

Advocating Reproductive Choices General Body Meeting

Wednesday, July 22, 2020

The first ever virtual meeting of the Advocating Reproductive Choices (ARC) Coalition General Body was organised on Wednesday, July 22, 2020. This was the third GB meeting organized by the current Secretariat. 90 participants attended the meeting, including senior government officials from Ministry of Health and Family Welfare (MoHFW), members of the coalition and development partners. The objectives of the meeting were to:

- Understand the MoHFW's priorities on family planning and identify contributions that ARC can make to compliment government efforts
- Deliberate on implications of COVID-19 on family planning
- Seek feedback on strengthening functioning of ARC.

Ms. Poonam Muttreja, Executive Director, Population Foundation of India, Core Committee Member ARC, welcomed Dr. Manohar Agnani, Joint Secretary, RCH, Ministry of Health and Family Welfare (MoHFW); Dr. S.K. Sikdar, Advisor, MoHFW; and Dr. Teja Raam, Joint Commissioner – Family Planning, MoHFW.

Opening Session: Progress Update and Priorities of ARC

Prerna Puri, Secretariat Coordinator, welcomed all the members and along with Bijit Roy, ARC Secretariat presented and update on the work done by the ARC secretariat and ARC over the period from November 2018 to July 2020. Mr Roy shared with the group ARC's mission, history, key contributions, ARC Strategy 2020, priority areas, progress update, priorities for 2020-21 and planned activities.

The key contributions over the last two years are as follows:

- Revised ARC strategy and operational guidelines
- Media and communication strategy for increased visibility and impact of ARC, including developed of ARC brochure.
- Developed and started implementation of social media strategy
- Initiated social media platforms (Facebook and Twitter) and revamped the website
- Established regular engagement and weekly communication amongst members through media articles, webinars and knowledge products updates.
- Increased strategic engagement of ARC through open letters, statements on issues related to quality of care, two child norm and population stabilization.
- Conducted field review of family planning services for roll out of injectables services in the states of Bihar, Madhya Pradesh and Uttar Pradesh.

- ARC appointed as Civil Society Focal Point in the India country engagement group for FP 2020. ARC provided inputs and insights on increasing access to quality of family planning services.
- Participated in the Common Review Missions and shared recommendations with the state governments and MoHFW.
- Provided feedback to state governments on availability and quality of family planning services at the field level during COVID-19.
- Sensitisation of media on issues related to family planning, published articles.

The presentation is enclosed for reference as **Annexure-1**.

Plenary Session: Current priorities on family planning and expectations from civil society organizations

*Speaker: Dr Manohar Agnani, Joint Secretary-RCH, Ministry of Health and Family Welfare
 Moderator: Ms. Poonam Muttreja, PFI Core Committee Member, ARC*

Ms. Muttreja introduced Dr. Agnani and mentioned about his deep commitment for engagement with CSOs, family planning and women rights' issues. Dr. Agnani shared the following:

- ARC, a national level coalition has played a significant role as the civil society focal point in India country engagement group for FP 2020 and supported the introduction of injectable contraceptive.
- ARC general body e- meeting is an example of how the current COVID-19 situation has prompted us to move to virtual platforms, allowing us to align and contribute significantly in these challenging times.
- The COVID-19 situation has led to an additional unmet need, an increase in unsafe abortions, which eventually would lead to increase in maternal mortality and morbidity.
- The government has intensified efforts for post-partum family planning
- Family Planning commodities are a part of the essential medical list, monitoring is ensured at the highest level. Honorable Health Minister is conducting virtual meetings with state governments and key stakeholders on a regular basis. The Secretary, Health & Family Welfare, Additional Secretary and Mission Director-National Health Mission have done a complete circle of video conferencing with the state governments to assess the status and how discuss gaps in service delivery are being addressed.
- The MoHFW has issued guidelines to all state government to re-initiate RMNCH+A services, to ensure there is no denial of services.
- Initiatives have been taken for e-trainings of frontline workers and telemedicine services beginning with Haryana.
- The current focus is on streamlining the supply chain system for contraceptives and improvement in financial disbursements for RMNCH+A services.
- Frontline workers and CSOs have played an important role in supporting delivery of RMNCH+ A services. The MoHFW acknowledges and sincerely appreciates their efforts.

