

# Report of a Stakeholder Consultation

## Expanding Contraceptive Choices in India: Focus on New and Underutilized Methods

September 6, 2012

India International Centre, New Delhi

*Submitted to*



*Submitted by*



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## 1. BACKGROUND AND CONTEXT

The recent London Summit on Family Planning, co-sponsored by the Department for International Development (DFID) and the Bill & Melinda Gates Foundation, has served to bring family planning back to center stage. Significant commitment has been generated, both by donors and by national governments, to move the family planning agenda forward. All stakeholders recognize that this renewed focus on family planning needs to be strongly grounded on the two pillars of choice and rights. However, this is a tall task in India, where data from the National Family Health Survey (NFHS) shows that 77 percent of sterilized women have never used any other method and where the uptake of short-term spacing methods is approximately 10 percent.

Many methods such as no-scalpel vasectomy (NSV), the Standard Days Method (SDM), the Lactational Amenorrhea Method (LAM), intrauterine devices (IUDs), and injectables are underutilized in India. One of the main reasons is that many health service providers and potential clients lack accurate, up-to-date information about these methods. The advantages of the methods are often understated, the disadvantages tend to be exaggerated, and many myths and misconceptions are prevalent in the community and among providers. High discontinuation rates are often due to problems related to providers' knowledge and skills. This can lead to improper screening of clients, poor counselling, and lack of follow-up, which all result in poor quality of services. In addition to the availability of these methods in India, the introduction of new contraceptive methods, such as one-rod and two-rod implants and the levonorgestrel intrauterine system (LNG-IUS), have the potential to help increase access and expand choices.

To address challenges and help expand access to new and underutilized methods, FHI 360, Marie Stopes India (MSI), and Advocating Reproductive Choices (ARC) are working in India to increase contraceptive choices for women in the country.

**Under the PROGRESS project, funded by the U.S. Agency for International Development, FHI 360** conducts research and promotes research utilization to create evidence, generate tools, and support best practices in family planning (based on global evidence) and to expand contraceptive choice under four legacy areas.

**MSI, under its USAID-funded Support for International Family Planning (SIFPO) project,** intends to increase access to and utilization of voluntary family planning services, by strengthening the capacity to deliver services. The project is working to increase organizational sustainability by developing a client poverty-grading tool, conducting management training, and registering and introducing Sino-implant (II), a two-rod implant. The project also aims to strengthen gender-sensitive family planning services targeting youth.

**ARC is an initiative that attempts to address the contraceptive needs of the population by** advocating for high-quality, affordable, and accessible family planning products and services within India. It has engaged a wide range of stakeholders such as politicians, bureaucrats, technical experts, gynaecologists, researchers, and programmers at the national and state levels.

A partnership has been forged between FHI 360, MSI, and ARC to increase contraceptive choices for women, in both public and private sectors, and to increase the uptake of underutilized contraceptives in India.

Taking this partnership forward, ARC, FHI 360, and MSI held a consultation on “Expanding Contraceptive Choices in India: Focus on New and Underutilized Methods” on September 6, 2012, in New Delhi. This consultation was led and organized by ARC, with technical assistance from FHI 360 and MSI and with funding from USAID. The objectives of the consultation were:

- To share global evidence and experiences on new contraceptive methods.
- To share in-country experiences and best practices on increasing the uptake of underutilized contraceptive methods.
- To inform, engage, and influence partners and stakeholders by sharing scientific and clinical updates and information about the technical feasibility of expanding access to new and underutilized contraceptives.
- To identify priority areas for advocacy and create an environment for sharing policy outcomes related to contraceptive choices.

Key stakeholders for the consultation included representatives from the government of India, the drug controller general of India (DCGI), the donor community, technical organizations, implementing organizations, academic and research Institutions, and coalitions.

## 2. THE PROCESS

Efforts to advocate for this initiative began in July 2012, when MSI and FHI 360 sponsored a session on “Contraceptive Technology: Current and Near Future” at the World Congress on Population Stabilization, held in Jaipur on July 7-8, 2012. This Congress was spearheaded by the Federation of Obstetric and Gynaecological Societies of India (FOGSI). Around 400 participants gathered for the Congress, which was organized by the Jaipur Obstetrics and Gynecological Society (JOGS) in collaboration with pharmaceutical companies such as Merck/MSD and Emcure and with international organizations such as Jhpiego, PSI, FHI 360, and MSI. Sessions broadly focused on contraception (including newer technologies and newer forms of contraception), medical abortion, and related issues. Dr. Malabika Roy, Deputy Director General for the Indian Council of Medical Research (ICMR), presented the findings of a “Phase III Multicenter Clinical Trial with the Subdermal Single-Rod Contraceptive Implant Implanon.”

