NATIONAL CSO CONSULTATION ON FAMILY PLANNING
BRIEF REPORT

Background

The ICPD changed the discourse related to contraception bringing in a wide spectrum of sexual and reproductive health issues with a rights and gender perspective.As a signatory to it, Government of India established integrated approach for population stabilization through a focus of maternal and child health implemented under RCH I and II.Eighteen years thence not much has changed in India. The family planning programme in India continues to be planned and implemented from a demographic perspective and gender inequity remains high.

Unmet need for contraception remains high at 13 % in currently married persons and 27 % in adolescents with a great interstate variation. There has been great decline in the total fertility rate to 2.9 over the years but still we are far from achieving the desired rate. The contraceptive prevalence rate is 56 % but shows a skewed method uptake favoring female sterilization. The method mix also remains restricted to the male condom, Intrauterine device, oral pills and sterilization within the public health sector.

One of the main reasons for the high unmet need for contraception in the country is due to poor access to contraceptive services. Although there has been a marked increase in contraceptive use, there are widedisparities – urban-rural, interstate and intra state. There is also a huge unmet need during the post-partum period as well as among the young sexually active population. Since female sterilization is the most prevalent method of "choice" this beckons that the family planning programme does not meet the contraceptive needs during the reproductive life cycle of individuals.

'Right' to choose and hence control one's own fertility is one of the most important reproductive right of individuals. From a public health perspective also, increasing access to family planning information, services and supplies has dramatic health benefits for women and children. It is also a cost effective intervention and has immediate impact on maternal mortality and on the health and economy of the country. When couples can choose the number, timing and spacing of their children, they are better able to adequately feed and educate their children, potentially ending the cycle of poverty.

In this context a global Family Planning Summit is scheduled in July 2012 in London. However, experience show that such focus needs to be well informed or it might not result in confirming to the rights framework. Therefore, it was felt that the global summit must be informed about key family planning challenges and issue that need focus at the national policy level.

Setting the context for the FP Summit

The forthcoming family planning summitto be held in July in London is the next big frontier in new policy paradigm as well as funding support. The hope is that 2012 will be a "Gold Moment" to ensure that the need for contraception for women in developing countries can be met. The event will aim to generate unprecedented political commitment and resources from developing countries, donors, the private sector, civil society and other partners to meet the family planning needs of women in the world's poorest countries by 2020. This calls for a need to bring all these faculties together under one banner to strike intense collective thinking, to reflect real issues and real challenges.

FPA India took an initiative towards this direction towards developing platformfor grassroots, state level and national level CSOs to discuss, debate &voice their concerns that could resonate at the national level. A series of state level civil society consultations followed by a National level CSO consultation on Family planning were organized to initiate process oriented discussions and bring to the fore critical issues around FP programs and practices in the country. In response to an appeal by FPA India, CSOs with a niche presence in the country spontaneously agreed to

lend their expertise and experience in guiding the process and also led the consultation in 13 states thus capturing the flavor of the family planning programme across the country and highlighting key issues and areas for interventions in the light of state-specific socio-demographic indicators and disparities.

The consultations were convened by FPA India in partnership with HLFPPT, PFI, CHSJ, Chetna, FOGSI, IAPPD, FHI 360, ARC, INP +. ICW, WRAI, GIRHFWT,CINI. Each of these organizationswork on various aspects of Sexual and reproductive health and rights ranging from service delivery and awareness generation at the grass-roots to rights-based advocacy in the highest corridors of power. UNFPA, USAID, UKAID and IPPF rallied behind the cause with technical and financial support.

