Repositioning Family Planning in Maternal and Child Health Services in India

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Duration: Oct 2009 – Present
Partners: Government of India (Family Planning Division, Ministry of Health & Family Welfare), State Governments of Uttar Pradesh, Jharkhand & Uttarakhand
Donors: USAID-MCHIP

Background and Strategic Approach

In 2007, the midterm review of the family planning (FP) component of the RCH II program observed that a high unmet need continued to exist for pregnancy spacing methods and options, more so in the postpartum period. The review also indicated that in India the method mix relies heavily on female sterilization. The recommendations of the review were to increase focus on spacing methods, provide postpartum care in conjunction with postpartum counseling, and to provide IUCD (Intrauterine Contraceptive Device) trainings and services. With IUCD use in India’s Family Welfare Program at less than 2%, the Government of India’s (GoI’s) Ministry of Health and Family Welfare (MoHFW) launched a national initiative to reinvigorate IUCD use as a cost effective and long acting method of contraception. In 2007-08, the USAID funded ACCESS-FP Program began providing strategic technical assistance to GoI to support this initiative. An alternative training methodology using anatomic models and competency-based clinical training for IUCD services was developed in order to implement this initiative. This innovative approach was used to train teams of master trainers from 12 of 35 states—who then trained state and district trainers to roll out interval IUCD trainings for medical officers and auxiliary nurse midwives (ANMs). This technical assistance collaboratively involved national and state government agencies to increase access to evidence-based practices and rapidly expand IUCD training and ultimately IUCD services.

In 2008, to address the high unmet need for postpartum family planning (PPFP) services beyond sterilization, GoI took the initiative to revitalize the Postpartum Intrauterine Contraceptive Device (PPIUCD) services in the country. This initiative was taken to also help improve pregnancy spacing and contribute to the betterment of maternal and child morbidity and mortality conditions throughout the country. PPFP services are defined as family planning services provided during the extended postpartum period (through the first year after delivery). These services are crucial and need to be addressed by maternal, neonatal and child health and/or reproductive health/family planning programs. The reasons are many—large unmet need for contraception among women during the first year postpartum; clear evidence of the health benefits of family planning for women and children; increasing usage of family planning methods during this period, even in conservative areas in Northern Nigeria. An array of contraceptive options is available to all postpartum women for pregnancy spacing and limiting, including the IUCD, which is available as either interval (inserted 4-6 weeks post-delivery) or postpartum (inserted after delivery, including cesarean deliveries, between 10 minutes of delivery of placenta to 48 hours post-delivery). In 2009, the ACCESS-FP program began supporting this initiative by providing technical assistance to GoI and the states of Uttar Pradesh (UP) and Jharkhand, which was carried forward through USAID’s flagship Maternal and Child Health Integrated Program (MCHIP) from 2011 onwards, with the technical assistance extending to the state of Uttarakhand in addition to UP and Jharkhand. MCHIP currently continues to provide technical assistance to the GoI, and the three state governments for revitalization of PPFP/PPIUCD services. To further improve the accessibility of PPFP/PPIUCD services in the private sector,
MCHIP also strengthened the capacity of private providers of the Saathiya network in seven cities of UP and Uttarakhand. The approaches used to achieve this objective are competency based training of providers, performance improvement measures based on the Standard Based Management and Recognition (SBM-R®) approach and post-training supportive supervision visits to the facilities.

The goal of USAID supported MCHIP program in India is to contribute to the achievement of MDGs 4 and 5 through scaling up evidence-based, high impact maternal, newborn, child health (MNCH) including family planning (FP) interventions to improve the health of mothers and children and reduce maternal and child mortality.

Recognizing the importance of the PPFP program, it is now envisioned as a critical component of the GoI’s recently launched RMNCH+A strategy—a comprehensive strategy focusing on continuum of care approach with clear prioritization of action areas for improving reproductive, maternal, newborn, child, and adolescent health outcomes.

**Materials Developed**

MCHIP worked in collaboration with the GoI to develop and finalize the following materials for PPFP/PPIUCD program.

- **PPIUCD Learning Resource Package (LRP)**, consisting of Reference Manual, Facilitator’s Guide, Job Aids and PPIUCD Insertion Video, is being used widely after being approved by GoI.

- **PPIUCD BCC Material**, developed by Jhpiego, was adapted and approved by GoI. This BCC material includes posters, information leaflets and discharge card for clients and information leaflet for providers.

- **PPFP/PPIUCD Counseling Skills Learning Resource Package**, consisting of Reference Manual, Trainer’s Notebook and Job Aids, has also been developed.

- **Data collection tools for PPIUCD Insertions and PPIUCD Follow-up**, and formats for **PPFP/PPIUCD Monthly Services Report**, have been finalized and printed in the form of registers for all the facilities with PPFP/PPIUCD service provision.

**Strengthening PPFP/PPIUCD Services in UP, Jharkhand and Uttarakhand**

MCHIP has been facilitating regular PPFP/PPIUCD clinical trainings for the staff of target facilities. To facilitate effective clinical trainings, sub-state level training sites have been established at large delivery load facilities that have good PPFP/PPIUCD service delivery. So far nine such sites have been established in UP, four in Jharkhand, and two in Uttarakhand. Apart from the trainings at these sites, MCHIP staff also facilitates on-site training of providers at their own facilities in select high-delivery load facilities. These on-site trainings have been extremely useful in rapidly saturating the number of providers trained in PPFP/PPIUD services.

After the completion of clinical trainings of these providers, MCHIP staff follows up with supportive supervision visits to provide the necessary post-training handholding and mentorship to initiate PPFP/ PPIUCD services.
In order to share experiences/learning from the implementation of PPFP/PPIUCD services, various state-level experience sharing workshops have been conducted in these states. The other objectives of these workshops have been:

- To discuss the systematic approach to standardize the quality of PPFP/PPIUCD services
- To learn from good practices/successful approaches implemented by the various sites
- To understand the challenges faced by the providers to standardize the services
- To discuss the ways to overcome these challenges

A few photographs from state-level experience sharing workshops are given below. These workshops were instrumental in sharing of program learning amongst providers in these states and preparing action plans for further scale-up.

Graph I & II show the rapid scale-up of PPFP/PPIUCD services in the three states. The number of women having accepted PPIUCD in these states, from Mar-2010 to Aug 2013, stands at 25,561. This year, more than 500 providers (nurses and doctors) were trained in PPIUCD services across these states and more than 100 facilities are providing PPFP/PPIUCD services.
services. The average cumulative acceptance rate stands at 6.3% of the total delivers conducted in these facilities in this period.

A strong commitment to improve PPFP as a solution for improving healthy timing and spacing of pregnancy at both national and state levels, and strong advocacy and technical assistance by MCHIP has been critical to this successful implementation of PPFP/PPIUCD services. Currently, following important program learnings through MCHIP, the GoI is scaling-up these services to all high delivery load facilities across all the districts in the six high-focus states in the country.

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