

India

Advocacy to Impact

Foundation for Reproductive Health Services India

Foundation for Reproductive Health Services India

Date: 9.4.2019

Advocacy Wins

- National Health Mission (NHM) – India recognised private sector led-Clinical Outreach Teams (COTs) as a distinct service delivery approach and increased reimbursements in the Mission Pariwar Vikas(MPV) districts*

Outcomes: 16 new private providers started providing services in 157 public sector sites in Bihar and Rajasthan

- NHM – UP approved direct bank transfers to clients and motivators of COT operators

Outcomes: Reduction in working capital for COT operators, thereby reducing operational and financial barriers for proving services through outreach

*MPV/Mission Parivar Vikas is a GOI policy to address the high fertility rates and unmet needs in 145 districts of 7 high focus states in India by increasing access to contraceptives and family planning services.

Manoj Jhalani
Additional Secretary & Mission Director, NHM
Telephone : 23063687, 23063693
E-mail : manoj.jhalani@nic.in

NEHMAN BHUSHAN, NEW DELHI - 110011

DO No: N-1103/2016-EP
Date: 12th December, 2017

Subject: "Compensation Scheme in Sanitation" for Clinical Outreach Teams (COTs) operated by accredited organizations in 145 Mission Parivar Vikas (MPV) districts in 7 states.

Dear Principal Secretary,

The government has recently launched the Mission Parivar Vikas (MPV) scheme in 145 high fertility districts of seven high focus states to give a boost to the Family Planning services. One of the main reasons for high fertility in these districts is the scarcity of providers in public health facilities and a dearth of private sector facilities for provision of Family Planning services.

In order to address this issue, the states have been engaging Clinical Outreach Teams (COTs) comprising a mobile team of trained health care personnel and equipment, engaged through private accredited organizations/NGOs, providing sterilization services in far-flung and underserved areas. These COTs perform a significant number of cases and that too in geographically difficult and low income resource settings.

Unfortunately, at present there is no compensation scheme available for this category and the states have been implementing a mix of the present compensation scheme available for the "public sector" and "accredited private sector" leading to a situation where it has become almost unviable for the COTs to deliver services.

In order to sustain the provision of the quality Family Planning services through the mechanism of COT, the Government has come out an extension from the existing "Compensation Scheme in Sanitation", for Clinical Outreach Teams (COT) operated by accredited organizations in the 146 MPV districts, as per guidelines attached herewith.

It is anticipated that this scheme will not only go a long way in substantially contributing to the states' performance, address issues of high fertility and equity but also attract more positive organizations to participate in this important endeavor.

This is in nature of an entitlement scheme for the MPV districts. The States may therefore appropriate funds for this activity from its savings, after approval of the EC of the state. The appropriation, if any should be commensurate to NHM-Financial in GOI. From 2018-19, the States should budget funds for COTs under Budget heads A3.1.3 and A3.1.4.

This letter with the approval of competent authority.

Yours Sincerely
(Manoj Jhalani)

संघ स्वास्थ्य समिति, बिहार
An ISO 9001:2008 Certified Agency

आपका पत्र प्राप्त हुआ, महाशय
आपका पत्र, स्वास्थ्य विभाग
—एड—
मुख्य कार्यपालक परामर्शदात्री,
राज्य स्वास्थ्य समिति, बिहार

कृपया मेरे
एडी निम्नलिखित कार्य-व्यवस्थापक,
बिहार स्वास्थ्य समिति, बिहार

विषय: निम्नलिखित सेवाओं के लिए निजी संस्थानों/निजी चिकित्सकों को प्रत्यक्ष (Accreditation) एवं प्रतिपूर्ति (Reimbursement) करने हेतु राज्य स्तरीय विज्ञापन विधि।

माननीय/माननीय,
आपका पत्र प्राप्त हुआ है कि राज्य में निजी संस्थानों/निजी चिकित्सकों को निजी निजी सेवाओं को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है एवं इसे लागू करने से राज्य में निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है।

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A. निजी चिकित्सकों एवं सेवाओं के लिए निजी संस्थानों/निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है एवं इसे लागू करने से राज्य में निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है।

Sl. No.	Service	Rate	Remarks
1.	Contraceptive Injection	1000	2000
2.	Contraceptive Pill	200	200
3.	Contraceptive Patch	300	300
4.	Contraceptive Condom	1000	1000
5.	Contraceptive IUD	2000	2000

आपका पत्र प्राप्त हुआ है कि राज्य में निजी संस्थानों/निजी चिकित्सकों को निजी निजी सेवाओं को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है एवं इसे लागू करने से राज्य में निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है।

B. निजी चिकित्सकों/आपकी संस्था में निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है एवं इसे लागू करने से राज्य में निजी चिकित्सकों को प्रत्यक्ष एवं प्रतिपूर्ति हेतु राज्य स्तरीय विज्ञापन विधि बनाने की है।


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Advocacy Wins

- Online system 'Sahbhagita' for Private sector FP providers' accreditation and reimbursement developed and ready to be launched in Rajasthan.

Expected Outcome: Improved efficiency in accreditation formalities and availing compensation for services provided, thereby reducing operational barriers for private sector providers.



राजस्थान सरकार
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान
निदेशालय चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवाएं, जयपुर
फोन नं. 0141-2225715 Mail ID : projectdirector.fw@gmail.com
क्रमांक: एक () पीडी/प.क./Software/2017-18/4891 दिनांक 29/3/2019



बैठक कार्यवाही विवरण

दिनांक 25.03.2019 को मिशन निदेशक (एनएचएम) एवं विशिष्ट शासन सचिव, चिकित्सा, स्वास्थ्य एवं प.क. की अध्यक्षता में परिवार कल्याण कार्यक्रम में निजी क्षेत्र की भागीदारी को बढ़ाने के लिए परिवार कल्याण सेवाएं प्रदान करने वाले इच्छुक गैर सरकारी संगठनों/निजी अस्पतालों/निजी सेवा प्रदाताओं के पंजीकरण (Accreditation) से लेकर सेवाओं के भुगतान (Payment) हेतु विकसित किये गये सॉफ्टवेयर के डेमो हेतु बैठक का आयोजन किया गया। बैठक में निम्न अधिकारियों ने भाग लिया-

1. डॉ. एस.आर. मीणा, निदेशक (आरसीएच)
2. डॉ. ओ.पी. कुलहरी, परियोजना निदेशक (प.क.)
3. श्री सुनील धामस, राज्य कार्यक्रम समन्वयक, यूएनएफपीए
4. श्री रजनीश प्रसाद, स्टेट प्रोग्राम ऑफिसर, यूएनएफपीए
5. श्री कृष्ण गोपाल सोनी, एसएफपीएम, आरएमएनसीएच यूनिट
6. श्री सचिन कोठारी, टीम लीडर, आईपीई ग्लोबल
7. श्री मनोज कुमार, कार्यक्रम अधिकारी (प.क.), एनएचएम
8. श्रीमति अंजू वशिष्ठ, कार्यक्रम अधिकारी (एमपीसी), एनएचएम
9. श्री साकेत, एफआरएचएस इन्डिया
10. श्री सियाराम शर्मा, स्टेट लॉजिस्टिक्स मैनेजर, आरएमएनसीएच यूनिट
11. श्री राम निवास, प्रतिनिधि एबेस प्रा लि, जयपुर

