Jay Satia · Kavita Chauhan

Improving Quality of Care in Family Planning

A Research and Advocacy Agenda for India

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Foreword I

Providing high-quality health care services is critical. Quality of care in family planning services is even more important as the users of family planning services differ from other users of health services in one important respect. They are not sick patients. Besides, a large number of them are women and require gender-sensitive services. Also, they are often in the age group of 20–40 years, whereas most patients are older. Finally, young people need youth-friendly services.

Among many priorities in public health, reducing the unmet need for contraception is currently a significant area for the government, multilateral initiatives, non-governmental organizations, and civil society organizations. Unmet need may result in mistimed or unwanted pregnancies which not only adversely affect the mother's and child's health but also stress families.

Recent global research shows that the provision of quality family planning services can reduce unmet need by increasing uptake, prevalence, and continuation of contraception. As access to family planning services is improving and fertility levels are reaching near-replacement levels, improving quality of care in family planning in India has catalysed discourse over the past couple of years. Policy makers recognize that health is essential to economic development and that India's healthy young population provides a demographic window of opportunity for accelerated economic growth. Simultaneously, Indian civil society organizations continue to advocate for quality standards in provision of family planning services and people's right to quality of care.

The Government of India, non-governmental organizations, and the private sector have taken several steps to improve quality standards for providing care to men and women seeking family planning services in India. But as research and experience show, much remains to be done. Research can provide evidence-based guidance on effective and efficient ways to improve quality of care. It is important to expand the knowledge base to take into account people's perspectives, their perceptions of current quality of care, and provider perspectives on provision of services to increase uptake and continuation of contraception and improve the health of couples and their families.

Therefore, the Public Health Foundation of India with support from the David and Lucile Packard Foundation and the Bill and Melinda Gates Foundation has developed this monograph on key research priorities to accelerate progress on improving quality of care in family planning in India. In this process, it not only reviews the research done in India but also draws upon reported experiences of improving quality of care in family planning in India, as well as a Delphi study.

This monograph also includes a report of the consultation on ways to increase demand for quality of care. Most of the current effort on improving quality of care is focused on service provision. However, it is important that users of family planning services are enabled, motivated, and empowered to demand quality of care. Only then can high quality of care be sustained.

I hope this book will be a useful tool for researchers, the government, and non-governmental agencies to chart a path for their efforts towards strengthening quality of care in family planning.

New Delhi, India

K. Srinath Reddy
President
Public Health Foundation of India

Foreword II

The 2012 London Summit on Family Planning reinvigorated the global interest in and commitment to family planning and quality. The Ministry of Health and Family Welfare (MOHFW) of India has issued its own document entitled *India's Vision FP2020*, which outlines strategies to be followed to achieve the stated goal of reaching 48 million additional women with modern contraceptive methods by 2020. A focus on ensuring quality of services is included among these strategies.

Interest in quality, however, is not new. More than 25 years ago, Judith Bruce articulated a client-centred quality of care framework in 1990 to encourage international family planning programmes to move away from a completely demographic rationale of family planning and start paying attention to individual well-being. The 1994 International Conference on Population and Development held in Cairo reaffirmed interest in individual well-being, quality, and reproductive health. The global interest in family planning dwindled for some time for many reasons, including a shift in focus on addressing the HIV epidemic and reducing maternal morbidity and mortality. At present, while the term "quality" is included in the lexicon of family planning, efforts to improve and deliver services of good quality have been mixed.

It is this context that gives me a special pleasure to write the foreword for this book by Jay Satia and Kavita Chauhan of the Public Health Foundation of India. This monograph comes at an important juncture of the family planning programme in India and draws attention to quality of care. It consists of nine chapters which are based on review of research studies and actions taken to improve quality of care in India since 1994. In addition, the authors undertook two rounds of Delphi study to identify high-priority research, action, and advocacy needs. The last chapter is based on a consultation held in Jodhpur which focused on creating demand for quality of care in India.

