, and Anganwadi workers (AWWs)—were involved in providing various FP services such as FP education and counseling, provision of FP methods, referrals for FP methods, home visits, and gathering of women for FP services. Half of the providers who were interviewed reported having FP discussions with mothers either before their babies were immunized or after their babies were immunized. Only 17% said they had had FP discussions with the mothers during the IZ process.

All providers reported providing condoms and oral contraceptive pills in the community as part of a general service, and some providers also reported providing these methods while offering IZ services. About half of the ANMs and ASHAs reported that they referred women seeking condoms and oral contraceptive pills to the

PHCs. Regarding other FP methods, five of the 17 ANMs reported providing IUDs on IZ days, and 27 of the 30 providers referred women to a PHC or a district hospital for female sterilization.

Mothers' reports of receiving FP services at the time of IZ services did not match providers' reports of providing integrated FP and IZ services. Less than 5% of the women reported receiving any FP services during their last IZ visit. About one-third of the women had ever discussed FP methods during their IZ visits, and these visits had been limited to discussions on different FP methods and the need for spacing between pregnancies. Other topics such as assessment of pregnancy risk, access to FP services, and specific information on the lactational amenorrhea method (which is a temporary FP method based on the natural effect of breastfeeding on fertility) were discussed much less frequently.

Barriers to Delivery of Integrated Services

Very few of the 30 providers who were interviewed could correctly identify any of the criteria for the lactational amenorrhea method, even though this information should have been included in their FP education. None of the providers could spontaneously identify all three of the criteria: that 1) the mother's monthly bleeding has not returned, 2) the baby is fully or nearly fully breastfeeding, and 3) the baby is less than 6 months old.

Many ASHAs and some ANMs reported that they needed training to provide FP services. The need for training was also reflected in the education and counseling performed by some of the ASHAs, which was influenced by their own myths and misconceptions about FP. Many providers and managers also reported a need for information, education and communication (IEC) materials and interpersonal communication (IPC) materials that could be used to provide integrated FP and IZ services.

Although IZ supplies were available to fill the demand at the service-delivery points, stock-outs in the past six months were recorded at nine of the 16 service-delivery points that offered condoms, five of the 17 that offered oral contraceptive pills, and four of the seven that offered IUDs.

Another key barrier to the provision of integrated services was lack of private space. Providers often had to provide FP education and counseling in group sessions, where they could not address confidential issues. Ill-equipped locations (e.g., locations that lacked water or sterilized surgical equipment) restricted some ANMs from inserting IUDs even though they were trained to insert them.

IV. RECOMMENDATIONS

Service Delivery

- Standard procedures for providing integrated FP and IZ services should be developed to ensure that clinic managers and providers are clear on how integrated services should be delivered. The standard procedures should address 1) whether group or individual counseling should be provided during IZ services, 2) specific FP topics to be addressed during counseling, 3) specific FP materials to be given to clients during counseling, 4) guidelines regarding the provision of FP methods and referrals for FP methods given during IZ services, 5) variations in expectations for counseling and provision of methods based on provider level, and 6) effective strategies for addressing issues of privacy and confidentiality.

- Quality assurance guidelines need to be developed to prevent deterioration of the standard for integrated FP and IZ service delivery. A quality assurance mechanism (e.g., monitoring checklists or periodic refresher training sessions conducted by medical officers in-charge to correct providers' myths about FP methods) should also be set up to ensure adherence to the guidelines.

- IEC materials such as posters and brochures should be designed specifically for the provision of integrated FP and IZ services. The target audience for these materials should be postpartum women and key family members (i.e., husbands and mothers-in-law) who influence FP decisions. The IEC materials should include specific messages on the types of FP methods that are available and safe for postpartum use, the importance of birth spacing, and the ease of receiving FP services alongside IZ services. The information should be primarily pictorial so that illiterate or semi-literate women seeking IZ services can easily follow it. Written content should be minimal and should be written both in a local dialect and in Hindi. The materials should be used at health facilities, at Anganwadi centers, and in the community.