बैठक में निम्न बिन्दुओं पर चर्चा की गई-

1. स्टेट फैमिली प्लानिंग प्रोग्राम मैनेजर, आरएमएनसीएच यूनिट ने यूएनएफपीए के सहयोग से विकसित किये गये सहभागिता सॉफ्टवेयर का डेमो दिया तथा सॉफ्टवेयर में उपलब्ध डेशबोर्ड, मास्टर्स, रजिस्ट्रेशन, रिपोर्ट्स आदि के बारे में बताया।
2. मिशन निदेशक (एनएचएम) ने विकसित किये गये सहभागिता सॉफ्टवेयर से सम्बंधित दिशा निर्देश जारी कर 1 अप्रैल, 2019 जिला स्तर से डाटा अपलोड करने तथा 7 अप्रैल, 2019 से सहभागिता सॉफ्टवेयर शुरू करने हेतु निर्देशित किया।

मिशन निदेशक (एनएचएम)
एवं विशिष्ट शासन सचिव
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण
राजस्थान, जयपुर

प्रतिनिधि राजस्थान एवं आरएमएनसीएच यूनिट

Advocacy to Impact

Increased budgetary allocations for Private Providers

State governments approved an additional USD 1.62 million for Bihar, Jharkhand, Rajasthan, and Uttar Pradesh in the year 2018-19

An additional amount of INR 1000 available for COT provider for sterilization client served

	Additional funds allocated	
	INR	USD
Bihar	53,000,000	815,385
Jharkhand	2,000,000	30,769
Rajasthan	10,289,500	158,300
Uttar Pradesh	40,125,000	617,308
Total	105,414,500	1,621,762

*Exchange rate US \$1 = INR 65

Advocacy to Impact

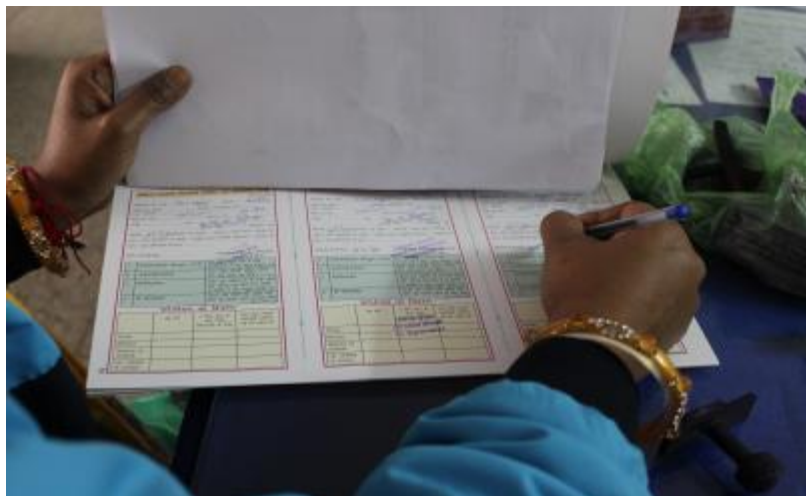
Expanding access to quality FP services via newly established COT services by private providers: Increased reimbursements and direct bank transfers lead to expansion of and increased access to quality FP services.

State	Number of new private providers in 2018	Number of districts covered in 2018	Number of facilities served in 2018	Approx number of Tubal Ligation clients served in 2018
Rajasthan	13	7	139	11,650
Bihar	3	9	18	4,450

Advocacy to Impact

Initiating direct bank transfer of reimbursements in Uttar Pradesh

Government of UP initiated direct bank transfers of reimbursements to clients and motivators in July 2018, reducing the investment required by private providers to operate & provide FP services.

