



Empowering Women with Family Planning

An MCHIP initiative



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The program

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program that supports programming in maternal, newborn and child health, immunization, family planning (FP), malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration.

The goal of MCHIP was to assist in scaling up evidence-based, high impact maternal, newborn and child health (MNCH) interventions to contribute to significant reductions in maternal and child mortality in India as well as assist the Government in its efforts to achieve MDGs 4 and 5.

In India, MCHIP was active for five years (October 1, 2009 to August 30, 2014). Its work has been at the national, state and district levels to improve the health of women and their families.

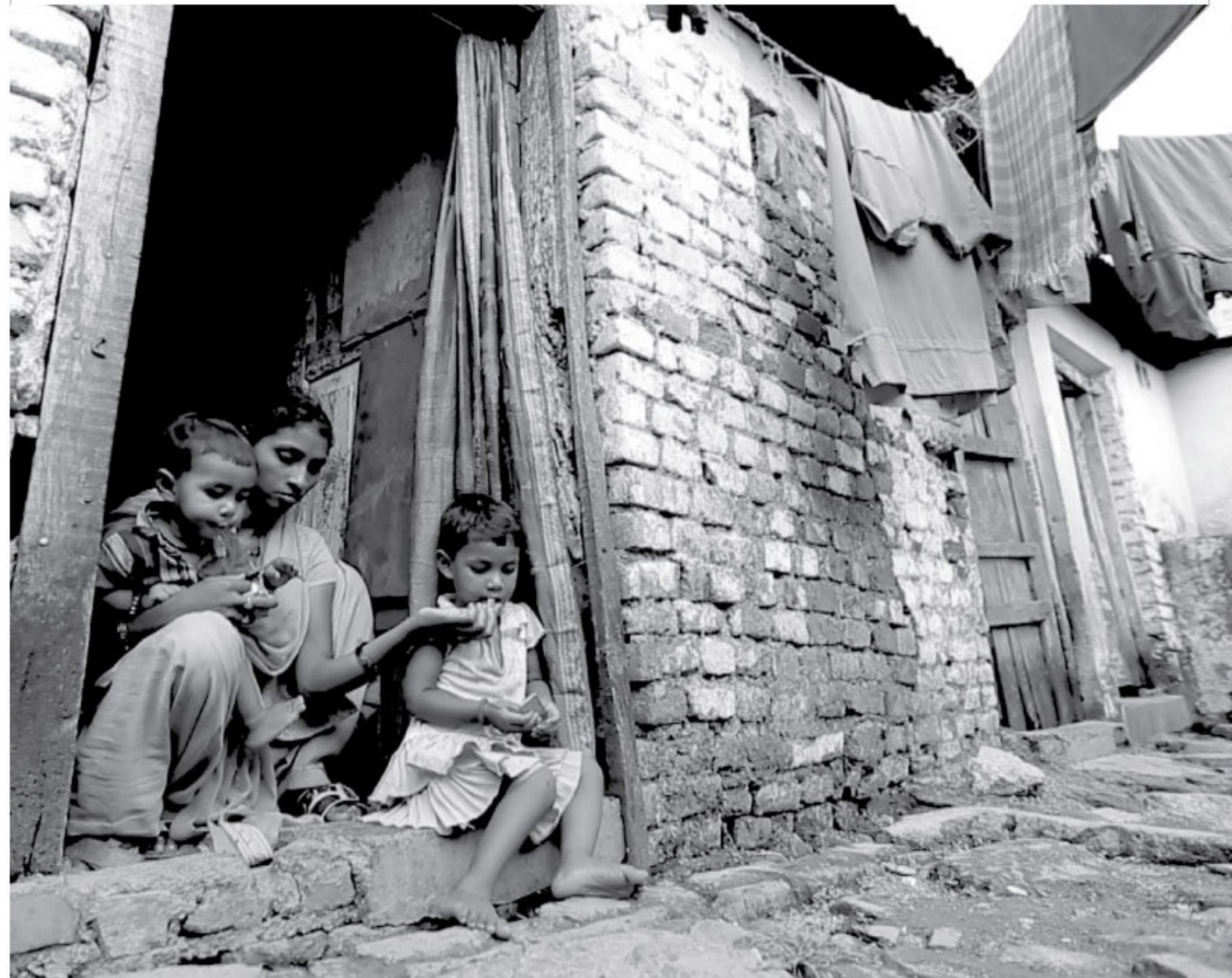
This photo book focuses on the work done in India by MCHIP in the area of Postpartum Family Planning (PPFP). It is an attempt to highlight the human impact of its winning strategies through pictures, stories and testimonials.