- The states are being provided a platform to share best practices focusing on essential services. The MoHFW has compiled and disseminated with other states to improve efficiency in service delivery.
- As ARC focuses on the universal right to contraception, progressive policies and thought leadership, Dr Agnani requested the coalition members to support the government on the following areas:
 - Disseminate correct information and address myths at the community level for increased access to family planning services. There is still fear in the community in accessing services both at Village Health and Nutrition Days (VHNDs) and at public health facilities.
 - Provide feedback to the district and state level officials on the availability and distribution of all contraceptive choices at the field level.
 - Disseminate information on policies, directives and priorities of the government within the coalition members and also to other grass root organisations across the country.
 - Share suggestions and inputs with the MoHFW on how healthcare services can be accessed as a right during crisis and humanitarian situations like COVID-19.

Concluding his address Dr. Agnani appreciated that the meeting would focus on developing directions to improve the quality of family planning services which can be used as a template on how CSOs can engage with the government to facilitate effective delivery of healthcare services. Dr Agnani requested the ARC Secretariat to share with him the recommendations emerging from the meeting.

Interaction with Dr. Agnani:

Q1: What is the current government policy on sterilization services since some states are not allowing sterilization?

Q2: How can we strengthen engagement of service delivery organizations with the government.

Response from Dr. Agnani: As per guidelines, sterilization service is not to be refused. The stress is on safety, practicing utmost care, wherein a limitation has been put for maximum ten sterilizations in a day. However, there is a limited access to public health services in the containment zones. We are trying to address the gaps and hence we need support from CSOs to bridge these gaps together.

Q3: In Bihar, even though sterilizations are allowed, the delivery of comprehensive family planning services in the field is a challenge. CSOs are keen that injectable and IUD are re-initiated. However, there are serious supply chain gaps for these two methods. There is a need to develop comprehensive multi-year planning and monitor the availability regularly. This would ensure that frontline workers (especially ANMs) have regular supplies.

Response from Dr. Agnani: The MoHFW has Family Planning Logistics Information Management System (FPLIMS) and Health Management Information System (HMIS) to report and monitor service delivery. We acknowledge that the monitoring system has been affected during the past few months due to deployment of health work force for COVID-19 mitigation. We are taking necessary steps including video conferencing to review and improve the situation. We will strengthen these mechanisms further and seek

inputs from ARC. Health care providers are prioritizing essential services and the situation is now improving across all the states, on regular basis, including the states that have high case load.

In the 126 Mission Parivar Vikas (MPV) districts, incentives for injectable are provided to ASHA workers and clients. If there is a requirement to universalize the incentives, a policy decision is needed. We have taken note and will deliberate on this with the family planning division at MoHFW.

Best practices are emerging from states which have high positivity rate. They have come up innovative solutions for service provision in these difficult times. We will share these best practices with the ARC Secretariat.

Q4: As there are severe gaps in access to contraceptive methods including sterilization due to COVID-19, there should be greater focus on Long Acting Reversible Contraceptives (LARC) and introduction of new methods such as implants and levonorgestrel intra uterine system (LN_g IUS). These methods would offset the difficulties in delivering sterilization services, also reducing anemia, bleeding and other menstrual irregularities.

Q5: What is the policy level thinking of the government for introduction of new methods of contraceptives?

Response from Dr. Agnani: The government is open to examine options and to have discussions on introducing new methods.

Q6: Some of the recent rapid assessments have shown challenges in access of family planning services among young people. In addition, with the return of migrants and the gaps in contraceptive supplies the chances of unintended pregnancies increase. The suggestion is to adopt non-traditional ways of distribution of family planning services, focusing on local level distribution, involving CSOs.

Response from Dr. Agnani: There is a need to address the concerns of the young population including adolescents. There is a need for regular communication with migrants and their families to take stock of their healthcare requirements. It should also include review of data available through the mother and child program tracking cards (MCP) to bridge the gaps in service delivery, especially immunization. A letter has been issued to the state governments on this.

Q7: COVID-19 has led to limited access to clinical services. Therefore, there is a need to re-look at the role played by social marketing organisations (SMOs) to deliver products and services to communities. Also, the social marketing strategy has remained unchanged over the last thirty years and many SMOs have moved on. It is important to increase the participation of the SMOs as well as expand the basket of contraceptive choices that is currently restricted to condoms and oral contraceptive pills (OCPs).

Response from Dr. Agnani: UNFPA has conducted a study on social marketing and its recommendations are being examined by MoHFW. We can share the report with the ARC members. The study has revealed that social marketing has increased its reach and benefitted the missing middle income population, which is an important insight. We will work more on this.