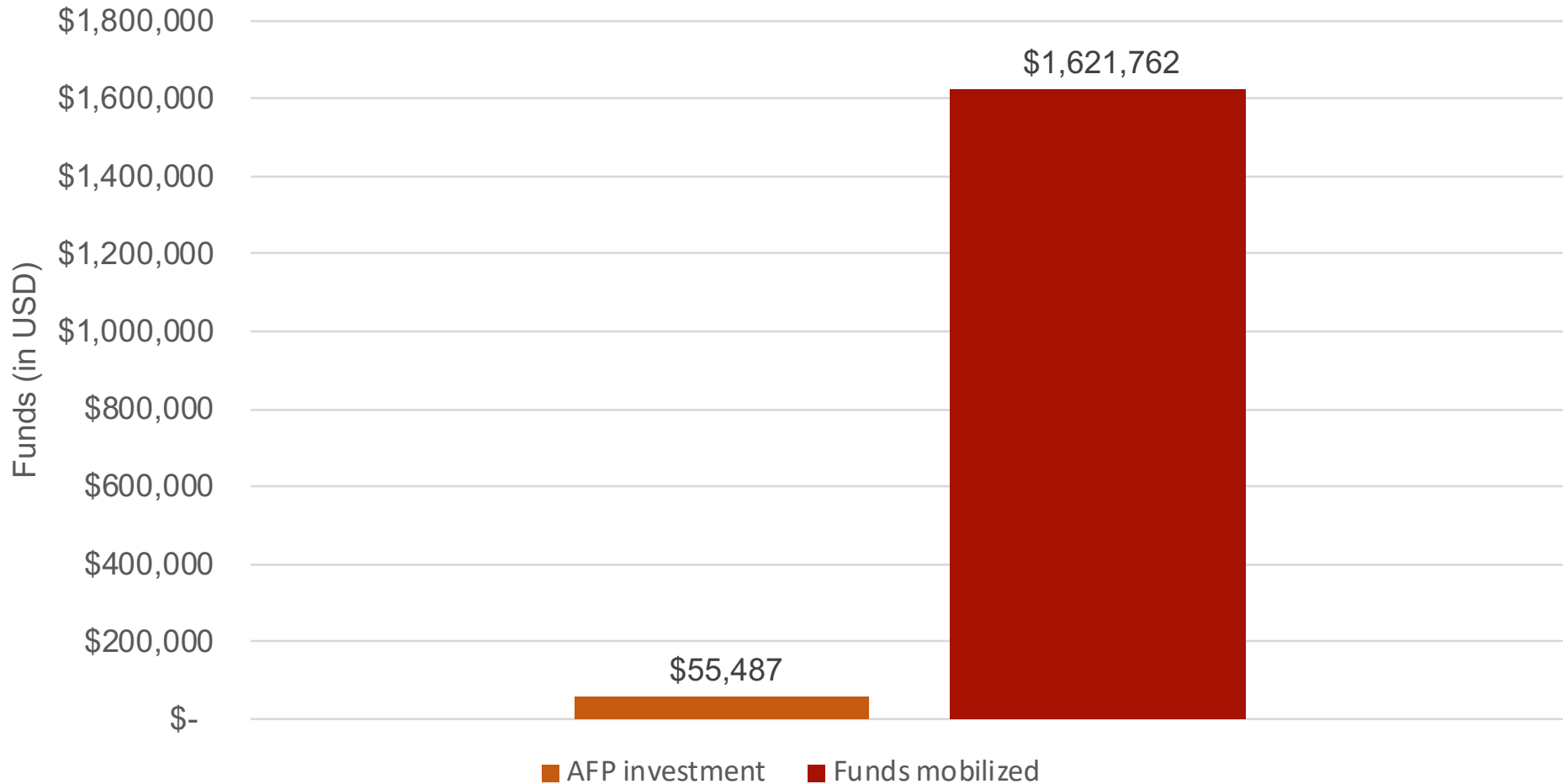


FRHSI served about 11,500 sterilization clients between Aug-Dec 2018; **reducing their investment to provide these services by about INR 264,50,000 (USD 406,923)*#**

Other Players have shown an inclination and are in talks with NHM, UP to initiate COT services in the state

Advocacy to Impact

Return on Investment



Collaboration & Sustainability

Opportunity: Recognition of COT model in state PIPs



Liaisoning with state governments:

- Reaching out to 4 new states to include COT model in their Program Implementation plans (Assam, Chhattisgarh, Jharkhand & Madhya Pradesh)



Partnering with private providers:

- Facilitating demonstration visits to successful COT sites for implementation



Collaborating with Civil Society Organizations in the states:

- Strengthening our advocacy efforts to impact



Thank You

Jhpiego India

Dr Kamlesh Lalchandani

Date 09 April 2019

Advocacy Reach

Jhpiego India

Partner since January 2016

4 STATES, 17 DISTRICTS

Assam

4 districts: Barpeta, Darrang, Dhubri, Marigaon

Jharkhand

7 districts: Bokaro, Chatra, East Singhbhum, Garhwa, Hazaribag, Palamu, Ranchi

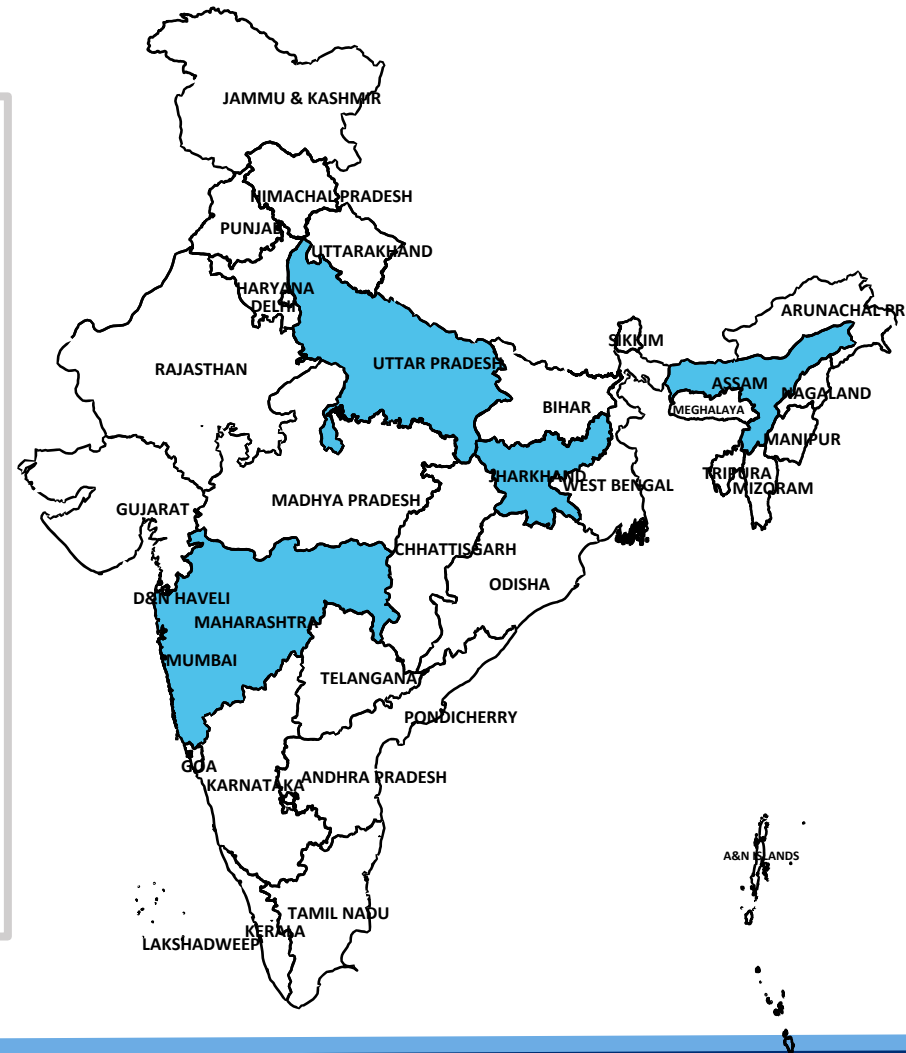
Maharashtra

2 districts: Ahmednagar, Pune

Uttar Pradesh

4 districts: Basti, Behraich, Gonda, Sant Kabir Nagar

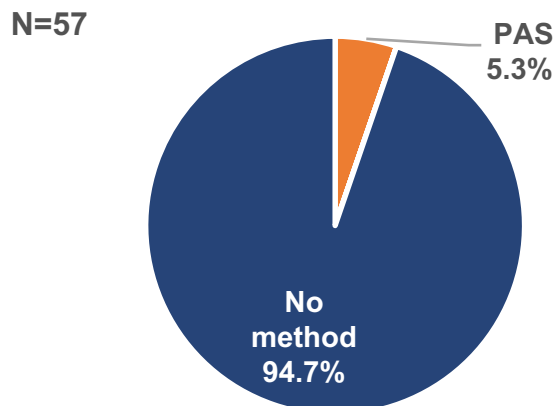
Potential WRA reach: 10,178,765



Advocacy to Impact: Program

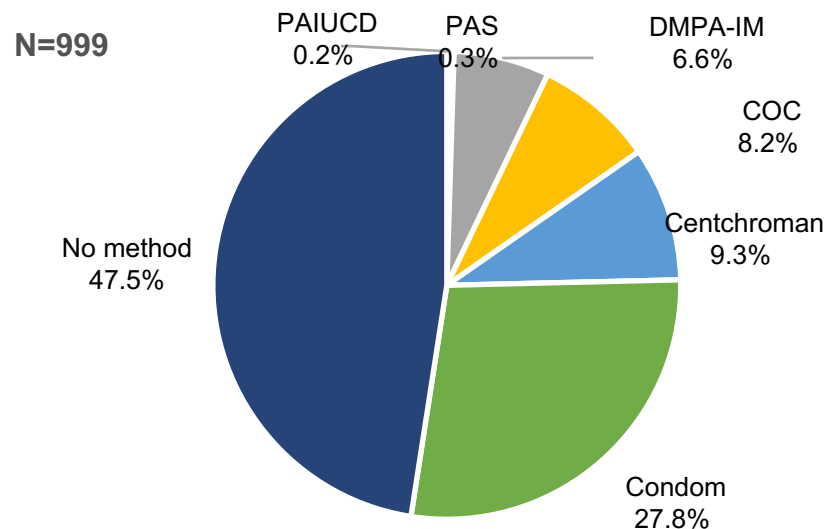
Increased uptake of Post Abortion family planning services in Uttar Pradesh

Landscape (August-October 2017)



- **1/9 facilities** was providing PAFP services
- **Lack of counseling services and poor documentation for PAFP** services in nine facilities

Endline (November 2018-January 2019)

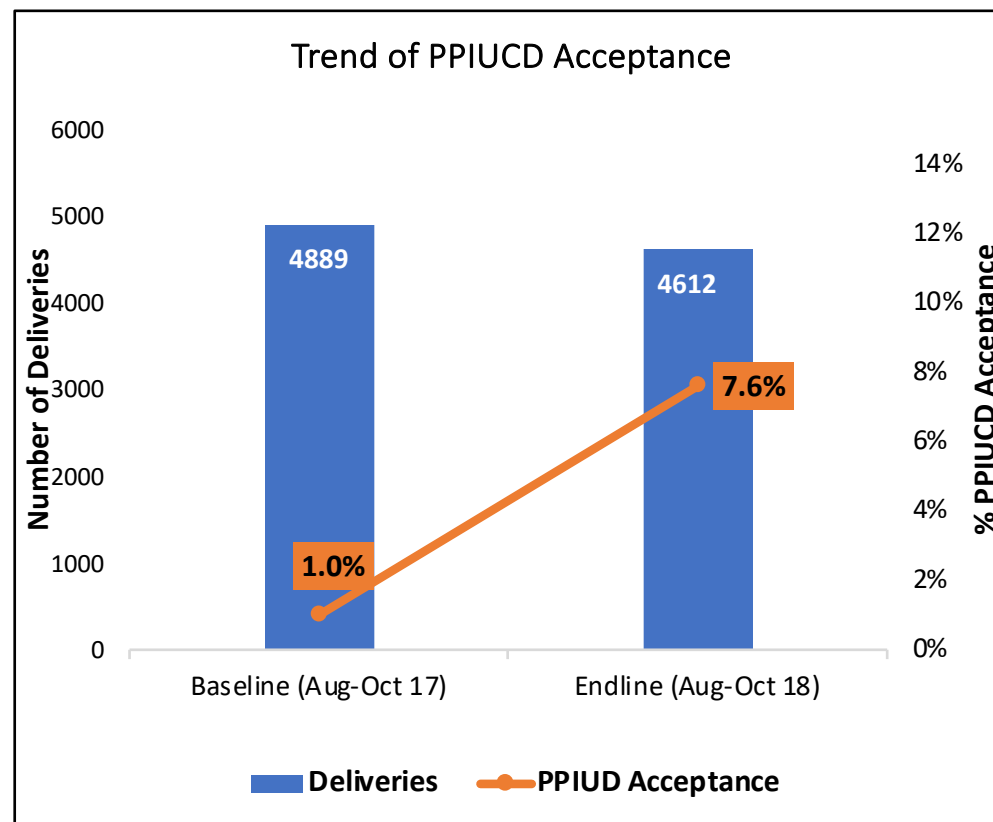


- **Eight facilities initiated PAFP services including DMPA-IM**
- 52.6% (525/999) of abortion clients use contraceptive method post procedure

Advocacy to Impact: Program

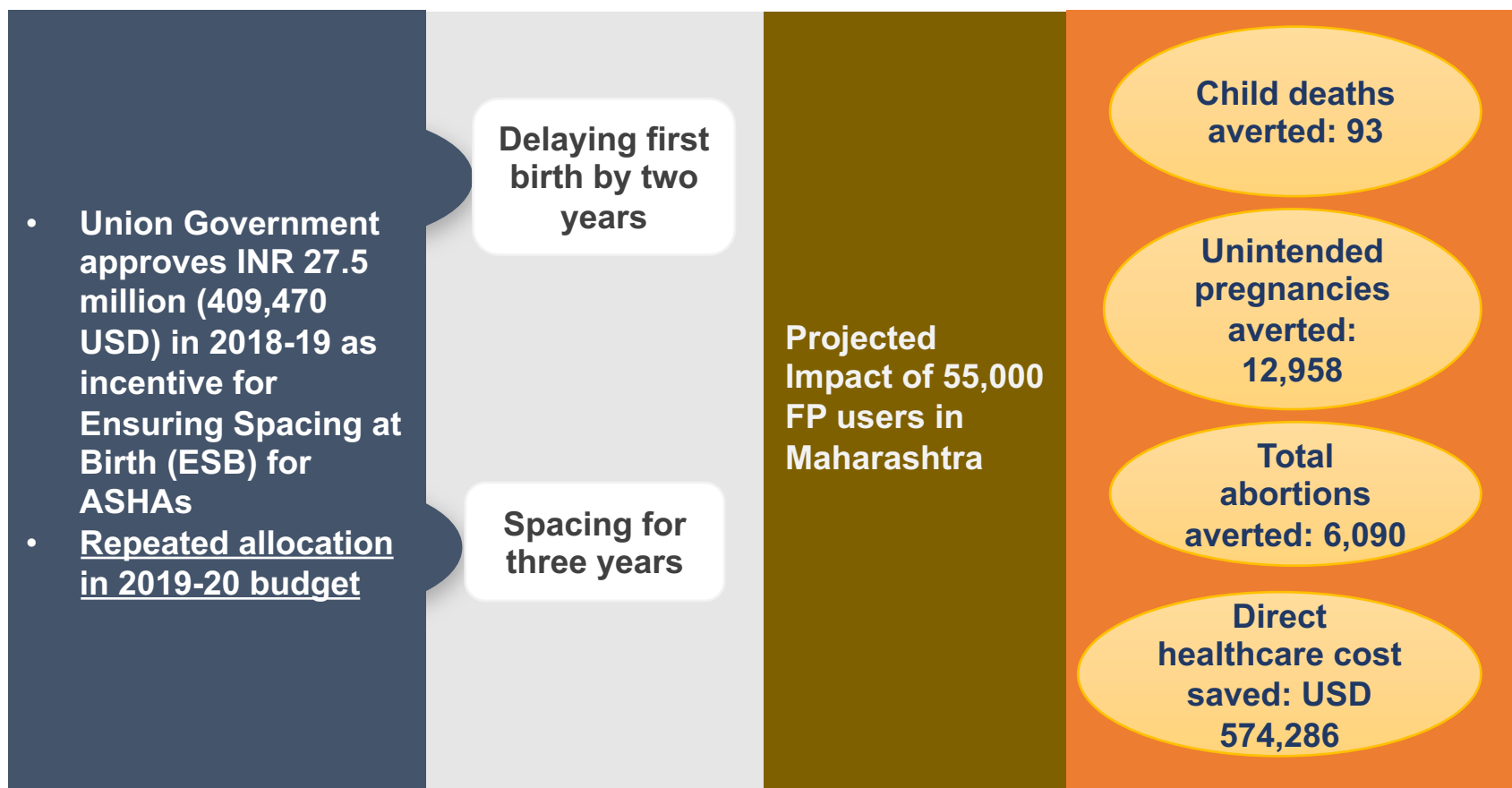
Increased access and uptake of PPIUCD services in Assam