PHOTO

An urban slum in Dehradun, Uttarakhand. Sunita Kumari with her two children. She was counseled for postpartum family planning and accepted a method after the birth of her second child.

Photo Credit: Srinivas Sunkara

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“We recognize Family Planning as a key priority and India is pleased to commit that Family Planning shall be a central part of our efforts to ensure Universal Healthcare.”

Mrs. Anuradha Gupta,
Former Additional Secretary and Mission Director,
NRHM at The London Summit on Family Planning 2012

PHOTO
Kolibera, Jharkhand.
A tribal woman from the village stands outside her house with her four children.
Photo Credit: Kate Holt

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“The postpartum period is a unique phase in the life of a woman and a newborn; and Family Planning brings large potential health and survival benefits for mothers and children, mainly as a result of wider intervals between births.”

Dr. S K Sikdar,
Deputy Commissioner
FP (In charge), MoHFW
at National Review Meeting on Strengthening Postpartum Family
Planning Services, 2012

PHOTO
Kolibera, Jharkhand.
A healthy newborn at Community Health Center,
Kolibera. Her mother received postpartum family
planning counseling at the facility.
Photo Credit: Kate Holt

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MCHIP's work in postpartum family planning

MCHIP has played a vital role in contributing to Government of India's (GoI's) efforts towards promoting healthy timing and spacing of pregnancies along with prioritizing provision of quality family planning services.

The program provided support to GoI's strategy to revitalize postpartum family planning (PPFP) services with the introduction of Intrauterine Device in the immediate postpartum period (PPIUCD) to

address the unmet need for PPFP services, beyond sterilization. PPIUCD also helped expand the basket of family planning options in the postpartum period.

Besides giving national level support to GoI, MCHIP provided focused technical assistance in the states of Uttar Pradesh, Uttarakhand and Jharkhand.

Here are some of the program's winning strategies.

PHOTO
Kolibera, Jharkhand.
A healthy mother with her healthy newborn.
Photo Credit : Kate Holt

Advocacy

MCHIP conducted focused advocacy activities to influence the attitudes of policymakers, program managers, professional bodies, physicians and other healthcare providers about PPFP/PPIUCD as a maternal and child

health survival intervention. One of the important advocacy activities was co-facilitating national-level planning and review meetings in three successive years (2011, 2012, 2013). These meetings

created a common platform for the key stakeholders to share challenges, experiences and strategies, and for the government to lay out their FP strategies and roadmaps.

“We are looking at family planning as a central component of our entire RMNCH+A strategy. We are looking at it as a health issue, as an issue which is so important, and so critical and so vital to the health of our women and our children.”

Mrs. Anuradha Gupta Former Additional Secretary and Mission Director, NRHM at National Review Meeting on Strengthening Postpartum Family Planning Services, 2012

PHOTO
Dehradun, Uttarakhand.
Mothers with their children at an urban slum. They are visited by a Community Health Volunteer and counseled for Family Planning.
Photo Credit: Kate Holt



About 300 participants, including key ministry officials, Mission Directors from several states, development partners, civil society organisations, program champions and providers from 34 states and union territories were represented in this national summit.



PHOTO
New Delhi.
Group picture at "National Family Planning Summit for Improved RMNCH+A Outcomes" held on October 3-4, 2013.
Photo Credit: Rajkumar Bhatia



Capacity building

MCHIP trained 1715 healthcare providers in PPF/PPIUCD services and used a combination of centralized and on-site trainings along with regular supportive supervision to institutionalize these services at the healthcare facilities.

On-site trainings were a unique and innovative approach of training service providers at their own facilities. This approach helped overcome the limitations of keeping

providers away from their work for long periods of time, enabled all the providers of a facility to undergo training and built a supportive environment for service provision and data collection.

MCHIP also prepared Master Trainers from within the health system which ensured that the PPIUCD trainings would continue beyond the life of the program.



PHOTOS
PPIUCD training in progress.
Photo Credit: Jhpiego photobank and Indrani Kashyap

Sharmeen Ahmed

A passionate provider and a star trainer

32 year old Dr. Sharmeen Ahmed is a gynecologist working at District Women's Hospital, Allahabad. Having worked there for more than three years, she is a known face at the busy hospital, which is visited by more than 400 clients daily and about 350 births happen there every month. Dr. Sharmeen has been trained by MCHIP in PPIUCD service provision and is also a Master Trainer, training other providers from the state in PPIUCD services.