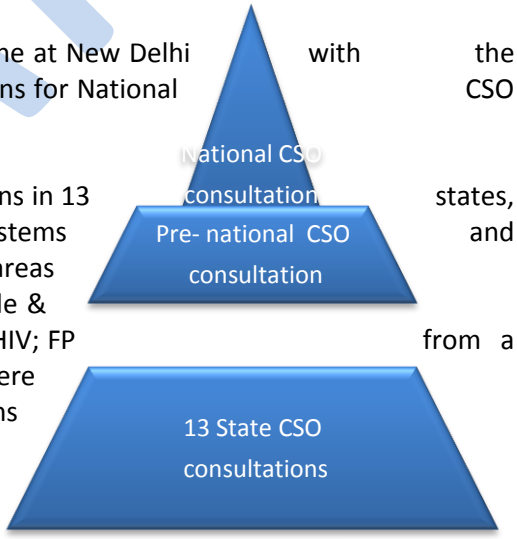
State CSO Workshops

The Civil Society has been very vibrant in India. It has been an active partner of ongoing programmes from the grassroots level to the policy level, bringing in innovation and programmatic changes. It was therefore imperative for CSOs across the country to have a say in matters which concern them the most and bring it up to the national and thereafter to the global level discourse, debate and decisions.

The state level CSO consultations were held by nine partner organizations at **Andhra Pradesh, Bihar, Chhattisgarh, Uttar Pradesh, Madhya Pradesh, Himachal Pradesh, Odisha, Jharkhand, Rajasthan, Tamil Nadu, Gujarat, West Bengal** and **Jammu and Kashmir.**. This brought out state level commonalities and diversities in policy, systems, and service level gaps and recommendations which was drafted into State Report Cards. The state level consultations were held from 23rd May to2nd June 2012.

Pre-National CSO Meet

The culmination of the State level meets was held at a meeting on 7th June at New Delhi with the objective to review the state report cards and synthesize recommendations for National CSO Consultation meeting to be held the next day at New Delhi.



The nine partner organizations who had led the process of the consultations in 13 states, presented the process and recommendations with gaps at the policy, systems and service levels of each state. Through group discussions on 6 thematic areas (Policies and Programmes impacting FP; Quality of Services; Young People & Access to FP; Expanding Access through Choices; Integration: FP, MCH & HIV; FP from a Gender & Rights Perspective) the gaps and recommendations were synthesized to be taken forward at the National Civil Society Organisations Consultation meeting held on the next day at New Delhi.

National CSO Consultation

On June 8th, at the national consultation the emergent issues were critically reexamined through a consultative and highly participatory process. The consultation also initiated structuring a set of recommendations for sharing at the national and global level aiming at improving FP in India.

Participants included invitees from various CSOs, some of which had supported and actively facilitated the State CSO Consultations, along with the partner CSOs which led the initiative. Representatives of various donor agencies, government officials and media representatives were also present.

Inaugural Function

The inaugural function was graced by a panel of experts representing the civil society organizations, Parliamentarians, international organizations and donor agencies who shared their perspectives and experiences on key issues and challenges affecting the global and Indian family planning scenario and various program strategies and policy options that may help address these challenges. The dignitaries included Ms. SujathaNatrajan (FPA India), Ms. PoonamMutreja (PFI), Mr. Avinash Rai Khanna (Member of Parliament and Vice Chairperson IAPPD), Ms. Anjali Sen (IPPF SARO), Mr. Billy Stewart (UKAID), Ms. Frederika Meijer (UNFPA), Ms. Kerry Pelzman (USAID) and Mr. TewodrosMelesse (IPPF). Revisiting Policies and Programmes, multi-stakeholder co-ordination, improving quality of care in service delivery and prioritizing family planning in the global and national development agenda were some of the salient points raised by the dignitaries.

Thematic discussions using the world café conversations methodology

Drawing on the deliberations from states consultation and discussion from the plenary session on six themes the simple, effective, and flexible methodology of *World CaféConversations* was used for hosting group dialogues.

Two experts facilitated each thematic area with groups of participants moving from one theme table to another raising issues and holding discussions related to the theme table. Participants could choose the theme tables and were free to move to the next table after a stipulated time. In this way all participants covered three theme tables. The participants could share their knowledge and experience, ponder over critical questions, and imagine the future and 'think through' concepts into further thoughts and strategies. The themes covered policies and programs impacting FP (Facilitated by Dr. Shubhra Phillips & Ms. Sona Sharma),Quality of services (Dr. Suneeta Mittal & Dr. Jyoti Vajpayi), Young people and their access to FP (Ms. Rekha Masilamani& Dr. Sharmila Neogi), Expansion of FP access through contraceptive choices (Dr. Ritu Joshi and Dr. Kalpana Apte), integration of FP, Maternal Child Health (MCH) and HIV (Ms. W.Sita Shankar & Ms. Aparajita Gogoi) and FP through a gender and rights' perspective (Ms. JashodharaDasgupta& Dr. Nupur Basu Das).

