Background

India with a total fertility rate of 2.8 (SRS 2010-12), still needs to propagate family planning; to enhance use of modern methods of contraception and thereby provide quality living to its citizens.

National Family Health Survey (NFHS-3) informs that less than half the currently married women in India are using any modern method of contraception. With substantial unmet need of contraception – women are at a high risk of unintended and unplanned pregnancies. This in turn contributes to maternal morbidity and mortality due to unsafe abortions and infections.

This need was recognized by the Government of India as it stood committed to Millennium Development Goal (MDG) - 5 \(^1\) of limiting births and reducing maternal mortality. Population Services International (PSI) took upon this initiative to contribute towards the MDG-5, through reducing unmet need and thereby contribute to reduction in maternal mortality among low-income women of reproductive age (WRA) group, across the three states: Uttar Pradesh (U.P), Rajasthan and Delhi under the ‘Women’s Health Project (WHP); also called ‘Pehel’.

Pehel began in 2008 and has so far completed seven successful years. Today it aims to revitalize the use of Long Acting Reversible Contraceptive (LARC), in particular by providing quality services for Intra Uterine Contraceptive Device (IUCD) and Post-Partum Intra Uterine Contraceptive Device (PPIUCD) and improving access to safe abortion services.

Under this intervention, PSI has a strong network of approximately 1100 providers (primarily Obstetrician / Gynaecologist or Obs/Gynae) across 30 districts in the project states: Delhi, Rajasthan and Uttar Pradesh, who have come forward to partner with PSI.

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\(^{1}\) MDGs are the eight international development goals; MDG -5 goal is “to improve maternal health”.
Evolution of the FOGSI-PSI Partnership

PSI realized that to build a large scale network of private practitioners of Obstetrician and Gynaecologists (Obs/Gyn), they would need a reputed, credible and strong partner. This potential was seen in the Federation of Obstetric and Gynaecological Societies of India (FOGSI); an autonomous professional organization representing practitioners of Ob/Gyn’s in India. It works purely on spirit of volunteerism and receipts from 30,000+ memberships with the aim of educating Obstetricians and Gynaecologist, and advocating for woman’s health across her life cycle.

PSI recognized that FOGSI has a strong influence on knowledge, skills and quality of care provided by Ob/Gyn’s in India. Besides, FOGSI is a nodal agency for interface with health ministries for leading reviews and inputs in access, quality, training and private participation in delivery of RMNCH+A goals.

With the mandate of engaging private providers under the Women’s Health Programme, PSI joined hands with FOGSI and the partnership was formalized in October 2009 in Delhi. This was followed by national level workshops which were organized in each phase of the project. This partnership provided a springboard for PSI to participate in various national and state level FOGSI conferences and to promote use of family planning (FP) methods through the private sector.

Objectives of FOGSI – PSI Partnership

- To promote quality Intrauterine Contraceptive Device (IUCD), Post-Partum Intrauterine Contraceptive Device (PPIUCD) and Medical Abortion (MA) services in collaboration with district FOGSI societies.
- Uniform capacity building initiative for all the doctors under one umbrella as per standard guidelines for providing IUCD, PPIUCD and MA services.
- Work on advocacy campaign for Safe Abortions focusing on MA and promoting IUCDs and PPIUCDs.
- Promote increased use of IUDs as post abortion contraception
- Undertake strategic research studies that could have a lasting impact on IUCD and MA programming
FOGSI-PSI Alliance; the Gains and the Challenges\(^2\)

PSI India in partnership with FOGSI and private health care providers, took upon the many initiatives in advocacy, training and research with an objective of improving access to quality FP methods. This partnership increased the credibility of PSI, while also raising PSI’s confidence in helping our target clientele plan her family and live peacefully. The alliance helped in advocating and educating the Government authorities about the problems faced by many FOGSI members in site registration and furnishing other formalities.

As a joint effort, FOGSI-PSI family conducted several workshops on increasing awareness about safe abortion and Long Acting Reversible Contraceptives (LARC), which supported the Government of India’s (GoI) revived plan of promoting IUCDs.

As a result, the government took serious notice of the work done to promote use of PPIUCD and IUCD. Thus, under the technical guidance of FOGSI, PSI has been able to provide affordable contraceptive choices by adding IUCD to the basket of choices for family planning (F.P). Further, under the aegis of FOGSI, PSI has devised ‘Minimum Quality Standards’ for inducting private provider into the project’s network pool. FOGSI on the other hand found new dimensions due to this partnership. Though its focus has always been mostly on academia; this alliance proved to be mutually beneficial with common issues for advocacy and policy level changes. No doubt that many FOGSI doctors are now members of technical committees formed by the government. The various research studies done by the joint effort of FOGSI-PSI has helped in informing larger audience on various aspects. The biggest contribution of this joint venture to Indian family planning service has been the increased awareness among people about LARC.