Improving quality of services in a complex system like India is quite challenging. Many of the steps and interventions required to improve quality are recognized and discussed in this monograph. While implementing these policy- and

programme-level interventions, it will be important to focus continuously on the quality of care received by the clients whenever they come into contact with any service provider offering family planning information and service—either at a health facility or during service outreach. It is how clients are treated and what care they receive which is important in influencing their subsequent contraceptive and fertility behaviour.

We can always think of educating clients and communities to demand services of good quality. However, from the programmatic perspective, what is done to improve the motivation and behaviour of service providers will determine their behaviour towards clients of services. Many interventions, e.g., method-specific targets for providers and sterilization camps, implemented in the past had adversely affected the quality of care received by the clients. While these interventions have now been discontinued, a system of monetary incentives for providers and clients remains in place. It is important to assess the implication of this system for quality of care received by clients. An important component of improving quality of care is to periodically monitor quality of care received by clients, especially whenever changes in the programme are made that would influence the behaviour of providers.

Information received by clients at the time of initiating contraception is an important component of quality of care. Data analysed from the National Family Health Survey (NFHS-3) showed that only 16% of current contraceptive users reported receiving information at the time they initiated contraception (during five years prior to the interview) on all three elements—other contraceptive options, side effects of the method selected, and how to manage these side effects if they occur. Moreover, only two out of three sterilized women reported that they were told that sterilization is permanent. Admittedly, these indicators do not reflect the entire content of client–provider interactions and must have improved by now, but they are unlikely to have reached a level of 80 or 100%.

It is essential to accelerate progress on improving the quality of care received by family planning clients in India because clients have a right to receive good quality, and good quality also contributes to the achievement of other desirable reproductive health outcomes. In order to improve the quality of care, it is important to identify interventions to improve quality and to develop a research and advocacy agenda relevant to the Indian context. This monograph makes important contributions in all three areas. It has identified eight important areas of research, including a focus on clients, providers, and measurement of quality of care.

I trust that the monograph will be of interest not only to researchers and academic institutions, but also to programme managers, policy makers, and advocacy organizations. A concerted effort by all concerned in improving the quality of care in the family planning programme in India will contribute to the achievement of FP2020 goals and will help the MOHFW to complete the transition, mentioned in India's FP2020 document, from a "population control centric approach" to a

"reproductive rights based approach". Above all, such an approach will enhance individual well-being and empower individuals to achieve their reproductive intentions safely.

New York, US

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Distinguished Scholar
Population Council

Acknowledgements

This book is an effort to take forward the ongoing discourse on the important issue of quality of care in family planning, and to identify the research and advocacy priorities for India. We believe that providing quality care to women and couples seeking family planning and contraception services (particularly for birth spacing) will enable scale-up of interventions to strengthen reach and coverage of the family planning programme.

The David and Lucile Packard Foundation and the Bill and Melinda Gates Foundation provided generous support for this project, without which this book would not have been possible. We are grateful to Anand Sinha, Tamara Karenin, and Lana Dakan from the David and Lucile Packard Foundation and Sandhya Venkateswaran, Lester Coutinho, and Richa Shankar from the Bill and Melinda Gates Foundation for their guidance and encouragement.

To provide strategic guidance to this effort, a Steering Group on Quality of Care in Family Planning was set up with representation from key stakeholders. This group was chaired by Rakesh Kumar, former Joint Secretary, Reproductive and Child Health, Ministry of Health and Family Welfare (MoHFW), Government of India, with S. K. Sikdar, Deputy Commissioner, Family Planning, MoHFW as its convener. We express our gratitude to them for their support. The purpose of this group was to review evidence on "what works", to identify issues that need further research, and to strengthen discourse around quality of care in family planning.

