Leveraging High Impact Practices in Family Planning for India’s FP 2030 Commitments

September 27, 2023

Ados May, WHO/IBP Network Moderator

Ados is a Senior Technical Advisor at the WHO/IBP Network Secretariat. Ados provides technical leadership engaging the network member organizations on documenting effective practices in family planning, dissemination and use of high-impact practices (HIPs), and knowledge management. He has over 20 years of experience in international public health program design, technical assistance, management, and capacity building, focusing on HIV/AIDS and Reproductive Health.
Today's Agenda

- Welcome
  - Ados May, WHO/IBP Network
- Opening Remarks
  - Andrea M. Wojnar, UNFPA India
  - Dr. Pawan Kumar, MoHFW India
- Introduction to the High Impact Practices
  - Pragati Singh, WHO India
  - Ados May, WHO/IBP Network
- Adolescent Responsive Contraceptive Services
  - Anand Sinha, Packard Foundation India
- Post abortion Family Planning
  - Saswati Das, UNFPA India
- Digital Health for Providers
  - Smisha Agarwal, CGDHI Johns Hopkins
- Questions & Answers
- Closing Remarks
  - Deepa Prasad, UNFPA India

Before we Begin

- Webinar will be recorded
- Submit your questions anytime
- Visit our website: fphighimpactpractices.org
- Download the handouts
Opening Remarks

Andrea M. Wojnar
UNFPA India

Pawan Kumar
MoHFW India

Andrea M. Wojnar, UNFPA India

Ms. Andrea Wojnar is the Resident Representative for UNFPA India and the Country Director for Bhutan. In a career spanning thirty-six years, Ms. Wojnar has been at the forefront of programmes that have focused on the rights and health of women and girls, and giving a voice to youth and adolescents. The 'power of data' being her core guiding principle, she is passionate about using evidence-based results to conduct public advocacy and high-level policy dialogue to influence decision-makers on the importance of gender equality for sustainable development. Ms. Wojnar is a strong advocate of ensuring Rights and Choices for All.
Opening Remarks

Pawan Kumar, MoHFW India

Dr. Kumar is the Additional Commissioner, In charge Maternal Health & Family Planning Division at Ministry of Health & Family Welfare, Government of India. Dr. Kumar has a career spanning over 23 years at various positions in the health sector including Health Care Management/Public Health ranging from Primary Health Care to the State & National level (Planning, Policy, Implementation, Monitoring & Supervision). He is associate editor for Journal of Advance Research in Medicine (JoARM). He has published/presented more than 75 research papers in national and international journals/conferences, written chapters in books on public health and health care management on highly innovative topics. He currently serves as the Treasurer of Indian Society of Hospital Waste Management.
Opening Remarks

Leveraging High Impact Practices in Family Planning for India’s FP 2030 Commitments
Our Panelists

Pragati Singh  
WHO India

Anand Sinha  
Packard Foundation  
India

Saswati Das  
UNFPA India

Smisha Agarwal  
Johns Hopkins  
University

Introduction to the High Impact Practices (HIPs)
Pragati Singh, WHO India

Dr. Pragati is a National Professional Officer in WHO and is also supporting Ministry of Health and Family Welfare for strengthening Sexual and Reproductive Health (SRH) Services. She has more than 15 years of rich public health experience in government and development sector. Dr. Pragati is a medical professional with specialization in public health. She has a certification on Climate change and health from Harvard University and Climate solutions from University of Edinburg. She also contributed to FP initiatives under USAID as Senior reproductive health advisor where she was actively involved in devising innovative models for leveraging private sector participation, and addressing climate change and SRH. She has been a member of India core convener group for FP 2030 and spearheaded the development of country’s FP 2020 and FP 2030 vision document and country commitments.

The HIPs: Tools to help achieve your FP goals

Dr. Pragati Singh, WHO- Country Office for India
Ados May, WHO/IBP Network

September 27, 2023
FP in India - Charting way ahead

MCPR = 57%
Sub-national variation exist

Increasing access further will require -
- Task-sharing,
- Investing in additional training of health care workers,
- Engaging the private sector,
- Or other interventions.