Ms Muttreja added over the past several months several organizations convened on a regular basis and developed recommendations for the way forward on social marketing. The ARC Secretariat will forward the briefs to the Ministry once finalized.

Q9: A study was recently conducted by USAID on the civil society contribution in family planning. Can there be any system to engage the active CSOs in family planning at the grassroots level especially for outreach to the male and young population.

Response from Dr. Agnani: ARC is the most appropriate forum to present your study and its recommendations.

As health and wellness centers (HWCs) are focusing on prevention, promotion, community awareness and community outreach, I seek your suggestions on how can RMNCH+A services be included in comprehensive primary healthcare. Also, on how can we take advantage of additional human resources, the Community Health Officer deputed in the HWCs.

Q10: There are considerable challenges in providing counselling services which has been further affected due to COVID-19. Can an operational guideline be developed on innovative ways to strengthen counselling?

Response from Dr. Agnani: Counseling is a difficult issue and required specific skills. The Ministry is developing online modules. The counselling tools on RMNCH+A are also being revised.

Ms. Muttreja thanked Dr. Manohar Agnani for sparing his valuable time to share the vision of the Ministry on how ARC and CSOs can contribute and complement the government efforts.

Moving forward, Ms Muttreja welcomed Mr. Anand Sinha, Country Advisor, David and Lucile Packard Foundation to share insights on CSO engagement for family planning. Ms. Muttreja sincerely thanked Mr. Sinha and the David and Lucile Packard Foundation for their support and commitment to ARC since its inception.

Insights on how ARC and CSOs can complement government efforts on strengthening family planning services

Speaker: Mr. Anand Sinha, Country Advisor, David and Lucile Packard Foundation

Mr. Sinha shared the following:

- ARC exemplifies how a coalition can complement government efforts and also represent the voices of the community and CSOs through evidence and knowledge.
- ARC is a 15-year-old mature coalition that has gone from strength to strength under the leadership of its Secretariats. It is now the time to bring new energy into ARC by reconstituting the core committee.
- In addition, it is important for the secretariat to have a leading role so that all members are engaged across the coalition.
- In future, ARC needs to factor in priorities that address the impact of COVID-19. The crisis has created opportunities for family planning and reproductive health by significantly changing the way we

approach service delivery. It will possibly lead services closer to the hands of women so that there is greater opportunity for self-care.

Ms. Muttreja thanked Mr. Sinha for sharing his views and mentioned that there is a need for a rejuvenated ARC, in which each member participates as well as holds the Core Committee and the Secretariat accountable.

She requested Dr. Kalpana Apte, Core Committee Member and Mr. VS Chandrashekhar, General Body Member to moderate the next session.

Session III: Implications of COVID 19 on provision of family planning services within the public health system

Moderators: Mr Pritpal Marjara, Core Committee Member and Dr Sharad Iyengar, General Body Member

Mr. Marjara and Dr. Iyengar welcomed the members to interact and share their views on how the COVID-19 pandemic has affected the overall family planning program. The moderators made the following introductory remarks:

- COVID-19 is affecting livelihood, mobility as well access to healthcare services.
- ASHAs and ANMs are responding to the healthcare needs. However, there is uncertainty, fear, myths and misconceptions at the community level. These are affecting up take of services.
- Services are now being streamlined at the Primary Health Centre (PHC), level but there are still gaps that need to be addressed.

The moderators requested representatives from five states (Rajasthan, Uttar Pradesh, Bihar, Jharkhand and Madhya Pradesh) to share their experiences and insights on the issues from the field.

- **Rajasthan:** Dr Sharad Iyengar, Action Research and Training for Health (ARTH), ARC General Body Member,:

Dr Iyengar made a presentation on “Shifts in contraception in rural Rajasthan after Covid 19 lockdown”. The highlights are as follows:

- 50-60% of the clients at the hotspots are illiterate.
- Considering the crisis caused by COVID-19, people are aiming for smaller families, hence the demand for family planning has gone up.
- ARTH is working in three tribal blocks and a city in southern Rajasthan covering a population of 5.53 lakhs. Community Health Entrepreneurs (CHEs) are providing contraceptives at a nominal price and referring clients to clinics for long term methods.
- At the ARTH supported clinics, ante-natal care, deliveries and medical abortions had increased from April to June 2020 since services were unavailable at government hospitals. In addition, home deliveries increased.