- IPC materials (e.g., job aids) should be developed for ANMs, ASHAs, and AWWs to use when they offer integrated services in individual and group settings. These materials should help providers counsel and motivate postpartum women to seek FP services according to their risks and needs. They should also address key issues of spousal communication for FP decision-making.

- Panchayati Raj Institutions and village health committees should generate awareness about the importance of accessing and adopting FP when seeking IZ services.

- Sub-centers should be well equipped with the necessary equipment and human resources to provide IUD insertions and permanent methods of FP alongside IZ services.

Health Workforce

- The capacities of providers at PHCs and in the community need to be strengthened to ensure the delivery of high-quality integrated FP and IZ services. Capacities need to be built in three specific areas. The first is the generation of awareness and sensitization about the need to target postpartum women for FP through integrated FP and IZ services. This capacity needs to be strengthened particularly for senior health providers (e.g., medical officers in-charge at PHCs) who supervise the frontline providers who are delivering FP and IZ services. The second area is improvement in the knowledge of FP methods and FP counseling skills among frontline providers. Supervisors can help either by participating in or by observing the FP capacity-building activities for providers. The third area is the development of standard procedures for delivering integrated FP and IZ services.

- Supervisors should provide ongoing support to providers to deliver integrated FP and IZ services. Once standard procedures are in place and providers have been trained, supervisors should monitor the progress of integration and provide on-the-job technical assistance to ensure high-quality counseling, method provision, and referral. The progress and quality of integration should also be a standing agenda item during monthly provider meetings.

- Better convergence in the functioning of the Department of Health and Family Welfare, the Department of Social Welfare, and the Department of Women and Child Development is needed to align policies and coordinate staff responsibilities to ensure effective delivery of integrated FP and IZ services.

- The workloads of providers who directly deliver FP and IZ services (i.e., ANMs, ASHAs, AWWs, multipurpose workers) should be assessed. Job descriptions for all providers need to outline their roles and responsibilities for providing integrated services in addition to other health services. Vacant positions should be filled as needed, and staff with specific responsibilities (e.g., procuring supplies) should be recruited.

Health Information Systems

- A system should be developed to identify and track postpartum women and couples who are eligible for integrated FP and IZ services. Tracked data should include FP needs and the corresponding FP services offered at the time of IZ. The data acquired should help providers follow up with women and couples whose FP needs were not met during IZ.

- For mothers seeking IZ services for their children, an IZ-FP card should be used to record information on the women's IZ and FP needs and on the services offered to them.

- FP indicators such as FP education and counseling, methods offered, and referrals need to be introduced into the routine monitoring systems. Monitoring formats should be updated to include the new indicators. Alternatively, if needed, new formats should be developed for monitoring integrated FP and IZ service delivery.

Supplies, Operations Management, and Infrastructure

- Consistent and adequate supplies of IUDs and oral contraceptive pills should be ensured at the Anganwadi centers and the sub-centers.

- Facilities need to provide private spaces for FP counseling and services.

- Adequate amenities such as water, electricity, and basic health supplies need to be ensured.

- Integrated FP and IZ service provision needs to be periodically reviewed at the state level.

V. PLAN OF ACTION

In coordination with the Government of Jharkhand, the NRHM, and development partners, FHI 360 will move forward with the following actions:

- Develop standard operating procedures on integrated FP and IZ service provision in consultation with the Additional Director (Health) and his team in the FP cell.

- Incorporate standard operating procedures and supportive materials into the Government of Jharkhand's regular training for medical doctors, nurses, ANMs, and ASHAs.

- Develop IEC and IPC materials on FP and IZ integration, in accordance with the program implementation plan for fiscal year 2012–2013. (Budgetary provisions have been made for this purpose.)

- Provide additional input into the draft program implementation plan based on the key recommendations made in this report.

VI. REFERENCE

[1] Ministry of Health and Family Welfare. *Intersectoral Convergence- Department of Women and Child and Department of Health and Family Welfare.* Available at: http://www.mohfw.nic.in/NRHM/cvg_dwcd_health_min.htm. Accessed October 21, 2011.