- **20/25 facilities** in 4 districts operationalized **PPIUCD services for the first time**
- Overall, PPIUCD insertions **increased more than 590%** in 25 AFP intervention facilities



Advocacy to Impact: Policy

Ensuring Spacing at Birth (ESB) scheme introduction in entire state of Maharashtra



Calculated Using Impact 2-MSI

**FP Users distribution calculated as per mCPR (NFHS 4)*

Advocacy to Impact: Budget

2 million USD mobilized through government for Quality of Care in FP

Budget mobilization 2016-18 in USD(\$) (in 000's)

Assam

295

Jharkhand

628

Maharashtra

1097

0 500 1000 1500

Strengthening PPIUCD services through service provider training, procurement of instrument and printing FP logistics (manuals and registers)

Strengthening of QoC in FP services through establishment of FP counseling corner and mini-lap/ NSV training sites and procurement of FP instruments (NSV kits, IUCD kits, mini-lap kits, PPIUCD forceps)

- Strengthening of PPFP and quality of FP services
- Introduction of 'Ensuring Spacing at Birth' (ESB) scheme in entire state

1

- AFP SMART facilitation workshops organized in 17 AFP geographies for approximately 200 DWG members Assam, Jharkhand, Maharashtra and Uttar Pradesh. Participants framed objectives on various thematic areas like PPFP, PAFP and QFP
- AFP SMART facilitation-Internal Diffusion for 25 Jhpiego India staff was organized in October 2017. Participants framed objectives on family planning, maternal health and human resources in health.

2

- AFP 'Fostering Locally Driven Advocacy for Family Planning' workshop was organized for 30 participants from 12 local NGOs in September 2017
- Participants framed objectives on thematic areas like SRHR and PPFP
- 4/12 local NGOs (CINI, FPAI, Love Matters and NEEDS) received Opportunity Fund grant.

Pathfinder International

Dr. Mahesh Srinivas
9th Apr 2019

RAJASTHAN

Population	68 million
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mCPR (%)	53.5
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More than 1 million girls married
under 18 yrs



ADVOCACY PRIORITIES


- Policy change
- Increased resource mobilization
- Program augmentation
- Corporate Social Responsibility (CSR) engagement


ADVOCACY WIN & IMPACT - 1


For the first time in India, on July 11, 2018, the *Rajasthan* state government launched a web-based software for follow-up of injectable contraceptive users


CLIENT FOLLOW-UP SOFTWARE FOR DMPA-IM

Secure | <https://antraonline.000webhostapp.com/index.php>

**Pathfinder**
INTERNATIONAL
Sexual and reproductive health
without fear or boundary



**Pathfinder**
INTERNATIONAL
Sexual and reproductive health
without fear or boundary
twitter.com/PathfinderInt
facebook.com/PathfinderInternational



User Login

ANTARA Online - 3 Months

ANTARA Online is a web based application to monitor, track & analysis the data of the users. ANTARA Online-IM is a recently introduced injectable contraception which provides user a three month safe period. The application will be capturing the data of the users with all the required information. Further, this data will be used for analysing and monitoring the user information for generating numerous reports, which in turn will help in improving the ANTARA Online services.

Bhilwara district is the first to introduce Injectable Contraceptive in the state of Rajasthan in public health sector, launched by Secretary and MD, NHM, Mr. Naveen Jain on May 27, 2017.

Since the launching of the services, 7198 users has been registered at 98 public health facilities of Bhilwara.

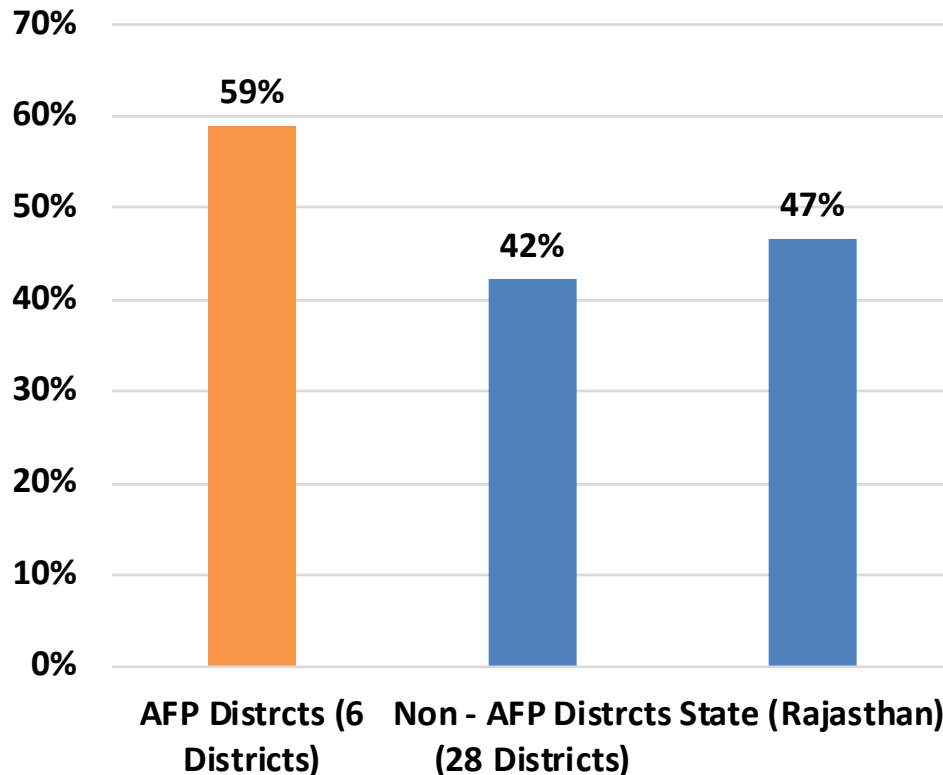
Successful pilot of
Software in
Bhilwara district