- The coverage of facility based contraceptive options such as LNG-IUS and DMPA has reduced. However, there has been an exponential increase in demand at the community level for commodities such as pregnancy test kits, oral pills, condoms and emergency contraceptive pills.
- The key takeaways are: (i) acute unemployment and mobility restrictions triggered a spurt in demand for contraception; (ii) people were unable to reach PHCs due to lockdown restrictions and fear of infection; (iii) shift was observed towards oral contraceptive pills, condoms and emergency contraception.
- **Uttar Pradesh:** Mr. Nadeem Akhtar, HPEIGO, ARC General Body Member, J:
 - CSOs are working closely with the State Innovations in Family Planning Services Project Agency (SIFPSA), Directorate of Health Services and State National Health Mission (NHM) to ensure continuity of services.
 - In Uttar Pradesh, there has been a drop in family planning services coverage due to COVID-19.
 - The key issues affecting low coverage include- non-availability of transportation; gaps in contraceptive supply; lack of counselling and provision of contraceptive methods such as IUCD and injectable at health facilities; fear in the community in accessing health services, resulting in reduced footfall.
 - There is a general shortage of Personal Protective Equipment (PPE) kits.
- **Bihar and Jharkhand:** Sandeep Oja, Centre for Catalyzing Change(C3), ARC General Body Member,:
 - The cases of COVID-19 are increasing in Bihar.
 - There is a severe shortage in supply of family planning commodities.
 - Due to fear of contracting virus, people are not availing services from Sub-Health Centers(SHC) and PHCs.
 - ASHAs and ANMs are currently hesitant in providing information on family amidst the current situation, in which people are struggling with livelihoods. Sensitisation of frontline workers to prioritise family planning is required.
 - The engagement with Panchayati Raj Institutions (PRI) and Self Help Groups (SHGs) would be important to disseminate information on services as well address myths and misconceptions.

The members made the following points:

- Family Planning services are being re-initiated in the states of Bihar, Uttar Pradesh and Rajasthan. Among these Rajasthan has fully implemented the MoHFW guideline on re-initiation of RMNCH+A services. Sterilization services have also been initiated and the numbers are restricted to 10 clients per day in each facility. Re-initiation of services at the field in Uttar Pradesh need urgent attention.
- In Bihar, ASHAs and ANMs are doing the necessary outreach as well as distributing OCPs, condoms as well as sharing information to clients on accessing Antara.

- In regard to the role of elected representatives to promote family planning during the COVID-19 pandemic, PRI members in Rajasthan have largely focused on coordinating quarantine and food distribution. Family Planning is still not on their agenda. In Bihar, PRI members are taking interest in addressing health issues by disseminating information on prevention of COVID-19 transmission as well as coordinating with block officials on availability of ambulance services.
- Federation of Obstetrics and Gynaecological Societies of India (FOGSI) is organizing online poster and slogan competitions for members on family planning issues as part of population stabilization fortnight.

Dr Teja Raam, Joint Commissioner, Family Planning, MoHFW:

Sharing his involvement with NGOs in TB control programme, Dr Raam said that NGOs are working among the most vulnerable sections of the population across the country. Contributions of a prestigious coalition like ARC, will greatly help the family planning program of our country. Family Planning plays an important role in improving maternal and child health and survival. It also empowers women and in turn the nation.

Summing up and vote of thanks

Ms. Poonam Muttreja, PFI, ARC Core Committee Member

Ms. Muttreja thanked Dr. Manohar Agnani and highlighted four points made by him:

- i. no one should be denied access to reproductive health services;
- ii. addressing the needs of adolescents and young people is critical;
- iii. regular monitoring and advocacy by the government to ensure continued provision of family planning service is a commendable initiative and aligns with ARC's agenda;
- iv. making necessary modifications in approaches is essential for being effective in the new normal situation.

She thanked Dr S.K Sikdar and Dr Teja Ram for their participation and contribution in the meeting.

She thanked all the general body members for participating and engaging in the meeting – a testimony of their commitment to ARC. She acknowledged the continued guidance and inputs from the core committee members.

A special thanks to Mr. Anand Sinha and the David and Lucile Packard Foundation for their vision and continued investment in ARC to make it a vibrant and engaged coalition.

Lastly, she thanked the Secretariat team Prerna Puri, Bijit Roy and Francesca Barolo Shergill for their hard work and for making the general body meeting a success.

List of participants to be included as Annexure-2