APPENDIX I

Integrating Family Planning Services into the Immunization Program in Jharkand: Key Recommendations from Small Group Meetings in September 2011

A range of small group meetings were held with development partners and government counterparts in Ranchi, Jharkhand, to share the findings of the assessment of integration in Lohardaga district. Another goal of the meetings was to seek the views of key stakeholders on developing strategies for integrating family planning (FP) services into immunization (IZ) programs throughout the state of Jharkhand.

Key Recommendations from Development Partners (September 15, 2011)

Planning/Policy

- Microplanning at the block level and a due list for FP services at the service-delivery level need to be developed. This will help track beneficiaries.
- Apart from village health and nutrition days (VHNDs), more visits from auxiliary nurse midwives (ANMs) should be planned in their respective villages. These visits could be used for counseling and providing FP services to the eligible couples in the villages.
- Best practices on generating awareness for FP should be implemented in the community.
- The selling or distribution of FP methods can be linked with incentives for ANMs, Sahiyyaas (also known as accredited social health activists), or Anganwadi workers (AWWs).
- A supporting mechanism needs to be developed at district and block levels to support the frontline functionaries involved in the integration of FP and IZ services.
- Programs should be planned according to the education level of the mothers, economic status of the families, safe motherhood issues, child mortality rates, and the availability of different FP methods.
- A more focused FP approach needs to be developed to provide different groups of beneficiaries with a range of contraceptive choices.
- The focus of the health system should be on FP along with IZ, because over the years FP has been ignored with increasing attention paid to strengthening IZ services.
- More development agencies need to support the government in providing FP in Jharkhand.
- Lists of couples who are eligible for FP need to be maintained at VHNDs. Although such lists are required under the National Rural Health Mission (NRHM), they often are not maintained.

- Condoms and oral contraceptive pills can be provided at primary health centers, and alternative channels for distributing them at the village level can be explored. Examples of such channels are community-based points, non-traditional outlets, depot holders, and key people in the community.

Monitoring

- The preparation of ANMs for VHNDs needs to be monitored at the level of primary health centers to ensure that the ANMs carry the necessary information, education and communication (IEC) materials, stocks, and tools for both FP and IZ services.
- The FP services provided by ANMs should be monitored monthly.
- A FP-monitoring card should be developed to record details related to the FP methods that are chosen and used.
- The checklist that the Vistaar Project uses to assess FP at service-delivery points could be used for monitoring.

Communication Materials

- Beneficiaries need to be given a structured schedule of FP services to clarify which FP methods are available, their benefits, and guidelines for their usage.
- An informational calendar or poster needs to be developed to generate awareness about what services are available at VHNDs.
- Handouts or IEC materials (which are mainly pictorial) may be given to mothers or other women to help them counsel their husbands at home. A strong need exists to ensure that the IEC materials reach the decision-makers of the household, such as husbands and mothers-in-law.
- The mass media must be involved in generating awareness about the importance of integrated FP and IZ services at a large scale.
- Sahiyyas, ANMs, and AWWs should be given flipbooks or other reference materials that explain the details of different FP methods (e.g., their advantages and disadvantages, directions for use) and can be used for counseling on FP.
- Greater involvement of AWWs in FP counseling should be encouraged.
- Discrepancies in reports from beneficiaries and providers in the study indicate a need for specific IEC materials. These could be in the form of a citizen's charter on integrated FP and IZ services to be provided at VHNDs and displayed at the service-delivery points.

Capacity Building

- More orientation and training of frontline service providers such as Sahiyyas, ANMs, and AWWs is needed on issues related to FP.
- Capacity building is needed at the district and community health center levels, as a change in frontline staff at the block level can be expected only with the active support of doctors and other senior staff.

- Group education has its benefits. Providers can be trained to impart specific messages that can be suitably delivered during group counseling.

