EXPANDING FAMILY PLANNING ACCESS THROUGH ADVOCACY: FIVE YEARS OF PROGRESS

September 2019

Advance Family Planning (AFP) is a global, evidence-based advocacy initiative supported by the Bill & Melinda Gates Foundation, The David and Lucile Packard Foundation, and the William and Flora Hewlett Foundation. Four partners—the Foundation for Reproductive Health Services India, Jhpiego India, Pathfinder India, and Population Foundation of India—implemented the initiative in partnership with the government of India. From 2014 to 2019, AFP advocated across six states to catalyze better implementation of existing policies, secure new policies in high impact areas, and ensure funding for long-term sustainability.

280 Advocacy Wins

Together with government partners, we achieved 280 advocacy wins focusing on contraceptive information, services, and supplies. This equates to:

- **543.7 MILLION INDIAN RUPEES (INR)** or US $8.2 million mobilized for family planning
- **118.6 MILLION WOMEN** of reproductive age in six states potentially impacted by our advocacy
- **2,311 HEALTH FACILITIES** with new or improved family planning services
- **1,110 FAMILY PLANNING COUNSELING CORNERS** established in health facilities
- **639 HEALTH FACILITIES** initiated health system or social accountability mechanisms

INDIAN STATES AND CORPORATIONS ALLOCATED US $8.2 MILLION FOR FAMILY PLANNING BETWEEN 2016–2019

<table>
<thead>
<tr>
<th>State</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bihar</td>
<td>$4.4 million</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>$1.5 million</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>$1 million</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>$700,000</td>
</tr>
<tr>
<td>Assam</td>
<td>$300,000</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>$193,000</td>
</tr>
<tr>
<td>Corporations</td>
<td>$106,000</td>
</tr>
</tbody>
</table>

For every dollar invested in advocacy, the government and corporations allocated $2 for family planning.
Over five years, AFP partners conducted 93 SMART facilitations that reached over 750 government officials and 130 development partners and civil society organizations. Through these convenings, partners developed a strategic vision to expand access and improve the quality of family planning through advocacy. The following examples of advocacy wins point to ways of accelerating and sustaining improved policy and service provision.

QUALITY IMPROVEMENT

Fixed day sterilization services ensure that quality female sterilization services are available on a designated day every week, all year long, rather than only during certain times of the year. Bihar, Jharkhand, Rajasthan, and Uttar Pradesh strengthened, 123 facilities to provide fixed day services — many for the first time. Eight districts in Uttar Pradesh also initiated a pilot to preregister clients for fixed days sterilization services. In 2019, the pilot’s success led the state government to scale up the initiative across all districts.

Partners also advocated for the fixed day service model to be used for intrauterine devices (IUDs). This advocacy led to the initiation of fixed day services for IUDs at 168 facilities in Uttar Pradesh and Bihar. In Araria district, early results demonstrated a significant increase in use, with 42 sites increasing IUD uptake by 69% in the first year and 40% in the second year. In 2018, the Government of Bihar instructed all 38 districts to roll out fixed day services for IUDs.

PUBLIC-PRIVATE PARTNERSHIPS

Clinical Outreach Teams (COTs) provide a range of high-quality family planning services in areas where healthcare coverage is inadequate. However, because private doctors and nurses were reimbursed less for COT services, they were less likely to provide them. As a result of AFP advocacy, the National Health Ministry increased the reimbursement rate for COT providers in high focus states and expanded the model nationwide. In 2018-2019, the state governments of Bihar, Jharkhand, Rajasthan, and Uttar Pradesh approved a total of INR 105.4 million or $1.6 million for COTs to provide family planning services. In Rajasthan and Bihar, 16 new private providers began providing family planning services in 2018. Their services covered 157 public sector sites in 24 districts and served more than 96,800 clients. In Uttar Pradesh, an improved payment system led 13 COTs, 788 private providers, and 1,067 private hospitals to join the public health system to provide family planning services.