Scale-up in all
districts across the
state

BETTER CONTINUATION RATES FOR DMPA-IM

**DMPA-IM 2nd dose Continuation Rate
(Apr 18-Feb 19)- Rajasthan**



Other states
have expressed
interest in the
software

ADVOCACY WIN & IMPACT - 2

AFP SMART approach leads to a turnaround in
No-Scalpel Vasectomy (NSV) services in *Baran* district, *Rajasthan*,
since 2017-18

Improving method-mix of contraceptive uptake through male engagement



NSV Champions: Clients & Health workers



Community level sensitization on NSV

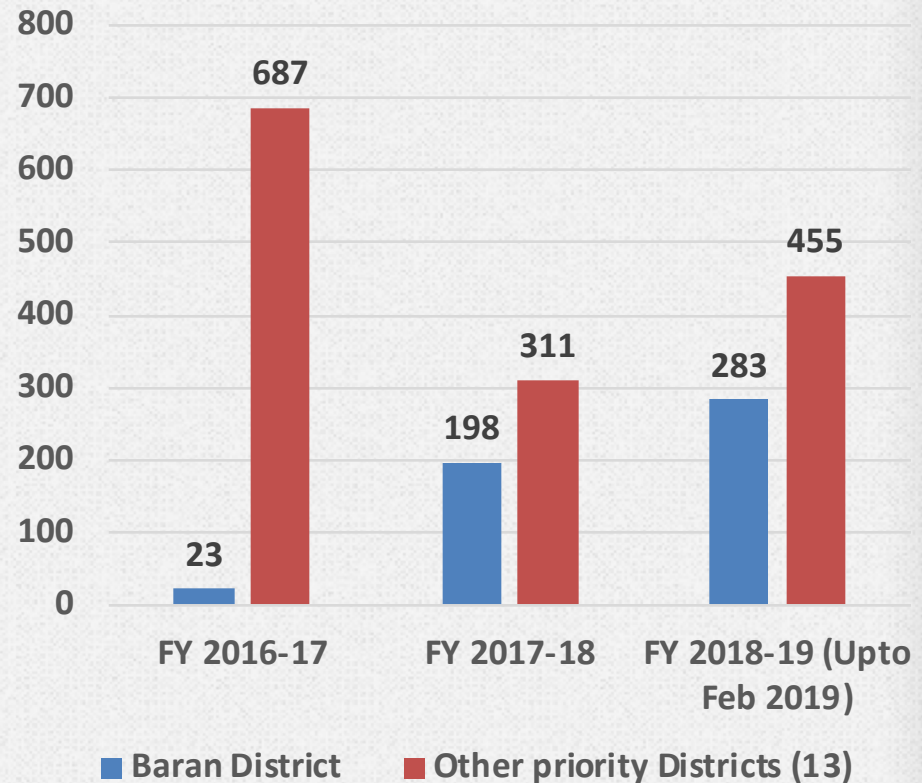


Use of Eligible Couple Tracking System (ECTS) data for potential NSV clients



Facility level planning & review meeting

No of NSV Clients in 14 priority districts



Source: <http://pctsrjmedical.raj.nic.in>

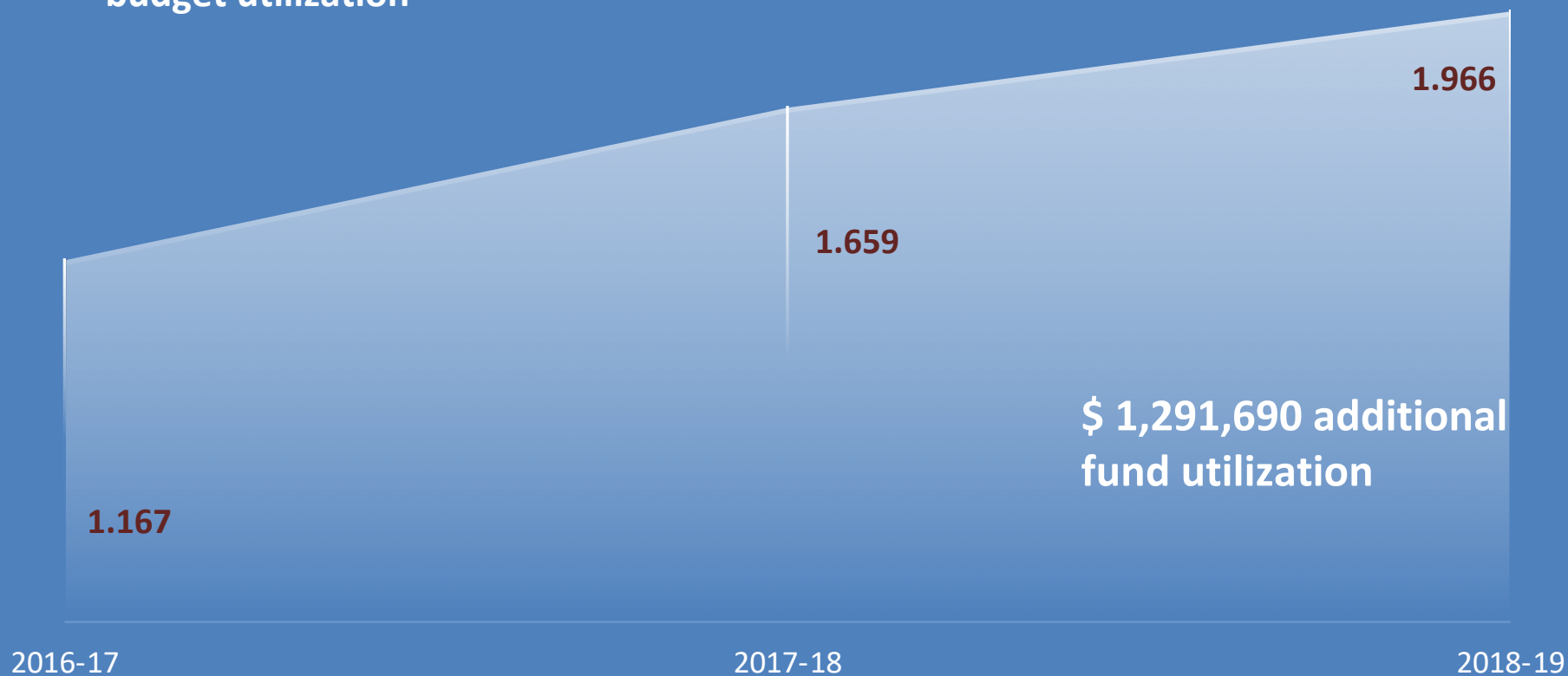
ADVOCACY WIN & IMPACT - 3

District expenditure on Family Planning program increases steadily for two consecutive years in 2017-18 & 2018-19