Conclusion

Although the group of development partners suggested a full list of recommendations, they agreed that it would be ideal to send only 3–4 key recommendations to the government: those on 1) counseling, 2) the development of IEC materials, and 3) the supply of FP methods. The group also identified additional constraints that need to be considered when planning any future actions:

- Infrastructure is poor and changes are not likely to occur soon.
- ANMs are already expected to offer 25 services on VHNDs, so burdening ANMs even more may not be advisable.
- Stock-outs can be due to a lack of supplies from the Government of India, and not much can be done about this at the state level.
- The lactational amenorrhea method (LAM) is feasible at the community level because it is acceptable in the communities.
- AWWs need to be involved in the provision of integrated services.
- The government has funds to develop IEC materials on FP, which can be used for IEC on integrated FP and IZ.
- Incentives for postpartum insertion of intrauterine devices (IUDs) can be provided through Janani Suraksha Yojana.

Key Recommendations from State-Level Government Officials (September 15, 2011)

Planning/Policy

- A mother and child protection card could be developed and used by ANMs to monitor and track FP services offered to mothers when they bring their children in for IZ services.
- Providers can sensitize women to FP when they help the women prepare for birth.
- AWWs need to be sensitized to training on FP services.
- Strategies need to be developed to ensure that husbands and mothers-in-laws are involved in the integration process.
- The government periodically reviews the provision of maternal and child health services, but not FP services. Such a review needs to be instituted.
- VHNDs can be renamed as village health, nutrition, and FP days. This needs to be done because VHNDs have become synonymous with the provision of only IZ and nutrition for children.
- More specific FP indicators should be integrated into the NRHM's health management information system for proper monitoring.

Communication Materials

- Current IEC materials address FP and IZ separately. New IEC materials that include both topics need to be developed for both providers and clients.
- Counseling needs to be strengthened at both individual and group levels. FP counseling for couples should begin during antenatal care.
- Greater involvement of AWWs in FP counseling should be encouraged.
- IEC and behavior change communication materials should be designed to reach FP decision-makers (i.e., husbands, mothers-in-law).

Capacity Building

- LAM and other FP methods should be included in the 6th and 7th training modules of the Sahiyyas. However, one group member objected to propagating LAM given the low literacy levels in the state.

General Issues

- Awareness about FP needs to be improved in the community.
- A change in the attitudes of service providers is essential.

Key Recommendations from District-Level Government Officials (September 16, 2011)

Planning/Policy

- A strategy needs to be developed to ensure that different programs in the district—both programs run through the Department of Health and Family Welfare, like Janani Suraksha Yojna, and non-health programs like Mukhyamantri Kanya Daan Yojna—incorporate or have access to counseling and to integrated FP and IZ services.
- Couples who wed under the Mukhyamantri Kanyadan Yojana program should be given FP literature and be oriented on FP. This will ensure that they are targeted for FP counseling from the first day of their marriage.
- Multipurpose workers, who may be affiliated with sub-centers, can help motivate men regarding FP services.
- Additional programs (e.g., those that provide health, livelihood, education services) could also be integrated to help deliver more services to more people.
- The roles and responsibilities of each service provider should be defined at the sub-district level in the Department of Health and Family Welfare.
- Condom distribution could be strengthened at the village level, such as by placing condom boxes at different locations within the village, to ensure easy access and availability.

- Incentives should be given to Sahiyyas for encouraging a woman to use a FP method.
- Sub-centers should be well equipped with necessary equipment and staff to insert IUDs and provide permanent methods of FP.
- Filling all the vacant positions in Integrated Child Development Services (ICDS) and in the Department of Health and Family Welfare will be necessary to fully integrate FP and IZ services.

Monitoring

- Regular joint meetings of the ICDS and the Department of Health and Family Welfare should be held to better manage health programs.
- A tracking mechanism needs to be developed to record the history of women in a village or catchment area of a sub-center (e.g., marriage date, number of children) to target them for FP.