\(^2\) The views represented here are based on personal interviews of FOGSI members with Deepti Mathur, Senior Manager – Knowledge Management, PSI.
Role of Pharmacists in Expanding Access to Harm Reduction

FOGSI and PSI assessed the ground reality and realized that obtaining medical abortion without prescription from pharmacies was a norm and in wide usage by men and women. There was an urgent need to do something for harm reduction. Though the specific roles of pharmacists in dispensing MA drugs depends on a country's legal & policy context; the literature review suggested that women (many unable or unwilling to seek care from trained providers) already sought medicines from the pharmacists.

Thus, the need was felt to devise approaches that successfully improved a pharmacists' dispensing behavior. **FOGSI and PSI adopted a two-pronged strategy for the same:**

1. **Empower Users through Information:** The packaging of MA drugs (Safe Abort Kit) was done such that it had a user friendly insert, which encouraged and reiterated appropriate use; pictorially displayed mode of administration and assisted in the early recognition of complications.

2. **Orient and Sensitize Pharmacists for Harm Reduction:** This was done in both legally compliant and situationally realistic ways. Thus, pharma associations were approached. The pharmacists were impressed about their important role in supporting women’s health and that they had a responsibility to be aware of drug use. They were familiarized with the legal as well as medical issues; and the need to counsel a client to seek prescribed medicines and consult a gynecologist to confirm complete abortion.

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*Sneeringer et al, J Pub Health Policy, 33(2): 218, 2012*
FOGSI-PSI Achievements; the two organization’s collaboration has led to the following noteworthy results:

- The FOGSI-PSI alliance led to MA drugs being included in the essential drug list.
- Facilitated the registration of 369 MTP Sites.
- FOGSI-PSI have conducted 55 workshops on Family Planning and Medical Abortion at the national, state and district level.
- Steady increase in IUCD Sales.
- Strong network of 1100 trained Ob/Gyns.
- Six-fold increase in sale of Medical Abortion drugs.

Source: Pehel MIS data
Promoting Long Acting Reversible Contraceptives (LARC) for women in the post-partum period

Though PSI had been actively contributing in the development of National Guidelines for Postpartum Family Planning (PPFP), it was the FOGSI-PSI study, which helped PSI/India establish its successful method of using the “Ring forceps” worldwide and in India too. As a result, key stakeholders agreed that both instruments (Kelly’s forceps, Rings forceps) can be used for PPIUCD insertion, thereby expanding options in service delivery. This also emphasized that the non-availability of an instrument should not be the reason for non-insertion of PPIUCD.

FOGSI and PSI partnered and built the capacity of private providers to increase access, and also worked with the Ministry of Health and Family Welfare (MoHFW) and state governments for greater thrust on IUCD and PPIUCD through development of guidelines and quality protocols.

Research Insights

FOGSI did two important researches in partnership with PSI on the following topics:

I. Knowledge, Attitude and Practices (KAP) study among Health Care Providers
II. Enhancing Contraceptive Usage by Post-placental IUD Insertion – Safety and Efficacy, and Expulsion

I. Knowledge, Attitude and Practices among Health Care Providers

PSI/India in partnership with FOGSI conducted a KAP study with providers (doctor’s) to examine their knowledge attitude and practices related to insertion and recommendation of IUD. The sample size included 551 doctors who consented to participate in the study by answering a questionnaire.

The results of the study revealed that:

• More than 80% doctors believed that the choice of contraceptive should be made by the woman herself.
• Almost 40% of the providers believed that a majority of the clients like IUCD as one of the best family planning methods.
• Less than 2% of the clients reported contraceptive failure with IUCDs.
Approximately 50% of doctors considered IUCD to be 90-95% effective.

Most (93.8%) of the providers were aware of the ‘no-touch technique’ for IUCD insertion to maintain the sterility of the device.

A large number of the doctors (81.3%) counselled the clients about the effectiveness of IUCD.

A few more than half (52.3%) of the providers practiced autoclaving on metallic instruments used during the insertion.

During a period of one month, 49.2% of the doctors had one in ten clients approach them about contraception and 55.7% had the patients accept IUCD after counselling.

The study showed that the medical providers had good factual knowledge about: contraception; IUCD’s safety; duration of use; and effectiveness. The majority also reported adequate knowledge of insertions and counselling women about IUCD. Many held favourable attitudes toward IUCD used by women in a variety of clinical situations.

Overall, the study concluded that the provider education and training should consistently focus on technical updates, “no-touch” insertion technique and on quality IUCD insertion services including counselling, follow-up care and appropriate infection prevention practices.

I. Enhancing Contraceptive Usage by Post-placental IUD Insertion – Safety and Efficacy, and Expulsion

FOGSI played a very important role in motivating doctors for any new challenging skills. PSI India commissioned a study on the safety and efficacy of PPIUICD with 3,680 antenatal women. The patients were counselled at their visits after 30 weeks of gestation on contraceptive options. Out of these, 461 women opted for and were deemed eligible for PPIUICD. Safety was assessed on the basis of clients’ complaints, with respect to, excess of bleeding or foul discharge and pain if any. Complications such as perforation (if any) were also noted. Expulsion rates at 6 weeks follow-up were measured to assess the efficacy. The objective of the study was to understand: (1) Safety – incidence of perforation/pain/bleeding/infection. (2) Expulsion rates.