She finds great need for providing postpartum family planning services to women in the community she

serves. "There is a big increase in population because (many) people (in this community) are illiterate and they are unaware of the family planning methods. Limitation of the family is necessary for the health of the mother, of the child and the family can be taken care of in very limited resources" she says and adds, "Whenever a client chooses a family planning method in the postpartum period, she goes back with a sense of security that she will not get pregnant until she wants a child again."

She says that being picked as a Master Trainer and receiving the required additional training has been a turning

point in her life. "It made me discover qualities that I never knew I possessed. There are some basic qualities like humility and patience that are required in every trainer".

The District Women's Hospital, Allahabad is a facility which has consistently been providing quality PPIUCD services to a large number of women. On delving deeper into the reasons for its success, one finds the answer lies in teamwork. "Everyone in this hospital, from doctors to cleaners, has been briefed on the advantages of PPIUCD. We have created a unique environment of nurturing and understanding" states Dr. Sharmeen with

pride.

MCHIP has trained more than 1700 healthcare professionals to provide PPIUCD services. 70 doctors like Dr. Sharmeen have been further trained as Master Trainers.

An impassioned provider and a star trainer, Dr. Sharmeen concludes with her vision for the women she serves "My vision for India is for all mothers to have free access to family planning and the right to choose how many children they have."



PHOTOS
Allahabad, Uttar Pradesh.
Dr. Sharmeen Ahmed at work - serving women and training other health professionals in PPF services.
Photo Credit: Kate Holt

Empowering nurses

Early in the program period, it was realized that if this program had to reach a critical mass, it was important to train nurses along with doctors and allow them to provide PFP/ PPIUCD services. This was because the nurses were the ones present in the labor rooms, conducting deliveries. Moreover, with a severe lack of doctors in many

remote and vulnerable pockets of the country, the nurses are many times the only healthcare providers present to care for the mothers and newborns. Thus, building the capacity of the nurses was extremely essential.

Of the 1715 providers trained in PPIUCD services, 885 were nurses.

PHOTO
Allahabad, Uttar Pradesh.
A confident nurse trained by MCHIP at the District Women's Hospital attends to a client.
Photo Credit: Kate Holt

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Agatha Kiro

A nurse committed to saving lives in remote Jharkhand

Sister Agatha Kiro has been a nurse for more than 37 years and has been working at the Community Health Center, Kolibera for the past six years.

Working in a state which faces several challenges—of poor health indicators, poor infrastructure and threatened by communist guerrilla groups—Sister Agatha finds her biggest challenge to be shortage of

manpower. There is no lady doctor at this health center and Sister Agatha, along with her lean team of nurses, is responsible for all the deliveries conducted here. “In working here I have gained a lot of self-confidence because all in all it is us who have to do everything.”

Sister Agatha has been trained by MCHIP in providing PPIUCD services to women who choose this

postpartum family planning method. “I knew about IUCD but I didn’t know about postpartum IUCD. It is really helping the women. It is easy to insert and easy to accept”, she says and adds, “The rate of early and unsafe miscarriages has reduced and it is helping women in spacing their births.”

One of the big advantages of PPF, says Sister Agatha, is that women

PHOTO
Kolibera, Jharkhand.
Agatha Kiro- a confident nurse, a skilled provider.
Photo Credit: Kate Holt



get to choose it while still at the hospital as once they go home they're caught up in many other problems, and revisiting the hospital to adopt a family planning method becomes a low priority. She points out an example. "I have a case now of a lady who has come for her fourth delivery. She had a baby one and a half years ago and we had advised her to choose a family planning method. She said she would get an operation or she would come back for an interval IUCD but she did not return. That is why she is here again to deliver her fourth child."

Sister Agatha is glad that she was one of the 885 nurses trained by MCHIP in PFP/ PPIUCD services and is being able to provide this long acting, yet reversible, family planning method to many women in need. Thanking MCHIP, she concludes, "The kind of training that we have received helped us in doing our work better and I hope that in the future we will continue to get such trainings."

PHOTOS
Kolibera, Jharkhand.
Sister Agatha attends to a client in labor and cares for a newborn and mother.
Photo Credit: Kate Holt



Counseling

MCHIP successfully demonstrated the positive impact that counselors can have on improving the uptake of family planning methods, data collection and logistics management. This led GoI to hire FP counselors and later give them a broader portfolio to deliver reproductive, maternal, child and adolescent health messages, besides family planning.

