Developing a family planning strategy with a focus on equitable services for the poor in Jharkhand, India

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Jharkhand: Population of 33.97 million

- Located in eastern part of India—mostly covered with Forest
- 24 districts
- 211 blocks
- 80% of population living in villages
- 26% indigenous tribes
Context: Reproductive Health Situation

- High maternal mortality ratio (278 per 100,000 live births as against 212, India)
- Infant mortality rate at 41 per 1,000 live births
- Total fertility rate is 3.2
- Contraceptive prevalence rate (CPR) low at 31% and use of modern spacing methods only 6%
- Unmet need for family planning (FP) 35%, (21% limiting) and (14% spacing)
- Only 9% of women receive full antenatal care
- More than 80% of women deliver at home
- Only a little more than half the children receive full immunization
EQUITY Framework

E - Engaging and empowering the poor
Q - Quantifying the level of inequality in healthcare use and health status
U - Understanding the barriers to access
I - Integrating equity goals, approaches, and indicators in policies, plans, and agendas
T - Targeting resources and efforts to the poor
Y - Yielding public-private partnerships for equity
EQUITY Framework

Engage and empower the poor

Quantify the level of inequalities

Integrate equity goals, approaches, and indicators into policies, plans, and development agendas

Target resources and efforts to reach the poor

Understand barriers to equitable access

Yield public-private partnerships for equity

Analysis

Advocacy and Dialogue

Action
E – Engaging and Empowering the Poor

Focus group discussions to engage the poor to:

• Gather and understand evidence on operational and implementation aspects of services

• Understand the barriers in accessing FP/RH services

• Provide inputs on strategies to reduce the barriers

Photo credits: Suneeta Sharma, Futures Group
Q – Quantifying the Level of Inequities

Poverty and market analysis for quantifying the levels of inequality in healthcare use and health status revealed:

- A strong connection between caste, class, and poverty
- Districts with large concentrations of vulnerable populations showed lower use of contraception
- Poor women showed unhealthy intervals (less than one year) between births in rural areas
Modern method use is much lower among the poor in the state

Modern Method Use

- Lowest Quintile: 20
- Highest Quintile: 56
- State: 31
The poor tend to use institutional delivery services much less than the better-off.
The unmet need for family planning is much higher among poor.
Very few women in the lowest quintile receive complete antenatal care.
U – Understanding the Barriers

Key barriers

- Poverty, a barrier to accessing FP/RH services
- High illiteracy and lack of livelihood opportunities
- Socio-cultural and religious barriers
  - 38% women ages 15–19 years are married
  - 25% adolescents experience childbearing
- Inadequate health facilities and human resources
- Inaccessibility to facilities due to dense forests
I – Integrating Equity Goals into Policies and Plans

Analysis

- Policy
- Barriers
- Financing
- Market
- Poverty

Advocacy and Dialogue

- Multisectoral Planning meetings
- Demographic Projection modeling

Action
Equity Goals as set in FP Strategy 2020

- Reduction in total fertility rates from 3.2 to 2.1 by 2020
- Increase in contraceptive prevalence rate from 31.8 to 54 percent
- Specific goals to reach the poor and underserved in urban and rural areas

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<thead>
<tr>
<th>Table 8: Increase in the modern CPR among eligible couples</th>
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<tr>
<td>Overall</td>
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<td>Average annual increase in CPR</td>
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<td>Rural</td>
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<td>Poorest+Poor</td>
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*DLHS – 3, 2007-08
T – Targeting Resources and Efforts for Poor

• Prioritization of districts with poor indicators and higher marginalized populations

• Implementation of demand-side financing mechanism such as Voucher Scheme
Voucher Management System

- **Voucher redemption for reimbursement**
  - **Accredited Private Provider**

- **Futures Group as Voucher Management Agency**

- **Voucher distribution**
  - **NGO**

- **Reimbursement**

- **Voucher redemption for services**
  - **Beneficiaries**

- **Voucher distribution**
  - **Community Health Volunteers (Sahiyyas)**
Advantages of Voucher Schemes

- Demonstrate potential to increase CPR through introduction of new contraceptive technologies
- Target below poverty line (BPL) population
- Improve service coverage and enhanced demand
- Improve quality of services
- Accredited private health facilities provide services to BPL families
- Provide a choice of service providers
- Create and manage a voucher system for availing predetermined RCH services
- Establish linkages with other stakeholders
Y – Yielding Public Private Partnerships

- Implementation of Mobile Medical Units (MMUs) in partnership with NGOs to improve accessibility to RCH and FP services in unserved and underserved areas
- 108 MMUs being operated by NGOs and reaching the poor
Conclusion

**EQUITY** framework facilitated:

- A systematic and evidence-based effort to bring attention to improving FP access among the poor
- Government of Jharkhand’s policy response to increase access to FP services for the poor and target resources to reach the rural and urban poor
Thank You

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