In addition, FHI 360 is piloting an electronic forum (e-forum) on family planning with the goal of strengthening family planning policies and programs in India, with funding from USAID under the PROGRESS project. This initiative was launched in April 2012, and a session on “Moving from Rhetoric to Action: Making the Case for the Introduction of New Contraceptives in India” was held on August 16-31, 2012. The aim of this session was to have proactive online discussions that would feed into the stakeholder consultation.

Subsequently, the stakeholder consultation — **“Expanding Contraceptive Choices in India: Focus on New and Underutilized Methods”** — was held at the India International Centre, New Delhi, on September 6, 2012. The consultation received an overwhelming response with around 80 participants attending. (See Appendix 1 for a participant list and Appendix 2 for the agenda.)

Key presentations for the day included an inaugural address by Dr. Saroj Pachauri, Country Director and Distinguished Scholar from the Population Council, on “Highlighting Priorities and Issues Relevant to Expanding Contraceptive Choices in India.” The keynote address was delivered by Dr. S.K. Sikdar, Deputy Commissioner, Family Planning Division (FPD), Ministry of Health and Family Welfare (MoHFW). Ms. Sheena Chhabra, Chief of the Health Systems Division of USAID’s Office of Population, Health and Nutrition (PHN), made the presentation “Setting the Context: The USAID Perspective.” Many interesting presentations and panel discussions were held throughout the day, followed by rich open discussions, question and answer sessions, and group work.

### 3. KEY RECOMMENDATIONS

#### 3.1 GENERAL RECOMMENDATIONS

- To be successful, introduction of a new family planning method must be done in a systematic, strategic, and phased manner. New technologies must be introduced within a quality-of-care and reproductive health framework. Also, strategies for introduction should incorporate the perspectives of a broad range of stakeholders, including users and other community members, providers, program managers, policymakers, and women’s and youth advocates.
- Gender and rights have to be central to the way family planning policies and programs are conceptualized, and the needs of the individual client have to be integral to the way services are provided. This is particularly important because of India’s strong culture of preference for sons, which has a significant bearing on fertility and child-bearing decisions. Sufficient evidence suggests that a preference for sons has a direct bearing on parents opting for larger families, to ensure the birth of at least 1-2 sons. In addition, sexuality and pleasure need to be addressed as part of family planning programs.
- The biggest challenge to introducing currently available yet underutilized methods (e.g., injectables) has been opposition from women’s health advocates. This opposition is linked to a larger history of abuse and coercion within India’s family planning program during its early decades. In addition, women’s health advocates express serious concerns about the ability of the public health system to offer quality of care and informed choice in the delivery of family planning services. These are legitimate concerns and need to be taken into account and addressed. Dialogue and agreements need to be brokered, and key advocacy messages need to be developed for this stakeholder group. A common message, which can be reiterated by all participants in the consultation and other involved advocates, is needed.
- Family planning needs to be viewed within the context of broad social determinants of health rather than in isolation as a vertical program. To address family planning goals both for individuals and at the policy level, the family planning approach should focus on a continuum of care; disaggregated analysis of unmet need at a programmatic level; an increase in contraceptive knowledge and education for both providers and users; delivery of spacing methods at doorsteps, coupled with consistent availability of long-term methods (e.g., IUDs at the community level at health sub-centers); public-private partnerships to improve access; and interpersonal spousal communication.
- A sense of urgency is needed to address the daily unmet need for family planning among young individuals and couples .

## 3.2 METHOD-SPECIFIC RECOMMENDATIONS

During the consultation, interactive group work was carried out. Through these discussions, method-specific recommendations were presented by the participants. Each group brainstormed priorities related to one contraceptive method and discussed the following: current status of the method in India; barriers to advocating for the selected method; key stakeholders required for advocating for the method; and priorities for advocacy for the selected method. The following tables and text provide a summary of the group work.

