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State Dialogue: Prioritizing Family Planning in Bihar

Increasing Access to Information and Services to
Vulnerable Groups through Increased Public-Private
Partnerships

*Organized by the Policy Unit, National Institute of
Health and Family Welfare in partnership with All
India Institute of Medical Sciences, Bihar, USAID
supported Project Ujjwal and Health Policy Project*



Introduction

United States Agency for International Development supported [Health Policy Project \(HPP\)](#) facilitated multisectoral partnership for policy dialogue and action to prioritize family planning (FP) in the high focus state of Bihar. HPP coordinated partnership between the Health Policy Unit at the [National Institute of Health and Family Welfare, \(NIHFW\)](#), [All India Institute of Medical Sciences \(AIIMS\), Patna](#) and UKAID supported [Project Ujjwal](#) to bring together stakeholders to dialogue and prioritize FP, with an emphasis on leveraging the private sector to increase access to information and services to vulnerable groups in Bihar. The dialogue was organized under the leadership of AIIMS Patna on January 28, 2014 and brought together 30 representatives from institutions such as [Department of Health and Family Welfare, Medical Colleges, Federation of Obstetrics and Gynecological Societies of India \(FOGSI\)](#), civil society and development partners, and media.

The inaugural session was chaired by [Shri Sanjay Kumar](#)

[Singh](#), Mission Director, National Health Mission, Government of Bihar, he highlighted that Bihar has invested in building the healthcare infrastructure and need to address socio-cultural factors affecting fertility in Bihar.

In his keynote address Prof NK Sethi (Former Senior Advisor, Health, Planning Commission) recognized the spatial variations being a major challenge for Bihar for high population growth. On the relevance of public private partnerships he said for scalability by government, evidence based documentation, technical innovation, programme supplementing the government efforts & capacity to scale by its initiators are critical factors.

The dialogue included presentations and discussion on the status of population in Bihar, its co-relation to the socio-economic development of the state, the critical role of FP to achieve the state goals for the [12th five-year plan](#) and the [Millennium Development Goals \(MDGs\)](#), and how partnerships are being implemented with the private sector in Bihar to help couples achieve their desired family size. The following section summarizes the key highlights of the dialogue.

Rapid population growth poses a great challenge to Bihar's development

Today, Bihar is on an economic growth trajectory with a vision to transform itself into a developed state. The state recorded the highest state domestic product of over 14 percent in 2012–2013. The state through the Twelfth Five Year Plan (2012–2017) aims to sustain the growth by investing in agriculture, infrastructure and industrialization, by emphasizing on development of social sector, reduction of poverty and equitable regional development. However, in the last decade Bihar recorded the highest population growth rate of 25.1 percent and added over 20 million people to its population which is now at 104.1 million. This is almost at par with the population of Mexico (110 million) and in the next two five-year plan periods it will increase to 127.8 million. This increase in growth rate will make sustainable development as desired by Bihar unattainable.

Rapid population growth will impact Bihar's socio-economic development

The well-being of its citizens will be affected as there would be more pressure on the already scarce resources. According to the Census of India more than half of Bihar's population (53 percent) still lives below poverty line with very few having access to water and toilet facilities. The government has been able to provide access to tap water to only 15.1 percent households in urban areas and 1.6 percent in rural areas, and toilet facilities to only 23 percent of households. The increasing population has also increased the population density and currently Bihar has the highest density of population with over 1100 people living per sq.km.

High fertility in Bihar making it difficult to meet health commitments in 12th Plan

Pregnancy-related complications are a leading cause of maternal and infant deaths in Bihar. Maternal deaths in Bihar have decreased to 219 per 100,000 live births. While this is a notable achievement, efforts will need to be intensified to meet the goal of reducing maternal deaths to

109 per 100,000 live births by 2017.

- The doctor-patient ratio in Bihar is one doctor for 3500 people compared to the national ratio of one doctor per 1700 people.
- 42 out of 1000 infants born in Bihar die within one year of birth.
- 219 per 100,000 mothers die due to pregnancy or childbirth related problems and less than 5 percent of women avail full antenatal services.
- On an average a women in Bihar has 3.5 births, as compared to 2.4 births nationally.
- Demand for FP services (39 percent) is high but only 38 percent of couples in Bihar use any modern method of contraception highlighting the issue of supply side challenges.



Socio-cultural factors such as literacy rate and age of marriage are critical factors that affect fertility and mortality

Forty-six percent of girls get married before the legal age of marriage of 18 years and 8.2 percent of teenage girls who are pregnant are already mothers before the age of 18 years. It is important to note that all these marriages are illegal since they are below the age of 18 years.