Communication Materials

- Integrated IEC materials containing messages related to both FP and IZ need to be developed.
- LAM-related information should be displayed at the Anganwadi centers to generate better awareness.
- An impact assessment is required to ensure that knowledge translates to the level of the beneficiary.
- Inclusion of Panchayati Raj Institutions and village health committees is important for motivating the community and also for monitoring the FP program at the local level.
- A Sahiyya should be deployed exclusively to counsel women on FP during each VHND.
- Simple, easy-to-understand tools are needed to communicate FP information to women and the community.
- Short and effective slogans need to be developed to generate better awareness of integrated FP and IZ services.
- IEC materials on FP need to be developed and distributed to the frontline service providers. Use of the materials also needs to be monitored during the counseling process.

Capacity Building

- An annual training calendar should be developed for the Sahiyyas, ANMs, and AWWs.
- A mechanism is needed for organizing continued, structured refresher trainings for frontline functionaries under the NRHM and ICDS.
- Frontline service providers, especially in the Sahiyya cadre, should be encouraged to update their knowledge on FP and IZ issues to help generate awareness in the community.

- Joint trainings of AWWs in ICDS and of ANMs in the Department of Health and Family Welfare should be encouraged. The trainings should provide technical knowledge on FP and enhance the providers' existing knowledge base and skills in dealing with the community on FP issues. This will lead to better convergence of services at the field level.
- Active women and other key community members need to be trained (perhaps through self help groups) to create more awareness on FP and IZ integration.

List of Participants

	Name	**Organization**
1.	Anita Kumari	PHC Bhandra
2.	Bikhen Kujus LS	ICDS Bhandra
3.	Debabratr Bhuniya	ITAP
4.	Dr. (Capt) S N Jha, ACMO	Health
5.	Dr. A. K. Prasad	Health
6.	Dr. Anjna Lakra	M.O. Kuru PHC LHD
7.	Dr. Birendra Prasad	IPH RCH Namkum
8.	Dr. P. Biswal	OWH
9.	Dr. Rahul Kapse	SRIE/WHO
10.	Dr. Rajshree MOIC	PHC Lohardaga
11.	Dr. Shubhashish Siran	IPH Namkum
12.	Dr. Sumant Mishra	SR/MCHIP
13.	Dr. Suranjeen	CINI
14.	Dwamuna Kumari	CHC Bhandra
15.	Kamini Kumari	ICDS Kuru
16.	Manikanta Verma (LS)	ICDS Kuru
17.	N. N. Verma	DSWO Lohardaga
18.	Nayab Zeba (CDPO)	ICDS Lohardaga
19.	Nazish F Akhtar, DPM	Health (NRHM)
20.	Neel Ranjan Singh	RCH Namkum
21.	Patricia Dungdung	ANM Kuru
22.	Poonam Jaiswal (LS)	ICDS Lohardaga
23.	Punam Devi (LS)	ICDS Kuru
24.	Rajan Kumar	RCH, NRHM
25.	Shantna Kumari	RCH, NRHM
26.	Suchandra Panda	RCH, NRHM, Jharkhand
27.	Sujeet Ranjan	CARE
28.	Susana	ICDS
29.	Vishal Raj	IRH

APPENDIX II

Integrating Family Planning Services into the Immunization Program in Jharkhand: Key Recommendations from the Stakeholders Dissemination Meeting on September 21, 2011

Meeting Proceedings

The dissemination meeting began with a welcome address and an introduction to the project.

Mr. K. Vidyasagar, Principal Secretary (Health), Jharkhand, raised his concern about the low levels of awareness about family planning (FP) in the community and recommended the use of local language in mass communications to effectively reach people at the household level. He emphasized the need to develop a workable strategy for integrating FP and immunization (IZ) in the state. He also suggested conducting a situational analysis of the health infrastructure of Jharkhand, which could lead to the development of a specific strategy for improving health services, including FP.

