





State Dialogue: Investing in Family Planning

Ranchi, Jharkhand



FIGURE 1: L-R- DR MADHULEKHA BHATTACHARYA, JSK; ASHISH SINGH MAR, MISSION DIRECTOR NHM, JHARKHAND; DR SUMANT MISRA, DIRECTOR IN CHARGE, JHARKHAND; AND DR RK SRIVASTAVA, SENIOR POLICY ANALYST, POLICY UNIT

Date: 09 Sept, 2014

Venue: Indian Institute of Public Health, Namkum, Ranchi, Jharkhand

Organizers: Jansankhya Sthirta Kosh (JSK, Population Stabilisation Fund) in partnership with Policy Unit, National Institute of Health and Family Welfare (NIHFW)

About:

Policy Unit at the National Institute of Health and Family Welfare which is supported by Health Policy Project (HPP) and Population Stabilization fund (JSK) has jointly planned multiple state dialogues on Family Planning (FP) issues in high priority states from September to November, 2014. The states dialogues aim at bringing together key stakeholders to discuss

and debate their roles and responsibilities in achieving FP state objectives in order to fulfil the commitments made under FP 2020.

Participants:

Over 55 participants including Mission Director (MD), National Health Mission (NHM); Director in Charge; Civil Surgeons/Chef Medical Officers of 15 districts with high total fertility rates; Directors of State Cells at the department of health and family welfare; members of the state resource group of master trainers engaged in HPP's Health Systems Strengthening activities; state health systems resource centre; state representatives of development partners, civil societies; and private/accredited hospitals.

Key Presentations Made:

- JSK's work and programmes to advance FP services presented by Dr Madhulekha Bhattacharya, Head of Office, JSK.
- Population Projections and expected levels of achievement for Uttar Pradesh presented by Dr RK Srivastava, Senior Policy Analyst, Policy Unit, NIHFW.
- Health Systems Strengthening by Heer Chokshi, HPP

Key highlights & recommendations

A. Family Planning- issues and recommendations:

Dr RK Srivastava of Policy Unit, NIHFW presented the population projections and expected levels of achievement (ELA) for Jharkhand. The state expressed the need for assistance in developing district level ELA, method wise. It was suggested that this could be done by setting up a Policy Cell at the state level which can provide this technical assistance on an ongoing basis.

From the small group discussions with chief medical officers of high priority districts, representatives from NGOs and accredited private hospitals, the following recommendations emerged:

- Need to put in place an effective demand generation and inter-personal communication at the community level through FP counsellors
- Need to address the myth that NSV can be done only during the cold seasons- this will need a holistic approach
- Need to increase training of providers in clinical services. Public sector doctors could be engaged to provide training to private sector providers who are accredited by government under various public private partnership schemes
- As the ELA report suggests, there is a need to address early marriage and high infant mortalityboth of which have direct impact on family size
- Need to strengthen the health systems to address issues like delayed and inadequate supply and distribution of contraceptives at the sub-district and facility level. Major reason for high unmet need in the state is due to supply chain and distribution issues and delayed procurement of contraceptives

B. Health Systems Strengthening

HPP has implemented Health Systems Strengthening Project in Jharkhand. The key lessons learnt were shared by Heer Chokshi with the participants. After the presentation, the MD, NHM requested the State Resource Group Master trainers and mentors, present at the dialogue, to share their experiences and effectiveness.

Dr Suranjeen Prasad, a State Resource Group Member, mentioned, "Manager's Tool was an effective tool during the supportive supervisory visits. The simplified tool helped District and Block Program Managers (DPM/BPM) to observe and assess each facility across the various components of the health system".

Rana Vikas from KGVK- NGO, said "The HPP Health Systems Strengthening approach and supportive supervision program was very effective. Through the supervisory visits, we were able to channelize contraceptive supplies to the districts and health centers, facilitated improved data management, and the biggest improvement was seen in health service delivery and hygiene".

Dr Dinesh Singh, member of the FP Task Force, who was key resource person during the trainings on quality assurance and clients rights, shared "There is a need to identify critical areas for monitoring across the 5X5 RMNCH+A matrix. Monitoring and supervision could be done by separate people- one for the managerial aspects of NHM and the other from the technical perspective, at the district and sub-district level. The state could also relook at the demarcation of responsibilities such that District Program Managers/ Block Program Managers to oversee the managerial aspects of NHM and the medical officers-in-charge can be responsible to ensure that technical aspects of health delivery, quality, etc. are maintained".

As MD, NHM who has recently joined, showed interest and asked for a report on health systems strengthening and the related toolkit. He suggested that that the state can scale up Health Systems Strengthening trainings to all 24 districts with supportive supervisory visits. He asked if refresher training for master trainers can be done by HPP before end of project. He mentioned that he will write to USAID requesting the same.

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