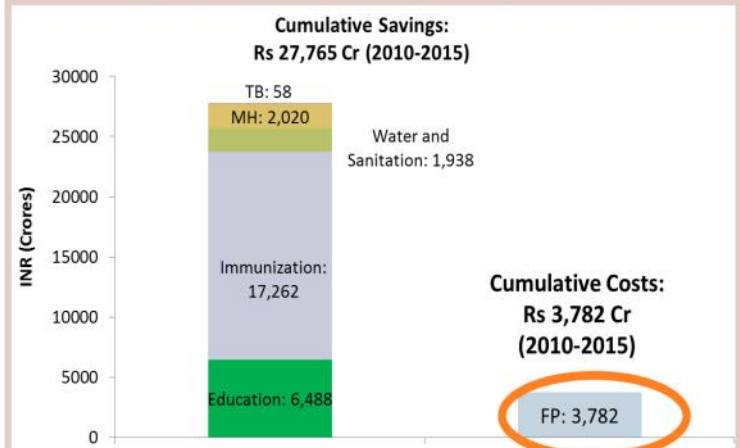


Greater investments in FP can help mitigate the impact of rapid population growth by helping couples achieve their desired family size and by avoiding unintended pregnancy

FP saves lives by helping women prevent unintended pregnancies, delay early childbearing, and space births at

Rs.1/- invested in FP results in Saving of Rs.7/-

Social Sector cost savings outweigh Family Planning costs



Source: Sample Registration System, Registrar General of India, MDG analysis provided by USAID | Health Policy Initiative Project

least two years apart. Bihar has a large unmet need for FP, which is also an opportunity. A closer look at these populations tells us that young, rural women deserve special attention given that they are likely to marry early and begin their reproductive life much sooner than women in urban areas. For example, unmet need is higher among rural women compared to urban women, 40 percent and 30 percent, respectively. Thus states need to ensure:

- Age of marriage not before 18 years and delaying of the first child
- Promote spacing and postpartum contraception
- Motivate men to participate in and adopt FP
- Reduce the unmet need of contraception by increased access to contraceptives
- Increase the basket of contraceptives by providing more methods at multiple points
- Strengthen FP service delivery and quality
- Prioritize efforts in eight districts with high unmet need for FP (in the range 40-60%)
- Strengthen service delivery for spacing methods to provide more options instead of the high focus on sterilization method (which comprises 82% of contraceptive prevalence rate)
- Scale up postpartum intrauterine contraceptive device given that 51.9 percent deliveries are happening at institutes (CHC/PHCs) (AHS, 2011-12).

Increasing access to information and services through Public-Private Partnership

The public sector is not enough to meet the need for health and family welfare services, and it is critical to leverage the private sector. In the context to FP, the public sector provides limiting services to 67 percent of population in

Bihar but 88 percent of the spacing needs are met by the private providers. There is an urgent need to tap the private sector, especially in reaching the population in the lowest wealth quintile where inequities are the highest.

Project Ujjwal, implemented by a consortium led by the Futures Group, and supported by UKAID, facilitates rapid scale-up of quality FP and reproductive health services for



the poor, young, low parity and socially excluded couples, women and men through the private sector in all 38 districts across Bihar. The focus is on expanding choice of sites and increasing access to FP products and services through the private sector and social marketing; public private partnerships; capacity building of private providers; improvements in quality; and demand generation. By December, 2013, 160 clinics and 13,095 social marketing outlets have been established in Bihar, out of which 9,617 are in villages below 5,000 population. A total of 5,56,000 condoms, 13,000 oral contraceptive pills and 7,000 injectable contraceptives have been sold through these outlets.

The MerryGold Health Network (MGHN), a social franchising model under public-private partnership aimed at offering high quality and affordable maternal and child health services including FP in Uttar Pradesh. The hub and spoke model developed three-tier structures of: Merrygold Hospitals which are 20-bedded facilities with qualified Obstetrician (MD/DGO); Merry Silver Facilities, which are 5–10 bedded facilities with MBBS/AYUSH doctors; Merrytarang members who are community-based workers and referral networks which provide services including obstetric/gynecological care and FP at costs 50–60 percent lower than the average market price.



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Highlights

- Institutional partnership forged with AIIMS Patna to advance the FP agenda in Bihar
- Sensitized the Government of Bihar, medical colleges, professional bodies and civil society on issues of growing population and its impact on socio-economic development in context to reproductive rights of the people of Bihar
- Increased information on programs leveraging the private sector to improve equitable access to FP and reproductive health services

Way Forward and Policy Action

- The public facilities in Bihar are under resourced with few providers who are trained to provide quality FP services. There are issues of supplies and availability of FP products and the private provider's data is not integrated within government health management information system.
- Bihar has a network of rural medical practitioners who can be engaged in increasing access of FP services, but will require ensuring training and supplies for FP.
- Need to build an enabling environment for public-private partnerships. Currently there are delays in accreditation of facilities under the Clinical Establishment Act and the reimbursements for the services offered. Janani highlighted that reimbursements remain pending for years, creating distrust.
- The Rashtriya Swasthya Bima Yojna should include reimbursement for FP services.
- Need for mobile outreach services in public facilities to increase access to priority districts.
- Teaching institutions and medical colleges need to be on board with emerging strategies and policies of Government of India to be able to communicate accordingly with graduate and post-graduate students.
- The issue of prioritization of FP should be taken up

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