![Graph showing Stage 3: High Prevalence](image)

*(Growth slows and eventually stops - MCPR reaches max.)*

Investments and Interventions in adolescent and youth programming

### FP use in Young Women (15-24 yrs) as % of WRA

<table>
<thead>
<tr>
<th>Sexually active</th>
<th>Not sexually active</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

### PPFP use in PP Women as % of WRA

<table>
<thead>
<tr>
<th>Facility Del.</th>
<th>Home Del.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Investments in PPFP

Places with large proportion of postpartum women and not using modern contraception

**NCIFP Scores (2017)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>64</td>
</tr>
<tr>
<td>Accountability</td>
<td>54</td>
</tr>
<tr>
<td>Equity</td>
<td>62</td>
</tr>
<tr>
<td>Quality</td>
<td>64</td>
</tr>
<tr>
<td>Data</td>
<td>60</td>
</tr>
<tr>
<td>Strategy</td>
<td>81</td>
</tr>
</tbody>
</table>

Strength of the enabling environment can impact the potential for growth in mCPR

Contd...

**INDIA'S VISION FP 2030**

**Key strategic priorities:**
- Adolescent and Youth,
- Expanding contraceptive basket,
- Quality Improvement,
- Community Engagement,
- Strengthening supply chain systems,
- Ensuring male participation,
- Private Sector engagement,
- Strengthening data systems and
- Ensuring resilient health systems

Supported by WHO-SAMARTH
Consensus and direction around what works
Country context
Compliment WHO Guidelines

**HIP**
High Impact Practices

what works’ in FP interventions
do not tackle the “how” around implementation or scale up

“A genuine leader is not a searcher for consensus but a molder of consensus.” - Dr. Martin Luther King, Jr.
WHO/HIP Matrix Tool to Link WHO Guidelines and High Impact Practices

1 Background

2 Matrix

3 WHO Guidelines and Tools

Contd…


- Optimizing Health Worker Roles through Task Shifting
- Ensuring Human Rights in Contraceptive Provision

- Medical Eligibility Criteria (MEC), Selected Practice Recommendations (SPR), Consolidated Guideline on Self-care Interventions for Health
- Digital Interventions for Health Systems Strengthening

- Family Planning: A Handbook for Providers
- MEC Wheel
- Provider Reference

- Family Planning Training Resource Package
  - Cross-Cutting Topics
  - Permanent Methods
  - Emergency Contraceptives
  - LARC
  - Fertility Awareness Based Methods
  - Barrier Methods
  - Hormonal Contraceptives
  - Training
### Aligning Country Priorities with WHO Guidelines

#### Developed with support of WHO-SAMARTH

<table>
<thead>
<tr>
<th>WHO Guidelines</th>
<th>Community Health Workers</th>
<th>Drug Shops &amp; Pharmacies</th>
<th>Mobile Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Eligibility Criteria &amp; Selected Practice Recommendations</td>
<td>PROGRAM DESIGN</td>
<td>PROGRAM DESIGN</td>
<td>PROGRAM DESIGN</td>
</tr>
<tr>
<td>Optimizing Health Worker Roles through Task Shifting</td>
<td>ADVOCACY</td>
<td>ADVOCACY</td>
<td>ADVOCACY</td>
</tr>
<tr>
<td>Ensuring Human Rights in Contraceptive Provision</td>
<td>ADVOCACY</td>
<td>ADVOCACY</td>
<td>ADVOCACY</td>
</tr>
</tbody>
</table>

**Country Adaptation of Self-care Guidelines**

**Existing-in-country technical & program guidelines**

- India adapted-MEC Wheel-2022

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**Which HIP?**

Use the resources below based on the suggestions in the center of the matrix.
What are the HIPs?

- Evidence-based family planning
- Vetted by experts against specific criteria
- Documented in an easy-to-use format

High Impact Practices in Family Planning

- HIPs are an authoritative synthesis of the evidence in family planning
- HIPs are tools to help countries achieve their SRH goals
- HIPs assist policy makers and program implementers in identifying what works in family planning programs
- HIPs develop consensus around practices that:
  - Have demonstrated impact
  - Are applicable across settings
  - Are scalable
  - Are sustainable
  - Are cost-effective
HIP Categories

HIP briefs define the **practice** and summarize evidence of **impact** and experiential learning from implementing.