Ms. Aradhana Patnaik, Director, National Rural Health Mission (NRHM), gave a brief overview of the pilot study in Lohardaga. She said that on village health and nutrition days (VHNDs), 49 services are mandated to be provided to the beneficiaries. However, these services are unfortunately largely limited to nutrition and IZ services at the grass root level, as these are the services that are monitored regularly. The other services have been relegated to the background because they are rarely monitored. Ms. Patnaik stated that in spite of government efforts, the total fertility rate for Jharkhand has not declined, and this is indicative of a deviation from focused programming. She added that high fertility has an overall impact on infant and maternal mortality rates and on the social and economic status of individuals. She emphasized the need to provide beneficiaries with relevant services (including FP choices) and to provide frontline workers with the correct information and knowledge to work effectively in the field. She also suggested that the required information, education and communication (IEC) materials be developed in local languages and use more pictorial representations of content considering the educational status of the beneficiaries in the state. She also reported the clear need for the knowledge base of Sahiyyas (also known as accredited social health activists) to be strengthened through trainings, which would facilitate successful implementation of the program and make it more acceptable in the society.

Mr. Vijay Paul Raj, Project Management Specialist, U.S. Agency for International Development (USAID), mentioned that USAID has been supporting the Government of Jharkhand's FP program and will continue to extend its support in this area. He also discussed the opportunity for integration, as the Government of India is also promoting the integration of FP and IZ through the NRHM. He expressed concern that unmet need

for FP is high among postpartum women and thought that IZ services could serve as an important opportunity to inform these women about FP methods. In the end, he congratulated the entire study team on the successful completion of the integration assessment.

The participants then broke into small groups to have focused discussions on 1) provider capacity building and 2) health system strengthening. Recommendations that came from the groups were shared.

Key Recommendations on Provider Capacity Building

Short-Term Strategies

- The following components of training for the Sahiyyas, auxiliary nurse midwives (ANMs), and Anganwadi workers (AWWs) need to be revisited: 1) the content of the training manuals, 2) the training methodology, 3) the duration of training, and 4) the pre- and post-training assessments.
- A tracking mechanism needs to be established to frequently assess provider knowledge and other performance indicators.
- FP refresher trainings should be organized for the Sahiyyas.
- More emphasis should be given on improving the interpersonal communication skills of providers to help them communicate with spouses and include adolescents in the FP program.
- VHND guidelines could be disseminated in local languages (preferably Hindi) to frontline functionaries.
- A provider checklist should be developed for use on VHNDs. The same checklist could be used during household visits.
- An IEC toolkit should be developed to disseminate information more broadly among the target community. The toolkit should be written in local languages, and it should use more pictures than words. The tools in the toolkit should focus on the benefits of each FP method, side effects, and guidelines for usage.
- In the monthly meetings of Sahiyyas, more emphasis should be given to the integration of FP and IZ services.
- FP details should also be covered in the IZ card.

Long-Term Strategies

- Government policies may need to be modified or updated to more explicitly discuss how FP and IZ services can be delivered in an integrated way.
- The specific roles of Sahiyyas, ANMs, and AWWs in providing integrated services need to be defined.
- A mechanism is needed to help frontline service providers work as a team.

- Synergy between the government and development partners will be very important.

Key Recommendations on Health System Strengthening

Operational Changes

- Existing services at VHNDs should be strengthened.
- The availability of FP methods should be ensured at service-delivery points.
- Staff should be rewarded and recognized when appropriate.
- Infrastructure should be strengthened at district and sub-district levels.
- Trained human resources need to be available.
- The Department of Health and Family Welfare, the Department of Social Welfare, and the Department of Women and Child Development should be better integrated.
- A commodity storage or stocking facility for FP is needed at the village level.

Human Resource Changes

- Skilled human resources should be ensured through a proper needs assessment.
- The work loads of staff should be assessed.
- Scientific tools should be used to optimize the quality of workloads. For example, the Maternal and Child Health Integrated Program (MCHIP) is working on a postpartum system screening tool.
- The capacity of Sahiyyas and AWWs to respond to FP issues needs to be built.
- Gram Goshthi, a concept used under the Reproductive Child Health (RCH) II program, needs to be revised and strengthened.
- Infrastructure and training for clinical services, especially intrauterine device (IUD) services, need to be strengthened.