MCHIP trained more than 200 counselors and 645,000 women received counseling on the importance of family planning, especially in the postpartum period.

PHOTO

Pauni, Uttarakhand.
A counselor points at the various family planning methods from her counseling kit which she uses during such counseling sessions.
Photo Credit: Kate Holt

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Anju Rawat

High in the mountains of Uttarakhand, a committed counselor helps women make family planning choices

Anju Rawat has been working at the District Hospital in Pauri, Uttarakhand for more than two years.

During her tenure at this remote hospital, located around 6000 feet above sea level, Anju has come across many cases where women have had successive unwanted pregnancies, abortions and faced deteriorating health. "Many mothers who come here have low hemoglobin levels and don't take proper food. Some have four to five children. Many go for abortions".

The biggest challenge, she feels, is the geographical terrain that poses a severe access problem making it difficult for women to regularly visit health facilities. Many don't come for

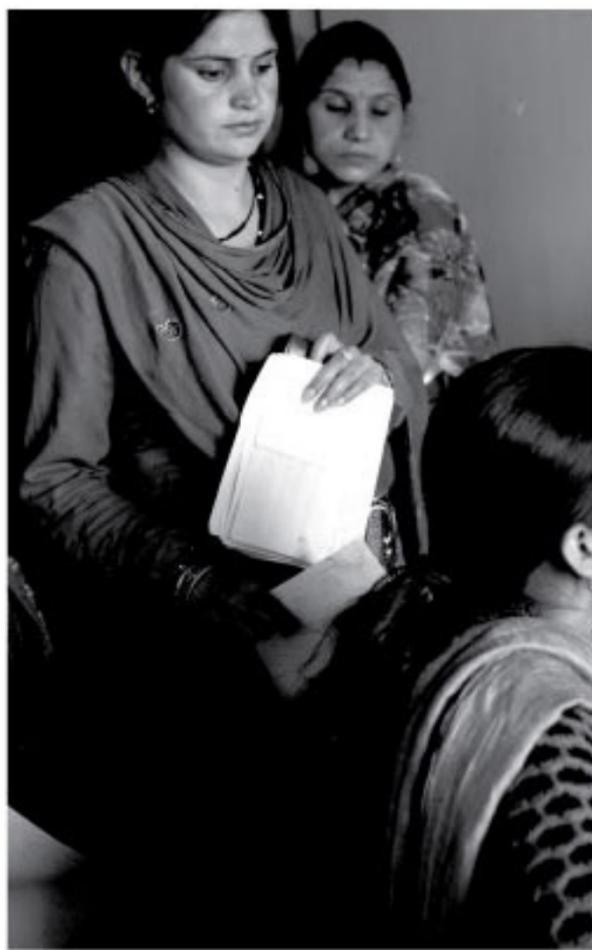
a single antenatal visit and come just in time for their delivery. "I explain to the women that if they want to have a happy family, they have to look after themselves." She makes them aware of the harm that repeated and closely timed pregnancies can have to their health. She explains the benefits of adopting a family planning method right after childbirth and makes them aware of the government schemes that provide free access to family planning.

Belonging to the same community, Anju is well aware of the cultural contexts of her land and ensures that, whenever possible, she also counsels the husbands and mothers-in-law. "In our culture, families play a crucial role in the

decisions taken by women. So even if the woman in question agrees to adopt a family planning method, she refrains from doing so only due to pressure from her family. Mothers in-law and husbands need to be made aware of the benefits of PFP" she explains.

Anju was hired and trained as a Family Planning Counselor by MCHIP. She is now an RMNCH+A counselor hired by NRHM and besides family planning, also gives other important health messages related to nutrition, immunization and newborn care.

Anju finds great satisfaction in what she does and hopes, "to see a day when no woman dies of childbirth in this country."



PHOTOS
Pauri, Uttarakhand.
Anju Rawat at work at the District Women's
Hospital.
Photo Credit: Kate Holt

Reaching the unreached

Through its five years, MCHIP has reached thousands of women—traversing boundaries of religion, access, social strata and mind set, empowering them with family planning services.

Work started by MCHIP was scaled up by GoI and more than 300,000 women have already accepted PPIUCD services in the country.

PHOTO

A landscape shot of Uttarakhand mountains where MCHIP has provided on-site trainings in many hard to reach locations including districts like Pithoragarh, Bageshwar, Chimoli and Uttarkashi.

Photo Credit: Kate Holt

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Rabia Begum

A strong woman becomes the first to adopt a family planning method in her family

Thirty year old Rabia Begum is a mother of four. Her husband works as a vegetable vendor and Rabia stays home to care for her children. Rabia's youngest child is now eight months old.