### 3.2.1. IMPLANTS

Current Status	Barriers	Key Stakeholders	Key Areas for Advocacy
<ul style="list-style-type: none"> <li>- Currently not available in India</li> <li>- ICMR Phase III trial of Implanon recently completed; results awaited</li> <li>- Recent applications for registration of products have been rejected</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of scientific evidence at the ground level in India that they work</li> <li>- More experience in implant services required; private services along with Phase IV trial will help</li> <li>- Government of India's fear of opposition by nongovernmental organizations and social groups</li> <li>- Need for trained providers</li> <li>- Monitoring of quality required</li> <li>- Drug controller's approval required</li> </ul>	<ul style="list-style-type: none"> <li>- Regulatory agency, Ministry of Health, women's health groups (both for and against)</li> <li>- Indian Medical Association/FOGSI</li> <li>- India pharmaceutical manufacturers</li> <li>- ICMR</li> <li>- Parliamentary Sub-Committee on Family Planning</li> <li>- Donors</li> <li>- National Family Planning Council</li> <li>- Nongovernmental organizations, Social Franchising Federation</li> <li>- Academic institutions</li> <li>- Celebrities</li> <li>- Media</li> </ul>	<ul style="list-style-type: none"> <li>- Separate advocacy packs for media, community, and medical community with updated data</li> <li>- Advocacy to encourage government to allocate some of its budget to introduce implants</li> <li>- Regular public relations exercise (media)</li> <li>- 'Demonstration project' along with Phase IV trial to understand user and social acceptance</li> <li>- Pilot provision of services by para-clinical staff</li> <li>- Sensitization of FOGSI, general physicians</li> <li>- Training on both insertion and removal</li> </ul>

#### Specific advocacy activities for implants:

- Ensure registration of products to be able to market them in-country.
- Develop appropriate protocols and training curriculum to address all issues and concerns related to quality of care and to ensure choice can be fully exercised by clients (particularly for removal of the device).
- Train the widest possible networks of providers (including mid-level providers).

**Next steps:**

- a) ARC will write to Dr. Malabika Roy to get the ICMR study report on implants into the public domain.
- b) Advocacy within DCGI is important to expedite the registration of the product in India. MSI will lead a meeting with Mr. G. N. Singh, Head, DCGI, to present the dossier and share updates. This meeting will be scheduled in January or February 2013.
- c) ARC will lead the advocacy efforts for introducing implants in India.

**3.2.2. DIAPHRAGMS**

Current Status	Barriers	Key Stakeholders	Key areas for Advocacy
<ul style="list-style-type: none"> <li>- Not available as a contraceptive method in India</li> <li>- Was available in the National Family Planning Program in the 1960s and 1970s</li> <li>- Introduction of IUDs led to the decline of diaphragms</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of availability</li> <li>- Method-related incentives and disincentives skew providers and clients toward particular methods</li> <li>- Can result in higher failure rates if not used appropriately (i.e., if inserted incorrectly or removed earlier than 6 hours after intercourse)</li> <li>- Requirements to train and counsel women</li> <li>- Privacy issues</li> <li>- Post-use cleanliness</li> </ul>	<ul style="list-style-type: none"> <li>- Government of India</li> <li>- State governments</li> <li>- Manufacturers</li> <li>- Organizations working in family planning, especially community-level organizations</li> <li>- Academic institutions</li> <li>- Research institutes</li> <li>- End users</li> </ul>	<ul style="list-style-type: none"> <li>- Communication regarding the positioning of diaphragms in an effective manner</li> <li>- Highlighting the benefit that is a woman-controlled method</li> <li>- Availability of new diaphragm that fits most women</li> <li>- Training models</li> <li>- Rapid assessment on the acceptability of diaphragms for women</li> <li>- Promotion of this non-hormonal method in the basket of contraceptives</li> <li>- Inexpensive in long term</li> <li>- Findings from the PATH assessment should be taken forward</li> </ul>



### Specific advocacy activities for diaphragms:

- The SILCS product will be “one size fits most,” which will ease provision and use. However, the product is still under development, with studies being conducted in Rajasthan and Karnataka. The government is open for discussions once the product is available and the findings from the studies are released. PATH, as a stakeholder, will take the lead on this.
- Advocacy will be planned after completion of the pilot study of the SILCS diaphragm by PATH.