Discussions during these sessions were very lively and threw up powerful messages, thought, observations and recommendations. It was repeatedly articulated, perhaps in all discussions that most of the problems faced at the grassroots has remained the same for a number of years & these points have been discussed often and revolve around issues that should already have been taken care of. One participant said "What we are debating is what should have already been working!"

It was also strongly articulated that the National Family Welfare Program offers limited choices to couples who want to plan their family. Various options (including some very popular ones) such as vaginal tablets, vaginal rings, standard days method, diaphragms, female condoms, injectables, implants and hormonal intrauterine contraceptive devices are not available in the public sector. The limited range of methods available in the public sector can lead to situations wherein women who cannot use particular methods due to health or other reasons end up without any choice. They are forced to either approach the private sector or suffer the consequences of not using a contraceptive.

"Face-to-Face: A panel discussion between the civil society and the 'System'

In an interesting face-off between the 'system' and the civil society, representatives from the government and donor agencies fielded questions and concerns on pertinent family planning issues at the policy and programme level, raised by eminent panelists representing the CSOs. The panel discussion was ably moderated by Mr V S Chadrashekhar, Country Advisor to the David and Lucille Packard Foundation along with Dr S K Sikdar, Deputy Commisisioner, Family Planning, Ministry of Health and Family Welfare. The 'Systems' Panel comprised of Hon'ble Dr AnupkumarSaha, Member of Parliament and Member, Standing Committee Health and Family Welfare, Government of India, Dr SushmaDureja, Assistant Commissioner Family Planning (II), Ministry of Health and Family Welfare. The 'civil society was represented by Dr Kalpana Apte, FPA India, MsJashodharaDasgupta, Sahyog, MsVasanti Krishnan, HLFPPT, Ms Bulbul Sood, JHPIEGO and MsSudhaTewari, PSS.

The key issues discussed by the panel were dysfunctionality of the systems (in terms of availability of contraceptives, services etc), quality of services, measurement of FP program that restricts choice for young people, unavailability of an all inclusive term for contraceptive use , increase male participation, comprehensive sexuality education program for boys and girls on negotiation for protected and safe sex, appropriate grievance redressal/accountability, limited basket of choices, absence of male workers in the system to address the men and boys to become partners in sexuality and reproductive health related issues and synergies of working between government and NGOs. The discussion ended with each of CSO panelists putting forth one priority 'ask' to expand the basket of contraceptive choices and uphold the gender sensitive and rights based approach to Family Planning emphasizing the need for a synergistic working relationship between the civili society and the government to further the family planning agenda.

The day's discussion was summed up by Dr. Gita Sen, Professor of Public Policy at the Indian Institute of Management in Bangalore (IIMB). Dr Sen remarked that as an outcome of the consultative process some very sharp and specific 'asks' should be articulated. Echoing the voices heard throughout the day she underscored the need for dedicated strategies and interventions for family planning in India as a priority 'ask', while cautioning that the onus would be on civil society organizations for greater accountability and credibility while critiquing the government policies, programmes and lacunae therein.

Dr Kalpana Apte proposed a formal vote of thanks to conclude the deliberations.

The NCSO consultations received a wide media coverage with electronic and print media covering the event, as well as follow up articles appearing in magazines, Sunday supplements and internet and blogs.