Advocacy leads to improved expenditure in AFP districts

EXPENDITURE ON FAMILY PLANNING (USD MILLION \$)

Increase of 68% in
budget utilization



ADVOCACY WIN & IMPACT - 4

Spark Minda Foundation, joined 15 other private sector partners in making Family Planning 2020 commitments at the 2017 London Summit

DIFFUSION/COLLABORATION

- AFP SMART approach now a pan–Pathfinder phenomenon
- State level SMART facilitation workshop done for government stakeholders from 15 districts & other FP partners
- Multiple departments of the state govt. of *Rajasthan* come together to advocate for increased CSR investments in Family Planning
 - Dept. of Industries
 - Dept. of Health & Family Welfare
 - Dept. of Labor




SUSTAINABILITY

Role of District Program Managers (DPMs) in Family Planning



Outcome of the workshop :

- Family Planning priorities and advocacy action plans were developed for 15 districts
- Role of District Program Managers in the Family Planning program was formalized and, currently being strengthened

A photograph of a woman with a bindi, wearing a vibrant green and pink sari, smiling warmly. She is holding a baby in a grey sweater and a young child in a grey and purple striped hoodie. The background is a blurred outdoor setting.

Thank You!



Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary



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Population Foundation of India

Monica Wahengbam

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Bill & Melinda Gates Institute for
Population and Reproductive Health



Population Foundation of India

Partner since - 2012

2 States, 18 Districts

Bihar

6 districts: Jehanabad, Araria, Gopalganj, Kishanganj, Sheohar, Siwan

Uttar Pradesh (UP)

12 districts: Agra, Jhansi, Lucknow, Deoria, Firozabad, Unnao, Mau, Pratapgarh, Sultanpur, Barabanki, Jaunpur, Sitapur

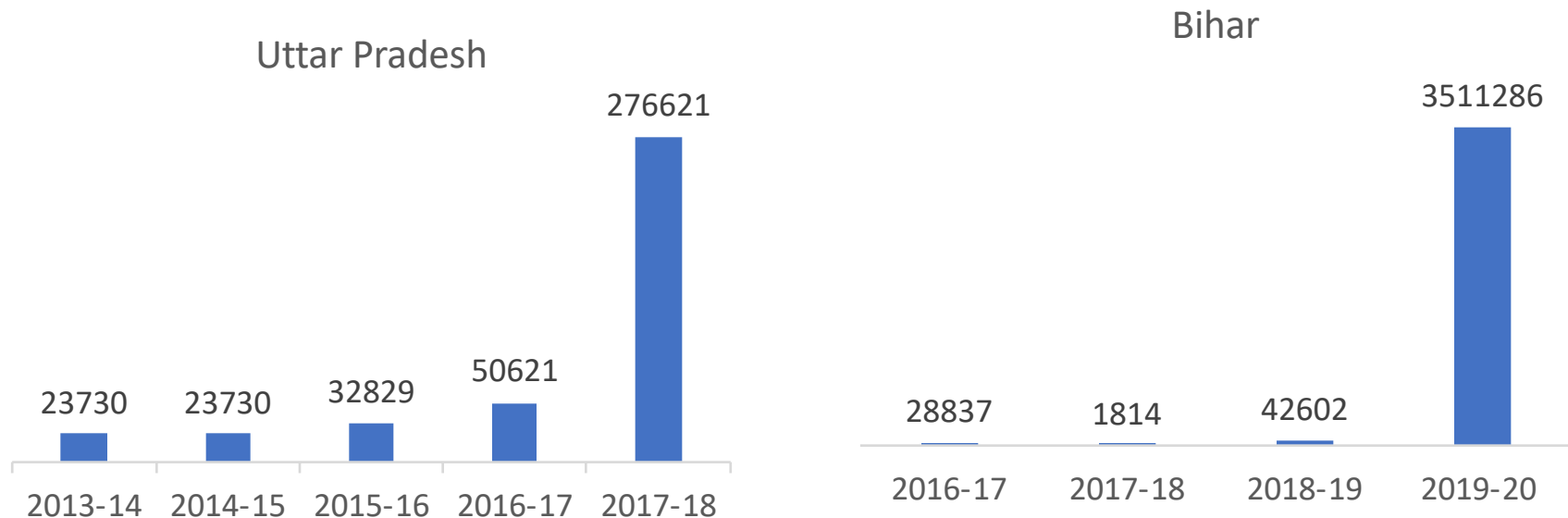
Potential WRA reach: 14 Million (approx)

Advocacy Priorities

1. Improve quality of family planning service provision
2. Expanding and improving method mix
3. Expand access to family planning services for adolescents and youth
4. Mobilizing additional resources for family planning and Increasing Family Planning expenditure

Funds Mobilized

USD 3,991,950 additional fund mobilized for family planning
(USD 3,584,430 in Bihar and 407,519 in UP)

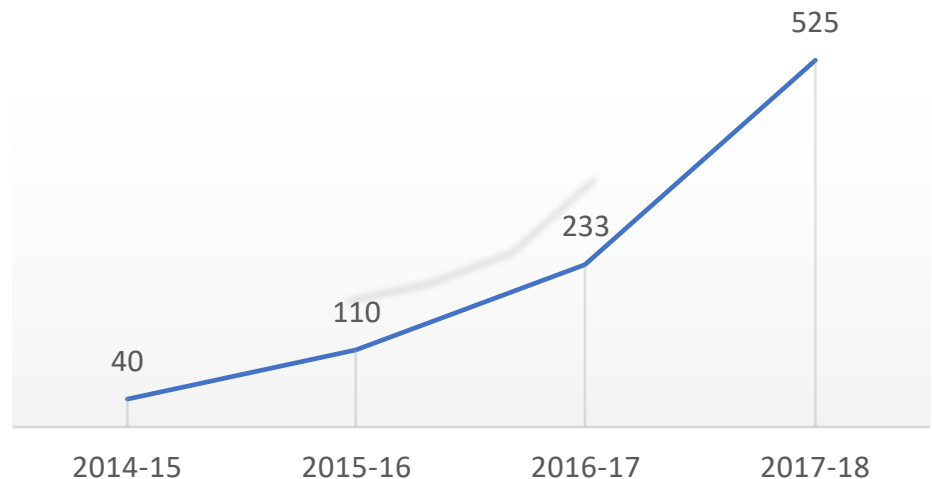


Increased Access

525 facilities strengthened to provide quality FP services in UP & Bihar
(214 facilities in Bihar and 311 in Uttar Pradesh)