### 3.2.3 LNG-IUS

Current Status	Barriers	Key Stakeholders	Key areas for Advocacy
<ul style="list-style-type: none"> <li>- Commonly known as Mirena</li> <li>- Is available only in the private sector</li> </ul>	<ul style="list-style-type: none"> <li>- Hesitation on the part of the government to introduce this method; available in the private sector but the high cost is a significant deterrent to its introduction in the public health system</li> <li>- Generic versions being manufactured in-country; yet to receive approvals for marketing</li> <li>- Adequate training and counselling skills not available</li> </ul>	<ul style="list-style-type: none"> <li>- Government of India</li> <li>- Manufacturers</li> <li>- ARC</li> </ul>	<ul style="list-style-type: none"> <li>- Building evidence for safety and efficacy within India</li> <li>- Building awareness of advantages</li> <li>- Buy-in from key stakeholders</li> <li>- Creating visibility and introducing within five years</li> </ul>

### Specific advocacy activities for LNG-IUS:

- More country-specific evidence is required. Currently, most evidence is from the West.
- Since awareness among providers and users is low, awareness about this method needs to be created.
- Ensuring buy-in from key stakeholders at the policy level will be key to ensuring more wide-spread availability of the method once the generic, in-country products are available.
- It usually takes 6-10 years to create some traction for a new method. However, advocacy goals should be to create visibility, promote visibility, and increase uptake of this method within five years.
- The support chain should include three types of advocates: those providing finances linked to procurement, champions of the method, and trainers to build expertise among providers.

**Next steps:**

- a) Additional manufacturers are needed to produce the LNG-IUS. This will help reduce the cost of the product in India, as affordability is a big issue.
- b) Any issues with registration of the product need to be resolved. Indian manufacturers are preparing for product launch.
- c) An agenda item for advocacy should be to engage manufacturers more.
- d) Demonstrating user acceptability for this product is important. Consumer research is required.
- e) The LNG-IUS needs to be positioned as a contraceptive method and an intervention to prevent menorrhagia.
- f) Advocacy with the private sector is required to strategically position the LNG-IUS as an effective contraceptive method.

**3.2.4 Injectables**

Current Status	Barriers	Key Stakeholders	Key areas for Advocacy
<ul style="list-style-type: none"> <li>- Not available in the public sector</li> <li>- Status quo in terms of assessment of commodity by the Drug Technical Advisory Board (DTAB) since the Supreme Court 2001 judgement that prevents its introduction in the public health system</li> </ul>	<ul style="list-style-type: none"> <li>- Strong opposition from women’s health advocates; concerns being expressed have remained static; limited success engaging these groups in discussions</li> <li>- Although new evidence is available, fear still exists and the opposition continues to mistrust the evidence</li> <li>- Government of India has hesitated to move the agenda forward</li> </ul>	<ul style="list-style-type: none"> <li>- ARC, nongovernmental organizations, and civil society</li> <li>- Health Policy Project (HPP), Futures Group</li> <li>- Policy Unit of the National Institute for Health and Family Welfare (NIHFW)</li> <li>- Networks and coalitions that work on health issues and work against two-child norms</li> <li>- Indian Public Health Association (IPHA), National Association for Reproductive and Child Health Of India (NARCH)</li> <li>- Council of Scientific and Industrial Research (CSIR)</li> <li>- Indian Medical Association (IMA)</li> </ul>	<ul style="list-style-type: none"> <li>- Reach out to women’s health advocates, including one-on-one contact; interact with members of women’s groups to understand their position</li> <li>- Advocacy to encourage DTAB to review injectable contraceptives</li> <li>- Advocacy with ICMR to provide status updates on pre-program trials</li> </ul>

### **Specific advocacy activities for injectables:**

- Generate evidence on the demand and effectiveness of the method (continuation and discontinuation rates). Synthesize all the available evidence both for and against the method.
- Engage other coalitions and networks to create solidarity and a common voice.
- Map key stakeholders, including advocates and stakeholders at the health-systems level.
- Gather more information on user perspectives and disseminate the existing evidence.
- Advocate for the DTAB to review the method.
- Initiate one-on-one dialogue with women's groups, particularly those with a moderate position on this issue.
- A common position statement needs to be developed.