The key findings were:

- The insertion of IUCD was easy in 99.91% of subjects and no difficulties were reported.
- The expulsion rate was approximately 3%.
- Early follow-ups were done in approximately 3% of the subjects and of them 94.79% reported pain,
Excess of bleeding was reported by 1.51% respondents and 1.08% had no complaints but had the fear for continuation.

The willingness to continue IUCD was shown by 64% subjects. However, if expelled, 2.82% expressed willingness for re-insertion.

The subjects who requested removal of the IUCD was 6.5%. There was no case of perforation in this series.

The results of the study showed that inserting CuT 380 A within ten minutes after placental delivery is safe, convenient, cost effective and preferable opportunity for postpartum women to obtain a reversible, long acting method of contraception, with the advantages of high motivation; convenience to the women. Besides, the expulsion rates were minimal if it was inserted by a trained provider and placed at the fundus. The study reinforced that PPIUUD should be part of a maternal/new born/ reproductive health package and the Janani Suraksha Yojna (JSY) is an opportunity to add it into FP program.

These study findings were widely disseminated in the meetings with private providers and have helped a lot in addressing the myths related to PPIUUD. It has also been instrumental in removing the doubts in the minds of many who were initially reluctant to support the PPIUUD program.

Other Achievements

- **Three national training of trainers** (2009, 2011 and 2013) were organized to prepare approximately 120 trainers and motivators from the district FOGSI societies.
- Built capacity of 1250 private providers on “no touch technique”, infection prevention, etc. and updated them on IUCD & PPIUCD and MA as per national guidelines and international standards.
- Several state and district level officials and network providers have been updated on comprehensive abortion care.
- **Two IEC tools** on ‘Management of IUCD complications’ and ‘Adverse Events and Management of IUCD with Pregnancy’ have been developed and disseminated to all network providers to provide guidelines for...
complications and adverse event management in cases of IUCD insertion.

- Several District level committee meetings have been facilitated, which has helped in activating many district committees as per MTP guidelines.

**Doctors opposing Sex Selective Abortion**

Doctors opposing Sex Selective Abortion – DOSST; a novel initiative under the partnership aimed at curbing sex selective abortions. The network providers are counselled and motivated to pledge and become a DOSST of PSI in joining the movement against not undertaking any test or procedure to determine the sex of the unborn child and never consent to sex selective abortions, on the basis of such knowledge, and, thus not partner in Sex Selection, directly or indirectly.

The provider also vows to register their protest against anyone involved in this act and discourage them from indulging in this act.

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*PSI is a global health organization dedicated to improving the health of people in the developing world by focusing on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, and diarrhoea with programs in over 65 countries. PSI provides life-saving products, services and communications that empower vulnerable populations to lead healthier lives and plan the families they desire by marketing affordable products and services.*

*PSI began its India operations in 1988 and currently has projects running across 20 states with more 900 staff. PSI’s mission is to empower the people of India to lead healthy lives by addressing priority public health challenges in India.*
FOGSI has worked closely with lot of non-profit organizations with focus towards advocating for safe abortion practices. The work in Pehal gives us immense satisfaction because of the tenure and scale of impact for delivery of high quality services through FOGSI membership. A key emphasis of this partnership has been increased number of registered sites for MTP and lowering the barriers for access to family planning services.

-- Dr Atul Ganatra

Our association with Ministry at the National level and state level has increased; our FOGSI doctors are now members of technical committees formed by the government; one of the reasons for this is organizations like PSI. Also due to this partnership, we have been able to enhance skills of FOGSI members and spread awareness, knowledge on IUCD, PPIUCD and MA.

--Dr Basab Mukherjee

FOGSI has three main pillars: academic, fellowship and service delivery. It is the third aspect where PSI has helped FOGSI the most

--Dr Nozer Sheriar

For more than 25 years, PSI has worked to further the cause of women and girls in India. Our long standing partnership with FOGSI has been central to scaling up our health impact in family planning. We remain committed to working closely with government and other stakeholders to act as a market facilitator so that women of reproductive age in India can access high quality family planning choice without financial hardship.

-- Pritpal Marjara

Our partnership with PSI and other civil society organizations is fundamental to increased awareness and use of contraception amongst communities as well as improving service delivery quality in the private sector.

-- Dr Ritu Joshi

The role of civil society organizations to act as an effective interface agency between government, community and private sector has been reinforced in this association with the Pehel programme.

-- Dr Shyamal Sett
FOGSI-PSI Future

Both organizations have an abiding interest in furthering the causes of Women and girls, which affects health and well-being; essentially through private sector approaches. Going further, we will focus on FOGSI’s role as a key stakeholder in furthering access to family planning and reproductive health. FOGSI’s partnership with civil society is expected to play a significant role in contributing to the government’s efforts in achieving FP2020 vision for India.

“How can any choice, decision and action by 42 million women annually worldwide be immoral or wrong? It is time to state that any choice, decision and action by 42 million women annually worldwide can only be moral and right.”

-- Dr Nozer Sheriar