**HIP Partnership**

The **Technical Advisory Group (TAG)** is made up of 25 experts in family planning, including representatives from the co-sponsors.

The **Co-sponsors** include the following organizations:
Visit us at: fphighimpactpractices.org
Subscribe to the HIP Newsletter

Adolescent Responsive Contraceptive Services
Anand Sinha, Packard Foundation India

Anand Sinha is based in Delhi and is the Advisor for the David & Lucile Packard Foundation’s Reproductive Health Program in South Asia. He has over 28 years of experience in public health, primarily related to reproductive, maternal and child health in India. Before joining the Packard Foundation he was at the Gates Foundation and led their primary health care initiative in partnership with the government of Bihar, and prior to that was the Country Manager for Abt Associates on their private sector reproductive health initiatives in India.

Adolescent-Responsive Contraceptive Services

Institutionalizing adolescent-responsive elements to expand access and choice
High Impact Practice

Apply a systems approach to make existing contraceptive services adolescent-responsive.

Background

Health systems must institutionalize service delivery that:

- Acknowledges adolescents as distinct from other age groups
- Addresses the barriers that limit adolescents’ access to and use of contraception.

![FIGURE 01: Barriers to access and use of contraceptive services for adolescents](image-url)
Adolescent-friendly services, when well-designed and well-implemented, can help increase access to and use of contraception.

Establishing adolescent-responsive contraceptive services (ARCS) is emerging as a more scalable and sustainable way to meet adolescents' needs for contraceptive information and services.

A systems approach implies that policies, procedures, and programs across the entire health system are adapted to respond to the diverse needs and preferences of adolescents.
Evidence of Impact: Ethiopia

Ethiopia has reported consistent increases in contraceptive uptake among all sexually active adolescents and fewer adolescent births.


Evidence of Impact: Chile

Positive outcomes included a decrease in the birth rate among adolescents aged 15-19.

Sources:

Note: The estimates for contraceptive use at first and last sexual intercourse are for all adolescents and not disaggregated by sex (sex-disaggregated data for this age group was not available in the National Youth Surveys for the respective years).
Evidence of Impact:
Chile, Ethiopia, Uruguay

Each country developed its own approach to scale up, and the following points were commonalities in their efforts:

Box 3. Lessons from Chile, Ethiopia, and Uruguay

• Dedicated advocates created momentum for scale-up
• Supportive policies enabled the development and implementation of evidence-informed interventions
• Communication around scale-up was clear and directive
• Adequate resources were allocated
• The scale up effort was effectively managed Scale-up execution was systematic and pragmatic
• Relevant stakeholders were actively engaged and contributed to sustainability
• Assessments and periodic reviews enabled the adaptive management of programs, and effectively communicated successes
• Ongoing advocacy ensured sustained integration across policies, programs, strategies, services, and indicators

Measurement and Indicators

1a. Number and percent of health facilities that currently provide adolescent contraceptive services
   Measured by the percent of facilities that provided contraceptive services to at least one adolescent under the age of 20 years

1b. Total number of contraceptive visits by clients under the age of 20 years

2. Proportion of districts (or other geographic area) in which adolescents aged 15-19 years have a designated place in community accountability mechanisms on access to and quality of health services
   The denominator is the number of districts with a community accountability mechanism in place, and the numerator is the number of them in which adolescents have a designated place.
Priority Research Questions

• What are the factors and system conditions that allow for adolescent-responsive contraceptive services to be scaled and sustained?

• What actions have governments taken to integrate ARCS into universal health care (UHC), and what were the results?

• What social accountability mechanisms—including those that are led by adolescents—could increase contraceptive services’ responsiveness to adolescents?

Adolescent-Responsive Contraceptive Services

Implementation Tips

Employ a variety of sectors and channels, to reach different adolescent segments.