Facility expansion over years

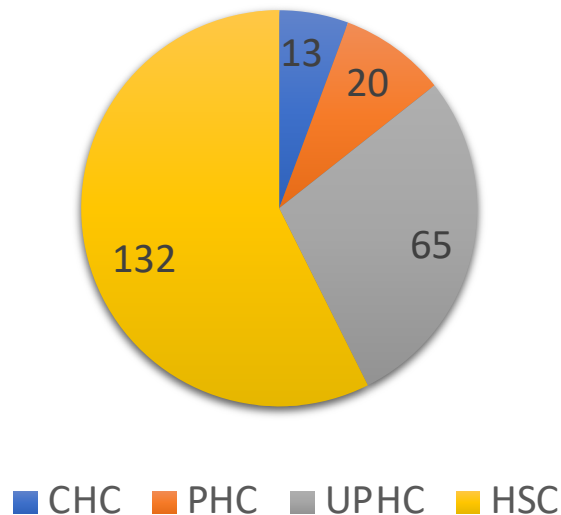
- Facility Assessment identifying gaps
- Developing plans for addressing gaps
- Mobilizing local resource / funds
- Training of providers
- Purchase of equipment
- Ensuring supplies
- Putting monitoring mechanism in place



Increased Availability of IUCD

The provision of IUCD for the first time in 230 facilities between July 2017 and October 2018 in UP enabled 13213 women to avail IUCD service

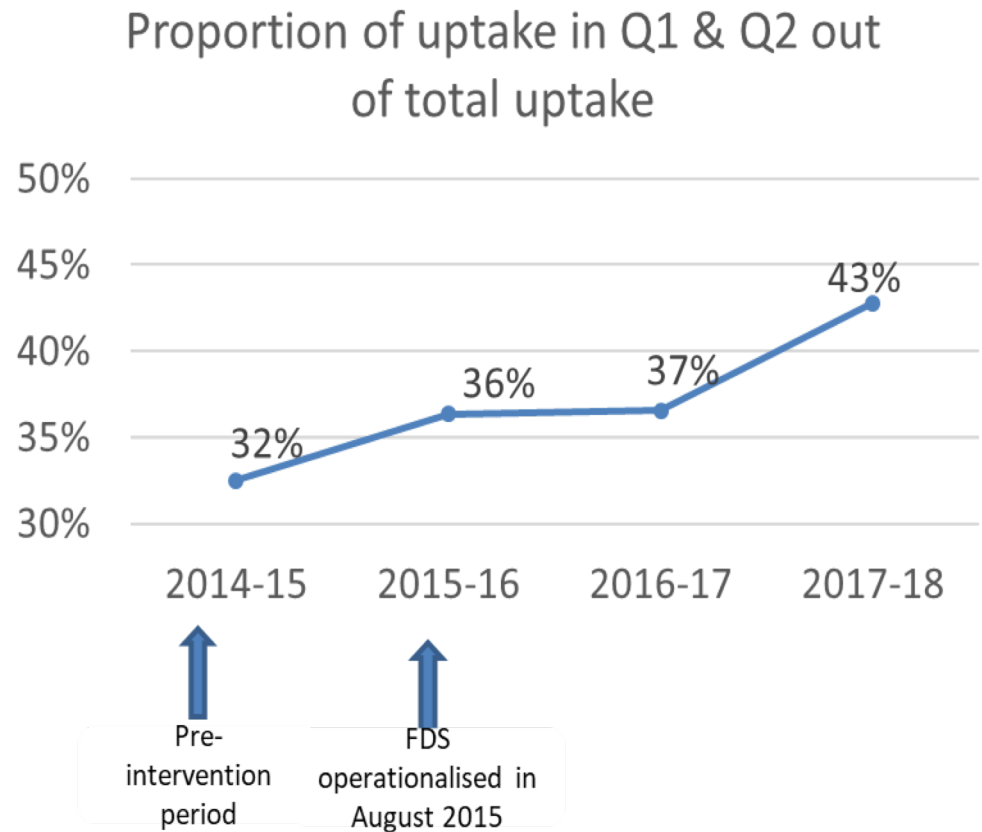
Type of facility



Improving Quality

Breaking seasonality in female sterilization service provision

Improved quality and sustained Fixed Day Service in Jehanabad district results in increased proportion of female sterilizations in Q1 and Q2



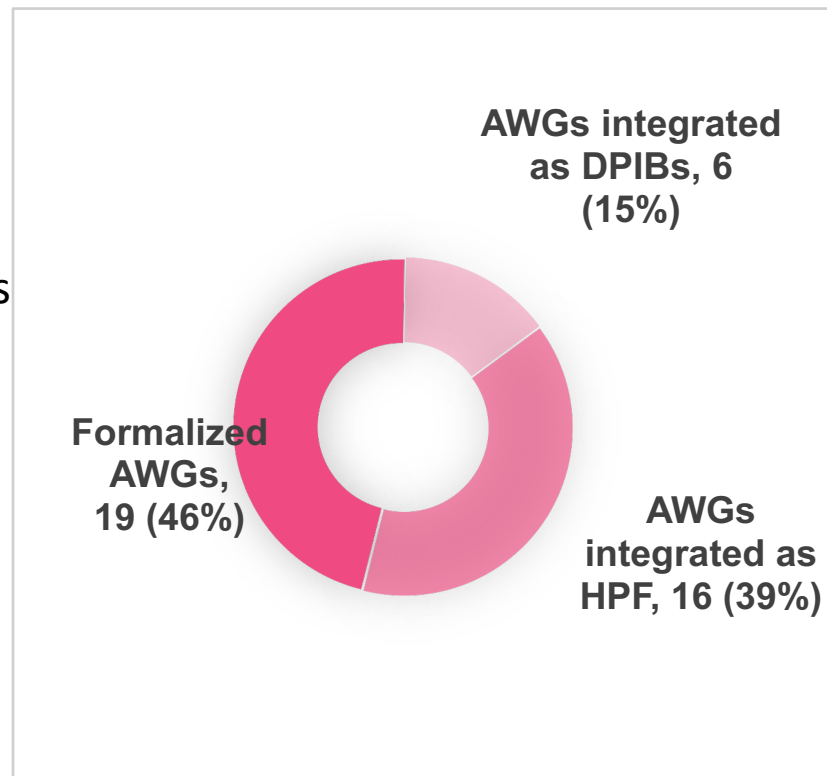
Greater Reach of SMART

1. AFP SMART approach used for developing strategy to strengthen National Adolescent Health Program in UP
2. 16 local organizations in Rajasthan trained on AFP SMART approach for building their capacity on advocacy - 44 more to be trained in next 2 years
3. AFP SMART approach used within organization for developing strategy for other programs as well

Sustainability

41 local advocacy working groups (AWGs)

Integration with existing government institutions



THANK YOU