

Topic: Making Family Planning strategies as key facilitator to positively improve the utilization of multiple health services

Back ground:

Urban health, urban poor, urban health system strengthening and urbanization are new shift in developing health strategy and interventions. It's a fact that the urbanization is very rapid and it is estimated that the urban population in India will reach to 590 million by 2030. At the same time the health need including family planning need of urban communities, especially for urban poor communities is increasing with no or low increase in resources to meet up this situation. NFHS 4 data reanalysis indicates that the health indicators are poor among urban poor communities and even worse if it is compared with their rural counterpart. Modern contraceptive prevalence rate among urban poor is 45.2 comparing 51.8 in non-poor in urban India. 4 ante natal check-ups is 45.3 percent for pregnant women among urban poor against 69.2 percent among urban non poor. Similarly, the other health dimensions also show the same trend and it gives a thought for policy makers and decision makers to have improved focus on urban health and urban family planning. Strengthening urban health service delivery model with any one of the key health focus area can change the indicators among urban poor for multiple health dimensions. Urban Primary Health Centres in India provide wide range of health services but still the accessibility and affordability of urban poor is a concerns.

Program Intervention:

The Challenge Initiative (TCI) program focussed to activate urban health service delivery model with a key focus on Family Planning high impact approaches. It was envisaged to make the urban health facilities visible, accessible and affordable to urban poor communities by ensuring quality family planning services, focussed demand aggregation activities and by creating enabling environment for demand and supply. Government was put on driving seat with coaching and mentoring support from TCI for sustainable impact on qualitative and quantitative health indicators. Program also ensure the health services and products near to communities with all required quality.

Methodology:

Government supported Urban Social Health Activists (ASHAs) were identified and coached on demand aggregation approach. A team of trained and skilled coaches started coaching of ASHAs on publicizing available health facilities and services. Their urban health index registers were updated with catchment area information and data. Urban Primary health Centres were equipped with trained staffs and supplies to provide family planning services and products. Fixed Day Static services for FP products and services started by government UPHC to cater the need to 50 thousand populations under each UPHC's catchment area. Quality assurance for health services especially for FP services were ensured by government through program's coaching and mentoring. Quality improvement committees were formed at each UPHC and supplies were tracked for next three months on monthly basis. Community health workers publicized the timing, services available, provider availability and method mix for family planning at UPHCs. ASHA monthly meeting agenda was converted in coaching agenda to ensure culture of prioritization for FP as key health area. Foot fall at facilities started receiving counselling on all available health product and services at these facilities.

Results/ Key Findings:

513 UPHCs started weekly fixed day static services for family planning by providing method of choice to women and men. Foot fall at facilities increased by 40% in TCI supported cities. A significant 120% yearly increase in annual client volume for FP is recorded at UPHCs. The output tracking survey revealed the change in method mix for FP among urban poor with an increase of mCPR by 3.7 percentage points among urban poor. Increase in foot fall and annual client volume also impacted a sustained increase in other health service utilization at UPHC. Immunization is increased by 13%, early registration of pregnancy increased by 23% and IFA tablet distribution is increased by 25% at UPHCs. OPV vaccine for all three doses increased by 15% at UPHCs. Coaching and mentoring support for FP product and services improved the Urban Health and Nutrition Days and covered 100% slums, ASHAs reached to 600,000 women every year with FP and health counselling and contributed significantly in 86% increase in FP annual client volume at city level including tertiary level facilities.

Program Implications/ Lessons:

Strengthening FP product and services at health facilities increases the coverage of all other health services. Connecting the three dots of demand aggregation, supply strengthening and enabling environment expedite the implementation of high impact approaches with qualitative and quantitative results. Putting government on driving seat and providing coaching and mentoring support helps creating impact at scale and to establish processes in place. Once the processes are in place and led by government, the results are incidental. Improvement in foot fall at health facilities helps improving indicators of multiple health categories and primary health centres become a key in urban health service delivery mechanism. These tested and proved approaches provide a significant opportunity for other geographies to learn and replicate to have quick and sustainable results. It also helps to focus on urban health and condition of urban poor to have their access to available health services and products at low or no cost. It increases the resource allocation by government for health services and utilization of product and services by communities. Overall it also results communities to lead towards a healthy and happy life.