Leadership Needs

- At the local level, village health committees need to be strengthened and need to monitor VHNDs.
- At the district level, stable leadership must be in place for at least three years.
- Various platforms, in addition to VHNDs, should be used to integrate FP and IZ services.

Health Information Systems

- More FP indicators need to be included in the state's health management information system (e.g., eligibility of couples, counseling of the beneficiary, list of beneficiaries using different FP methods). This will be important to ensure effective follow-up on crucial indicators.

Family Planning Supplies and Quality Assurance

- A procurement specialist should be recruited at the state level.
- The accessibility and availability of FP commodities in unit health service-delivery outposts should be ensured.
- Supportive supervision should be implemented, and development partners should be involved during the entire integration process.
- Quality assurance guidelines should be in place at all levels.

Information, Education and Communication

- Common posters and other materials should be developed for the integration of FP and IZ under the NRHM.
- The training needs of all staff at all levels should be assessed.
- The distribution system should be decentralized for timely supply of FP commodities.
- The quality of both the integration work and the IEC materials for integration need to be managed.

Next Steps

A document summarizing recommendations for integrating FP and IZ services in Jharkhand will soon be developed and shared with the Department of Health and Family Welfare.

List of Participants

	Name	**Organization**
1.	Aftab Alani	DSW, Ranchi
2.	Akhouri Pramod	Press
3.	Anita Kusum Topno	AISD, Morabadi, Ranchi
4.	Anuj Kumar	News11
5.	Ash Sahulyar	The Telegraph
6.	Ashok Kumar Bharti	Abhijeet
7.	Ashok Lal Soni	Plan India
8.	Atraya Hajender	Care-TSU
9.	Bishnu C Parida	SPO, UNDP
10.	Debabrata	ITAP, Futuresgroup
11.	Deokinandaru Raswas	Nagrik Kalyani Security
12.	Dr. (Capt) S N Jha	State Representative, Health
13.	Dr. A K Choudhary	CS, Ranchi
14.	Dr. A K Oreya	(DIO), Health
15.	Dr. A K Prasad	Health

	Name	Organization
16.	Dr. Anuradha Kachlap	Health
17.	Dr. B P Sutra	SRCHO
18.	Dr. Birendra	DD - IPH
19.	Dr. Debashish Roy	WHO-NPSP
20.	Dr. Dinesh	MCHIP
21.	Dr. Iqbal	PHFI
22.	Dr. K P Sinha	JSACS
23.	Dr. Pravin Chandra	Dept. of Health
24.	Dr. Raj Mohan	JSACS
25.	Dr. Ranish Prasad	Asst. Director Health
26.	Dr. S Haidu	Prof and Head
27.	Dr. S Sircar	J D, JSACS
28.	Dr. Sumant Mishra	State Head, MCHIP
29.	Dr. V S Prasad	Director Health
30.	Govind	Jharkhand Meuslin
31.	Gugan Khalkhar	RCH, Namkum
32.	Hardeep	The Telegraph
33.	K V Vinod	Dainik Bhaskar
34.	kulbushan	PSI
35.	Manisha J. Tigga	Asst. Director, Social Welfare
36.	Manoj	Hamar TV / Focus
37.	Manoj Pathak	Aryan News
38.	Manoragan	Hindustan
39.	Munna	Sanmarg
40.	Nand	DDK
41.	Narendra	Reporter
42.	Nazish F Akhtar	DRHS, Lohardaga
43.	Nazma Jahan	Care India
44.	Praikshit Sharma	Hindustan
45.	R K Raj, HRA	
46.	Raima	PBL Nazar
47.	Rashmi Gari, PC	CINI, Ranchi
48.	Ravi Lal Das	UHI, LKU
49.	Richa Chowdhary	Social Scientist, AISD
50.	Rupa Giri	Hamar TV / Focus
51.	S P Verma	Assistant Director, Social Welfare
52.	S. Sanyal	Care India
53.	Sanapur	Danik Jagran
54.	Sanjay Pandey	
55.	Sanjay Yadav	Prabhat Khabar
56.	Santosh Nayak	Janani

