



## PROJECT BRIEF

### Ensuring quality, rights-based family planning in Bihar, India

**OVERVIEW** Unmet need for family planning (FP) in Bihar, India is approximately 31.5% and both demand for, and access to, high quality information and services is limited. The Government of India has set ambitious FP2020 commitments, including adding 48 million new FP users in eight years. Bihar is a high-priority state for FP, given the high total fertility rate and stagnant unmet need. The government has placed an accelerated focus on Bihar state, with a goal to ensure approximately 7.1 million new contraceptive users between 2012 and 2020 (compared to only 3.7 million new users in the 15 years between 1998 and 2011) throughout all 38 districts. Despite these commitments, deep-rooted issues make it challenging for the government to affect lasting change. Quality of care and access to rights-based FP services will be critical to meeting these goals.

#### Integrated Family Health Initiative & Technical Support Unit

With funding from the Bill and Melinda Gates Foundation, the Integrated Family Health Initiative (IFHI) was launched by CARE India in 2010, as the lead for a consortium of

partners. The IFHI project is supporting the Government of Bihar (GoB) to increase universal coverage and quality of life-saving interventions and improve the health and survival of women, newborns and children during the first 1,000 days. As part of this project, a Technical Support Unit (TSU) was formed in 2013 to support the government in transforming institutional capabilities, systems and policies for improved service delivery; as well as support the scale-up across Bihar of successful, right-based interventions that improve family health services and outcomes. **Ensuring the expansion of accessible, high-quality family planning services is a high priority for the program.**

#### CARE's work in Family Planning

Nearly 90% of female sterilization (FS) procedures, 50% of intrauterine devices (IUCDs), and the vast majority of no-scalpel vasectomies (NSVs) are provided within government health facilities in Bihar State. However, the significant shortage of public-sector health providers trained to provide the full range of FP methods hinders the health system's ability to ensure rights-based service delivery that facilitates high quality services and informed choice among a wide range of contraceptive methods.

**“The IFHI & TSU project is supporting the Government of Bihar to increase universal coverage and quality of life-saving interventions and to improve the health and survival of women, newborns and children.”**

To address these critical service delivery gaps and ensure that the national FP program is focused on service quality rather than meeting numerical goals, CARE and EngenderHealth, are implementing a comprehensive and whole-site, training, quality assurance and clinical monitoring and coaching program. The intervention includes clinical skills training in FS and NSV; training in integrated FP counseling for the range of short- and long-acting contraceptive methods; and a whole-site training on infection prevention, all critical components for ensuring quality care. This is complemented with follow-up visits and clinical monitoring and coaching support to providers and facilities. The project is taking a phased approach to scale up, starting in 30 facilities in 2015; another 100 facilities in 2016, and 70 more facilities in 2017. At the conclusion, a total of 200 facilities will be providing comprehensive fixed day FP services across all 38 districts in Bihar. Through the Technical Support Unit, we are working to institutionalize the quality assurance and mentoring approaches to ensure that the government continues to provide quality FP services after the project ends.

In addition to this intervention, CARE is carrying out a number of other activities to ensure quality, rights-based FP services in Bihar. This includes: (1) building the capacity of nurses and Auxiliary Nurse Midwives to provide IUCD insertions in 376 health facilities and providing these health workers with supervisory support; (2) activating District Quality Assurance Committees which are authorized to oversee, investigate and ensure quality service delivery in facilities; (3) strengthening the capacity of frontline health workers to counsel women on the full range of FP options and refer them to services; and (4) through the Technical Support Unit, CARE is developing policies that support public private partnerships in order to increase service provision.

### Pilot to improve IUCD services

In Bihar, the contraceptive method mix is skewed towards tubal ligation (30.7%), over other long-acting reversible contraceptive methods such as IUCDs (0.6%). Yet there is a large unmet need for spacing (17.3%) and limiting (14.2%). To improve access to quality FP services, CARE conducted a pilot intervention specifically aimed at improving IUCD services and uptake of spacing methods.

Working with Janani, CARE established mobile IUCD vans that are focused on providing accessible, quality services to women in remote areas. The mobile unit is staffed with trained providers by Janani; it is also air-conditioned, clean

and fully equipped with all essential, sterilized medical equipment for IUCD insertion. Frontline health workers, trained by CARE, provide quality FP counseling to women and refer them to the van for services; the frontline health workers also encourage male involvement.

The mobile vans travel anywhere from 10 – 100 km per day and serve approximately 15 clients per day. The number of clients seen per day are intentionally limited in order to ensure the provider has enough time with each client to focus on quality counseling and FP provision. Since the start of the pilot, there have been 853 mobile van days in eight different districts, serving 9,284 women of which 5,216 opted for IUCD insertion (pregnancy was a major reason for opting out). Further, 52% of those who received an IUCD returned for the recommended follow up visit. Results suggest that a focus on high quality, accessible IUCD services, including quality information and counseling for men and women, drives demand and uptake of spacing methods.

### Conclusion

CARE's family planning work in Bihar focuses on increasing access and expanding coverage of high-quality, rights-based family planning services across all 38 districts. Through the Technical Support Unit, CARE is also supporting the Government of Bihar to influence change throughout the health system for ensuring universal coverage of these quality, rights-based FP services. Our work is using proven approaches and building the evidence to achieve greater impact in India.



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