RECOMMENDATIONS: NCSO Consultations

Policies and Programs Impacting Family Planning

1. Review and revise the National Population Policy, 2000 and introduce formulation of State specific population policies. Shift the focus of the policy from demographic to individual rights' based policy.
2. Review and revise existing 'Youth Policy' with state-specific guidelines for implementation and monitoring by independent authorities comprising of representatives of CSOs and young people.
    a. Provide age-specific comprehensive sexuality education to both boys and girls that will enable them to negotiate protected sexual relationships and encourage male responsibility.
3. Re-consider and broaden the term 'Family Planning' to clearly indicate 'contraceptive services including information for individuals that are not within the framework of the term 'family'.
4. Remove clauses from all national & state level policies and programmes that insist on '**small family norm' as it is a violation of reproductive rights**.
    a. Its implementation is based on coercion and disincentives to enforce this, such as discriminating against women with more than two children (not giving them JSY in many states, not giving them IGMSY Maternity benefit, not allowing them to contest elections, etc.)
    b. It is unfair as families do not know how many children will survive; since the government has not been able to ensure 100% survival of infants and children owing to the poor condition of health systems in India.
    c. Neither does the state ensure any social security for older poor people in the informal sector which compels them to see children as their social security in old age.
    d. In the context of widespread son-preference, the small family norm encourages people to go in for sex selection
5. Spacing methods should be included in the list of contraceptive methods in the section on Right to Sexual and Reproductive Health Care in the proposed National Health Bill to be introduced by the Ministry of Health and Family Welfare.
6. Urgently ensure comprehensive sexual and reproductive health and rights information and services to all women, men and young people in India, through appropriate channels; and accordingly revise its programmes and policies.
7. Introduce a regulatory policy ensuring quality of the contraceptive products available in the private sector like user information, pictures on the contraceptive package, etc.
8. Make the accreditation process for the private providers less restrictive and enabling so that trained service provider base can broaden expanding the access.
9. Replace 'Couple Year Protection' as an indicator of FP programmes to another such as 'New Users' or any other similar indicator to reflect quality & for balancing contraceptive methods instead of a bias towards long acting methods.
10. Develop a policy or include sections within existing NRHM framework for measures against health care providers who discriminate and/or stigmatize PLHIV or KPs while providing services well as when confidentiality or privacy is compromised

Services – Access, Quality, Monitoring, Indicators & Capacity Building

1. Expand contraceptive choices within public sector health facilities by including newer methods like diaphragm, Standard Days Method, DMPA, Implants and Female Condoms.
2. To include contraceptives for women with health concerns who may not be medically eligible to adopt the methods currently available under the National Family Welfare Programme.
3. Encourage research on newer modern methods of contraceptives and the findings on newer methods like DMPA, Monthly Injectables, Implants etc. to be available in public domain.

4. The post of Counselors should be available at all health care facilities for an informed choice and method-wise counseling for effective use of contraceptive method chosen.
5. Include a cadre of 'Male workers' for reaching out to and counseling youth and men to be responsible partners in their sexual relations, and motivating them to use male methods of contraception.
6. Introduce within the policy framework mechanisms for grievance redressalsystemto report violation of women's right to health and reproductive choice..
7. Strengthen institutional capacity to ensure high quality services for operative procedures like sterilizations as the strong focus on sterilization is leading to compromised quality of services as the health system is unable to handle the high caseloads in most states.
8. Shift focus away from sterilization and promote spacing methods by removing any kinds of 'wage loss subsidy'. 'travel re-imbursements' or 'compensations' to the users or 'incentives' for 'motivators'
9. Implement Standard Quality protocols for service delivery, infection prevention and universal precautions at both institutional as well as camp settings to ensure quality of sterilization services.
10. Merge vertical programmes of HIV and FP at the service delivery levels.
    a. Review and adapt successful SRH-HIV integration models at the state level to provide services through public health facilities under one roof.
    b. Indicators should be developed to measure integration of MCH-HIV-FP services
    c. Carry out capacity building of all cadres of health care providers to enable them to provide integrated SRH-HIV services including family planning.
11. Address the needs of young people through intersectoral coordination (Social Welfare Dept, Health Dept, HRD, and WCD) and develop well monitored action plan for empowering the Youth with positive life skills.
12. Ensure 'Youth Friendly Services' in all public health facilities that are gender sensitive and convenient to access.

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