• Use different channels to reach a wider range of adolescents, taking into consideration adolescents’ needs and preferences.

• Integrate contraceptive products and services into other health services, especially services that adolescents readily seek.

• Consider promising new modalities, especially relevant in the context of COVID-19, such as self-care models and direct-to-consumer models.
Employ a variety of sectors and channels, to reach different adolescent segments.

An example from Kenya shows the importance of offering a range of channels to obtain contraception.

*Other methods include female condoms, LAM, IUD.
Total sample size of all users ages 15-19 is 463, and n=the number of users for the method.

Improve providers’ competency in providing ARCS.

- Use **whole clinic training** that equips all providers and staff with the competencies necessary to offer respectful care.

- Train small groups using **low dose, high frequency training** methodologies.
Improve providers’ competency in providing ARCS.

- Reinforce training through job descriptions that reference quality standards, job aids, refresher training, mentorship, and supportive supervision.
- Complement trainings with interventions that address the individual, situational and social factors contributing to provider bias.

Collect and use data to design, improve, and track ARCS implementation.

- Use quantitative and qualitative data to determine the specific needs and preferences of different adolescent groups.
- Review existing health information systems to collect, compile, and analyze age- and sex-disaggregated data.
Collect and use data to design, improve, and track ARCS implementation.

- Collect adolescent feedback.
- Include adolescent-focused indicators in quality improvement frameworks.
- Review data at the facility, district, and national level to ensure that corrective action is taken, and resources are appropriately allocated.

Address financial barriers to adolescent contraceptive use.

- Include ARCS in universal health care and national insurance schemes and/or use other approaches such as offering vouchers or offering subsidized services.
- Finance ARCS through national and sub-national budget allocations and distributions.
Support meaningful participation and leadership of adolescents.

• Ensure that national policies are designed and implemented to **acknowledge adolescents’ rights to meaningful engagement** and establish mechanism that facilitate adolescents’ meaningful participation in the design, implementation, and monitoring of ARCS.

• Support adolescents to effectively contribute to **advocacy, governance and accountability** efforts.

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**Thank You**

Continue to the extra slides or access the [HIP brief](#) for more information.
Post abortion Family Planning

Saswati Das, UNFPA India

Dr. Saswati Das is a highly accomplished public health professional with a Master's degree in Public Health from Jawaharlal Nehru University (JNU), New Delhi and an MBBS from Calcutta University, India, where she earned top honors in community medicine. Currently, she serves as the Sexual and Reproductive Health Specialist at the United Nations Population Fund (UNFPA) in India, leading the SRH thematic unit since August 2021. Before joining UNFPA, Dr. Das spent 11 years as Director of Program and Clinical Services at Jhpiego, India. With almost three decades of experience, Dr. Das is an expert in maternal health, family planning, reproductive health, and HIV prevention public health programmes. Throughout her career, Dr. Saswati Das has left a lasting impact on public health, improving healthcare services for women and families.
Postabortion Family Planning

A critical component of postabortion care

Webinar: September 27, 2023

Dr. Saswati Das
(HIP TAG Member)
SRHR Specialist, UNFPA India

A proven High Impact Practice

Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based postabortion care.
**Postabortion Family Planning**

### Theory of Change

<table>
<thead>
<tr>
<th>Problem Statement</th>
<th>High Impact Practice</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women are at risk of unintended pregnancy almost immediately after abortion.</td>
<td>Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based postabortion care.</td>
<td>Postabortion clients leave the facility with an effective voluntary contraceptive method of their choice.</td>
<td>Fewer unintended pregnancies</td>
</tr>
</tbody>
</table>

### Rationale

- **Spacing is important for women’s and children’s health**
- **Unmet need for family planning is high among post-abortion clients**
- **Improves contraceptive acceptance and continuation**
- **Reduces unplanned pregnancies and subsequent abortions**
- **Unsafe abortion is a major contributor to maternal morbidity and mortality**
Postabortion family planning can reach many women and girls in need of contraceptive counseling and services. Postabortion family planning can help clients achieve their reproductive intentions and is likely to provide cost savings for women, families and the health system.