"I had no idea about what an IUCD is. When I went for my last delivery, I

was told about family planning, its functions and the advantage by the doctor at the hospital." Coming from a conservative family averse to family planning, Rabia had to explain the merits of adopting a family planning method to her husband and even took him to meet the counselor at the District Women's Hospital,

Dehradun, where she was to deliver. Once her husband was convinced, he helped her negotiated through the opposition she met from other family members. Rabia became the first woman in her family to opt for a PPIUCD.

PHOTO

Dehradun, Uttarakhand.

A confident Rabia Begum, happy to tell her story.

Photo Credit: Srinivas Sunkara



She chose this method as she felt it would suit her the most. "It is not a medicine that one has to take every day. One doesn't need to remember to use it every time. It is a simple and good method", she explains.

"In today's time, when the cost of living is increasing, it is best to have a small family. We are working hard to make ends meet. Any more children would have affected my health and prevented me from taking good care of my family" says a confident Rabia.

Happy with her choice, Rabia has become an advocate for family planning in her family and has convinced her sisters to adopt a family planning method as well.

Rabia is one of the 300,000 who have already accepted PPIUCDs. And this pool is growing rapidly, enabling more and more women and families to have children by choice, not chance.

PHOTOS
Dehradun, Uttarakhand.
Rabia Begum with her family
Photo Credit: Srinivas Sunkara



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PHOTOS
Dehradun, Uttarakhand.
Rabia Begum with her family
Photo Credit: Srinivas Sunkara



not want to get a sterilization operation, as she was afraid that it would require a recovery period, which she could not afford.

At the hospital, the nurse informed her about various FP methods including PPIUCD, a reversible yet long acting method which could be adopted right after delivery. Hanna convinced her husband and once he agreed, she went in for it. "Now the children are safe and so am I" she says smiling.

Knowing that her family will now remain small, Hanna has dreams of a bright future for her children, despite her meagre means. "I have a small family, so I will ensure that my children go to school and get an education", aspires the proud mother of two.

PHOTOS

Bano, Jharkhand.
Hanna with her children and family.
Photo Credit: Srinivas Sunkara

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Anita Kumari

Family planning helps women and their families cope better with life

Twenty year old Anita Kumari is a mother of two children, a three year old girl and a nine month old boy. Her husband is a daily wage laborer who finds work at construction sites. Anita, her husband and two children live in a tiny rented shack in one of Dehradun's slums. Their family migrated from Lucknow to Dehradun in search of work. Millions of families like Anita's are part of India's migrant labor population.

When Anita was expecting her second child, her husband and she were sure that they did not want any

more children. "We eat as we earn. My husband manages to earn a maximum of Rupees 200 to 300 per day. All our expenses have to be met with that- oil, spices, rice, wheat, rent for the house..... Sometimes when he doesn't get work for a few days, the money runs out. There have been times when we've had no food to eat. We then need to borrow money to feed our children. How can we think of having more children! If we are able to feed and clothe these two... even that is enough" says the mother. Anita went to deliver at the government run District Women's

Hospital at Dehradun. It was there that she was told about how she could prevent another pregnancy and the family planning methods she could choose from. Anita chose the PPIUCD.

Anita is relieved with her family planning choice, as it doesn't interfere with her daily life. She says, "I can do all my chores easily. I need to cook, feed my children, wash the dishes, clean the house... I have to care for my children. The younger one is very small and needs constant attention."

Anita dreams of a better life for her children than her own. "Both my husband and I are illiterate. We never got the opportunity to study. I don't want my children to do the same work as we do. I want to educate them" she says.

PHOTO
Dehradun, Uttarakhand.
Anita Kumari walks towards her shack with her younger child in her arms.
Photo Credit: Srinivas Sunkara





PHOTOS
Dehradun, Uttarakhand.
Anita Kumari goes about her daily chores.
Photo Credit: Srinivas Sunkara



PHOTO
Kolibera, Jharkhand.
A happy couple with two children. They opted for
a PPF method after their second child.
Photo Credit: Indrani Kashyap

PHOTO
Manoharpur, Jharkhand.
Krishna Gosai with his wife and elder child. He supported his wife in adopting a PPF method after the birth of their second child.
Photo Credit: Srinivas Sunkara

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COVER PHOTO

Allahabad, Uttar Pradesh.

Shobha Devi with her two children. She accepted a postpartum family planning method after the birth of her second child.

Photo: Kate Holt