The book is based on our review of existing knowledge on this topic (research and experiences which represent the work of individuals, different partner organizations, and the national and state governments), a Delphi exercise, and discussions with stakeholders working on family planning in India. We greatly appreciate the support of key individuals, who are mentioned below, in helping us with background information and sharing their perspectives with us:

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Gujarat, India — Jay Satia
Gurgaon, India — Kavita Chauhan
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About the Authors

Jay Satia is a former Professor of the Indian Institute of Management Ahmedabad (IIMA) where he taught for more than 20 years, and served as its Dean during 1987–1989. At IIMA, he worked on operations management as well as on management of health, population, and nutrition programmes. During the period 1993–2008, he was the Executive Director of the International Council on Management of Population Programmes, a Malaysia-based international non-governmental organization dedicated to seeking excellence in management of population programmes through leadership and management development. At present, he is Emeritus Professor at the Indian Institute of Public Health Gandhinagar. He has several publications to his credit on management, leadership, and population issues and has held a range of management and board of directors positions in various Indian and international organizations. He holds a B.E. from Bombay University and an MS and Ph.D. in industrial engineering from Stanford University, USA.

Kavita Chauhan is a behavioural science professional at the Public Health Foundation of India. She has over 14 years of experience in designing and managing strategic health communication and advocacy initiatives, research on behaviour change, and capacity building on public health communications. Her previous work at CARE India integrated planning and implementing strategies related to reproductive health needs of communities with a special focus on young people. At Futures Group Inc., under the global POLICY Project, she formulated HIV/AIDS policy interventions with the government, faith-based organizations, and NGOs, and facilitated decentralized planning for HIV/AIDS and maternal health efforts. She holds a BA in English literature and MA in social work from Jamia Millia Islamia, New Delhi, and an M.Sc. in public health from the London School of Hygiene and Tropical Medicine (LSHTM). Currently she is enrolled as a research degree student at LSHTM.

Abbreviations

ANM	Auxiliary nurse midwife
ARTH	Action Research and Training for Health
ASHA	Accredited social health activist
BCC	Behaviour change communication
CAC	Comprehensive abortion care
CBD	Community-based distributor
CHARM	Counselling Husbands to Achieve RH and Marital Equity
CHC	Community health centre
COPE	Client-oriented, provider-efficient
CSO	Civil society organization
DLHS	District Level Household Survey
DMPA	Depo-Provera or depot medroxyprogesterone acetate
DQAC	District quality assurance committee
DQAG	District quality assurance group
ECP	Emergency contraceptive pills
ELA	Expected level of achievement
FOGSI	Federation of Obstetrics and Gynaecology Societies of India
FP	Family planning
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HMIS	Hospital management information system
HTSP	Healthy Timing and Spacing of Pregnancy
ICPD	International Conference on Population and Development
ICRW	International Center for Research on Women
IEC	Information education communication
IFPS	Innovations in Family Planning Services
IPHS	Indian Public Health Standards
IPPF	International Planned Parenthood Federation
IUCD	Intrauterine contraceptive device
IUD	Intrauterine device

IVRS	Interactive Voice Response System
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LAM	Lactational amenorrhea method
LARC	Long-acting reversible contraception
mCPR	Contraception prevalence rate by modern methods
MNCH	Maternal, neonatal, and child health
MoHFW	Ministry of Health and Family Welfare
MSI	Marie Stopes India
NFHS	National Family Health Survey
NGO	Non-governmental Organization
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NQAP	National Quality Assurance Programme
NRHM	National Rural Health Mission
NSV	Non-scalpel vasectomy
OCP	Oral contraceptive pills
PFI	Population Foundation of India
PHC	Primary health centre
PHFI	Public Health Foundation of India
PIP	Programme implementation plan
POP	Progesterone-only pills
PPFP	Postpartum family planning
PPIUCD	Postpartum intrauterine contraceptive device
PPP	Public–private partnership
PSI	Population Services International
PSS	Parivar Seva Sansthan
QA	Quality assurance
QAC	Quality assurance committee
QI	Quality improvement
QoC	Quality of care
RH	Reproductive health
RHCLMIS	Reproductive health commodities logistics management information system
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthtya Karyakram
RMNCH+A	Reproductive, maternal, neonatal, child+adolescent health
SDM	Standard Days Method
SQAC	State quality assurance committee
SRH	Sexual and reproductive health
TFR	Total fertility rate
UHI	Urban Health Initiative
UNFPA	United Nations Population Fund

USAID	United States Agency for International Development
VHSNC	Village Health, Sanitation, and Nutrition Committee
WHO	World Health Organization
YFHS	Youth-Friendly Health Services (programme)