	Name	Organization
57.	Sayait	PSI
58.	Shautra Kumari	Demographer, NRHM
59.	Shilpi Sharma	Dy Director, Janani
60.	Subir	Plan
61.	Sudhanshan Shekhar	Mahuaa News
62.	Sunil	Ranchi Express
63.	Sunny Sharad	Maurya TV
64.	V N Jha	DD K
65.	Vandita Kumari	IRH
66.	Vera K	CINI, Ranchi
67.	Vishal Raj	IRH
68.	Wasim	Dainik Bhaskar
69.		News11

APPENDIX III

Integrating Family Planning Servuces into the Immunization Program in Jharkhand: Plan of Action from a Meeting with the Director of the National Rural Health Mission, Jharkhand, on December 16, 2011

Meeting Proceedings

Dr. Bitra George, Country Director, FHI 360 India, opened the meeting by appreciating the leadership of Ms. Aradhana Patnaik, Director, National Rural Health Mission (NRHM), at the dissemination workshop held in September 2011. He explained that the purpose of the current meeting was to share the report of the study "Assessing the Quality of Integrating Family Planning Services into the Immunization Program in Jharkand," conducted by FHI 360 and CARE India in collaboration with the NRHM, Jharkhand.

Dr. Abhijit Prabhughate, Senior Technical Specialist, FHI 360 India, gave a brief summary of the collaborative process used during the study. He also discussed the key recommendations in the areas of service delivery, the health workforce, health service systems, procurement and supplies, operations management, and infrastructure. He then requested that Ms. Patnaik lead a core group of government functionaries and development partners in Jharkhand to develop a joint plan of action based on the key recommendations.

Ms. Patnaik agreed to the formation of a core group under her leadership. She advised FHI 360 to work with Dr. Manoj Lal, Additional Director (Health), and his team prior to establishing the core group, as Dr. Lal leads the family planning (FP) cell for Jharkhand. She asked Dr. Lal to review the recommendations in detail and chart a plan of action along with his team.

Ms. Patnaik also advised that the recommendations be prioritized, keeping in mind the program implementation plan (PIP) for fiscal year 2012–2013, which is under development. She emphasized that efforts to integrate services should focus on the village health and nutrition days, as these days are the most important interface between health care providers and the community.

Plan of Action

As advised by Ms. Patnaik, the FHI 360 team had a brief meeting with Dr. Lal to provide him with an overview of the recommendations. The key recommendations of the study included the need to develop standard operating procedures for the development of information, education and communication materials and interpersonal communication materials that could be used to provide integrated FP and immunization (IZ) services, and to train providers on integration.

Dr. Lal said that FHI 360 could develop the standard operating procedures in consultation with his team. He also advised that integrated FP and IZ services be incorporated into the overall effort to provide integrated services, which would avoid duplication of resources and time. He recommended that rather than conducting

separate trainings on integrated FP and IZ service provision, the FHI 360 team should include FP and IZ training within the existing modular training for auxiliary nurse midwives.

Dr. Lal also recommended incorporating the development of communication materials and training on FP and IZ integration into the PIP for fiscal year 2012–2013. He instructed his assistant to make provisions for this in the proposed budget.

It was agreed that FHI 360 would provide input into the draft PIP to incorporate key recommendations made in the main assessment report. Dr. Lal's team would consider the same while finalizing the PIP.

List of Participants

1) Ms. Aradhana Patnaik, IAS, NRHM Director (Jharkhand)
2) Dr. Manoj Narain Lal, Additional Director (Health), Government of Jharkhand
3) Dr. Bitra George, Country Director, FHI 360 India
4) Mr. Shekhar Sethu, Deputy Director, FHI 360 India
5) Dr. Abhijit Prabhughate, Senior Technical Specialist, FHI 360 India