YOUTH ACCESS

India’s National Adolescent Health Strategy (Rashtriya Kishore Swasthya Karyakram) mandates the establishment of youth-friendly health services in public health facilities. However, the services are often limited or provided in locations that are not easily accessible to young people. As a result of AFP advocacy, the State Innovations in Family Planning Services Project Agency (SIFPSA) and the Uttar Pradesh government approved the establishment of youth centers in 40 colleges. SIFPSA allocated INR 14.8 million or $207,500 and developed an operational plan for all 18 divisions in the state. The centers—designed to increase access to family planning counseling and services for young people ages 16 to 23—are expected to open by November 2019.

CORPORATE INVESTMENT

Indian law requires large corporations to donate 2% of their net profits to charity, which provides an opportunity to mobilize more funding for family planning. Seven corporations or foundations invested in quality family planning counseling and services following consultations with AFP partners. Together, the companies—Ambuja Cement Limited, Mylan Pharmaceuticals Ltd., Transport Corporation of India, Jindal Stainless Ltd., and Spark Minda—committed INR 7 million or $106,000 toward family planning. The corporations committed to maintaining these investments to ensure sustainable access to family planning.
Local Ownership Sustains Change: The Advocacy Working Group Model

Since 2015, AFP in partnership with Indian state governments have established and formalized 42 local advocacy working groups. These district and state working groups bring champions together to capitalize on local knowledge, develop plans and implement advocacy strategies. The local leaders understand the unique challenges in their locality and create solutions to address barriers to family planning. The working groups use the AFP SMART approach to make effective arguments and create change on the ground. The process allows for working groups to respond quickly and decisively to opportunities while leveraging national and state resources. The formalization and integration of working groups within government institutions ensures the sustainability of advocacy activities after AFP support ends.

A Call to Action: Scaling-Up Advocacy Success in India and Beyond

**GOVERNMENT LEADERS**

1. Continue to prioritize family planning within health and development, with a focus on achieving India’s commitments to Family Planning 2020 and the Sustainable Development Goals.
2. Maximize the impact of Advance Family Planning (AFP)-supported advances:
   a. Take to scale funding and policy changes achieved by AFP-supported working groups across geographies.
   b. Incorporate AFP SMART in all district working group and state working group mechanisms – those working on family planning as well as those working on other health issues.
3. Regularly involve a variety of government departments in finding solutions for persistent barriers to family planning access and quality.
4. Identify partnerships, especially with the private sector, that can help the public sector meet the current demand for quality family planning services.
5. Support greater access to family planning information and services for youth.

**DEVELOPMENT PARTNERS**

1. Develop the institutional capacity to engage in strategic, evidence-based advocacy within all health and development projects and programs, including family planning wherever possible.
2. Strengthen collaboration between like-minded organizations and community groups.
3. Increase dialogue between donors and state/district governments to enable a mutual understanding of priorities.

**DONORS**

1. Dedicate funds to build the advocacy capacity of grantees.
2. Support subnational advocacy to translate policy into programmatic and budgetary reality.
3. Engage in SMART advocacy to encourage other donors to increase investment in advocacy.
Acknowledgements

AFP and its partners in India acknowledge the contributions of the departments of health and family welfare, national health missions, and panchayati raj departments of Assam, Bihar, Jharkhand, Rajasthan, Maharashtra, and Uttar Pradesh states; members of the district working groups in all 42 districts, especially, chief medical officers, family planning nodal officers, district city health managers, district program managers, sahliyas and accredited social health activists, and divisional program managers; the Social Welfare Department and Livelihood Mission of Bihar; the Department of Industries in Rajasthan; the State Innovations in Family Planning Services Agency (SIFPSA) in Uttar Pradesh; Industrial Association of Firozabad in Uttar Pradesh; Food and Supply Department in Uttar Pradesh; Indian Medical Association and Federation of Obstetric & Gynecological Societies of India; the Nehru Yuva Kendra in Bihar and Uttar Pradesh; and all development partners in the six states and 42 districts.

Photo by Paula Bronstein of The Verbatim Agency courtesy of Getty Images Reportage.