What challenges can PAFP help countries address?

- Many postabortion clients and health workers do not know that postabortion clients are at risk of pregnancy almost immediately after abortion.
- Unsafe abortion is a major contributor to maternal morbidity and mortality in developing countries, and postabortion family planning can reduce subsequent abortions.
Recommended Indicators

Percentage of postabortion clients who were counseled on family planning
Disaggregated by age group, <20 years vs. >20 years

Percentage of postabortion clients who leave the facility with a modern contraceptive
Disaggregated by type of method and age group, <20 years vs. >20 years

Evidence of Impact

Across a wide variety of settings, data consistently show that acceptance of contraception is high when women are offered counseling and services as part of PAC.
Evidence of Impact

Postabortion family planning is **scalable and sustainable**, and program effectiveness can increase over time.

![Postabortion Family Planning Outcomes in Peru Before, During, and Three Years After Technical Assistance](source: Benson and Huapaya (2002))

### Implementation Tips

**Make contraception free or …..**
- **Invest in quality.** Offer a wide range of contraceptive methods.
- Encourage and support providers **to treat all clients respectfully.**
- Link clients to resources for ongoing support.

**Ensure equitable access** to postabortion contraception, regardless of:
- Client’s age,
- Local contexts, and
- The type of evacuation procedure received.

Address **stigma, social and community barriers.**
Tools & Resources

Postabortion Care e-learning course

Postabortion Care Resource site

Family Planning: A Global Handbook for Providers

India (MoHFW) Resource Materials

Gol Materials for Providers and Trainers:
- Technical Update on Post Abortion Family Planning
- Operational Guidelines for Post Abortion Family Planning

FP 2030- India’s commitments includes post pregnancy contraceptive services: Postpartum and post abortion family planning services
Thank You

Please access the HIP brief for more information.

https://www.fphighimpactpractices.org/briefs/postabortion-family-planning/
Smisha Agarwal, Center for Global Digital Health Innovation, Johns Hopkins U.

Digital Health for Providers
Questions & Answers

Closing Remarks
Deepa Prasad, UNFPA India

Dr Deepa Prasad is the Chief of Programmes at UNFPA India Country Office. She is an Obstetrician trained from the Bangalore Medical College and Research Institute and holds an MSc in Public Health with specialisation in Health Services Management from the London School of Hygiene and Tropical Medicine. Dr. Deepa has her core expertise in health system strengthening and has extended strategic support in designing and implementing policies and programmes for women and young people and has worked extensively on issues around Maternal and Reproductive Health. She has been with UNFPA India for over 12 years, leading portfolios of Sexual and Reproductive Health, advancing gender equality and health and wellbeing of adolescents.

Closing Remarks
Before we close

Presentation and Recording available here:

Tools & Resources

Adolescent Responsive Contraceptive Services:
http://www.fphighimpactpractices.org/briefs/adolescent-responsive-contraceptive-services/

Post Abortion Family Planning:
http://www.fphighimpactpractices.org/briefs/postabortion-family-planning/

Digital Health for Providers:
http://www.fphighimpactpractices.org/briefs/digital-health-to-support-family-planning-providers/
For more information, please visit:

High Impact Practices: [www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

HIP Products: [https://www.fphighimpactpractices.org/hip-products/](https://www.fphighimpactpractices.org/hip-products/)

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**Invitation to Networking Event**

**Connecting for Impact:**
**Strengthening Partnerships across Asia**

Join Knowledge SUCCESS and the WHO/IBP Network for an exciting opportunity to cultivate meaningful new connections with FP/RH colleagues across Asia, learn from one another, and find opportunities for collaboration.

**Wednesday, October 12th**
8 AM Lahore | 8:30 AM New Delhi | 10 AM Jakarta | 11 AM Manila

Register here: [https://us02web.zoom.us/meeting/register/tZAsceyrrj0qGNaqu5TqWMGWDb9acTlfJ2f#/registration](https://us02web.zoom.us/meeting/register/tZAsceyrrj0qGNaqu5TqWMGWDb9acTlfJ2f#/registration)
Thank you for your participation today!