### **Next steps:**

- a) A concrete advocacy plan is needed to address DTAB.
- b) ARC will obtain the list of DTAB members, and advocacy meetings will be scheduled with the members.
- c) Stakeholders will have important roles. The Policy Unit (NIHFW) will lead advocacy efforts to sensitize parliamentarians. ARC will lead advocacy efforts to sensitize moderate women's groups through one-to-one or one-to-many interactions. ARC will also take the lead in addressing issues related to DTAB.
- d) A quick assessment is needed to identify and list the key bottlenecks within different government processes (DTAB/IMCR/DGCI). HPP is working on this with the Policy Unit (NIHFW).
- e) Political mapping of key decision-makers and allies within the MoHFW and other government organizations will be conducted.
- f) Scientific evidence from various sources will be collated to address the concerns of women's groups.
- g) A spokesperson for civil society will be identified to meet with women's groups and other stakeholders. Dr. Sunita Mittal is on board as part of the taskforce for advocating for new and underutilized contraceptives, and a few other stakeholders will be identified.

### 3.2.5 SDM and LAM

Current Status	Barriers	Key Stakeholders	Key areas for Advocacy
<ul style="list-style-type: none"> <li>- Included as part of the government package at the national level; effective provision still not a reality in the field</li> <li>- Important to classify as modern methods</li> </ul>	<ul style="list-style-type: none"> <li>- Relatively new methods in India</li> <li>- A longer time for counselling is required (ideally approximately 20 minutes); evidence suggests only 7 minutes being spent</li> <li>- Not seen as scientific techniques, which affects both provider and client perceptions</li> <li>- Are seen as tools and not technologies</li> </ul>	<ul style="list-style-type: none"> <li>- Government of India</li> <li>- Faith-based organizations</li> <li>- Social marketing organizations (part of a larger need to focus on public-private partnerships)</li> <li>- Associations and providers from the Indian system of medicine</li> <li>- Indian Association of Paediatricians</li> </ul>	<ul style="list-style-type: none"> <li>- Addressing provider bias</li> <li>- Linking provision of these methods to broader goals</li> <li>- Improved training</li> </ul>

#### Specific advocacy activities for SDM and LAM:

- Address provider bias and include clinical and scientific studies as part of the training curriculum. This can link to a larger advocacy strategy to endorse SDM and LAM as scientific methods.
- The provision of these methods can be linked to broader goals such as delaying first birth and achieving adequate intervals between births.

#### Next steps:

- a) SDM and LAM need to be described as modern methods, rather than as traditional methods, in the Demographic and Health Survey (DHS) and the NFHS.
- b) USAID will check with the Institute for Reproductive Health (IRH) about generating data on the effectiveness of LAM and SDM in India.
- c) IRH will take the lead on generating these data.

## 4. WAY FORWARD

Thirty-one million women in India still have an unmet need for family planning.<sup>1</sup> Addressing this need could prevent 15 million unintended pregnancies, 1 million unsafe abortions, and 2,000 maternal deaths.<sup>2</sup> The rate of use of modern methods is 48.5 percent in India, but the rate of use of long-acting reversible methods (i.e., the IUD) is only 1.7 percent.<sup>3</sup>

Given these statistics, it is imperative to address unmet need for family planning by expanding the method mix. This can be done through introducing new methods into the current basket of

contraceptive choices and increasing access to underutilized methods. The following general suggestions have emerged from the stakeholder consultation:

- Before introducing a new method, existing service delivery mechanisms need to be improved and issues of both demand and supply need to be addressed. On World Population Day each year, the government launches a one-month campaign focusing on the supply side of service delivery. By breaking the long-held view of seasonality in demand for services (linked to monsoon or harvest seasons), service uptake has been high when services have been made consistently available.
- Any scale-up of a new method needs to be done in a phased manner. Emphasis has to be on quality (i.e., training, capacity building of providers, follow-up) and on ensuring commodity security. India is self-reliant in the manufacture of many contraceptives.
- Postpartum contraception needs to be linked to the massive effort being invested in by the government to ensure institutional delivery through Janani Suraksha Yojana.
- Advocacy on injectables and implants is an important area of focus. Advocacy needs to be two-pronged. At the level of government, it needs to ensure product registration and ensure that the methods are included in the basket of choices within India's family planning program. Simultaneously, those who are opposed to introducing these methods need to be identified so that differences can be resolved through dialogue and brokering of agreements.

To move the agenda for new and underutilized methods forward after this stakeholder consultation, the partnership of ARC, MSI, and FHI 360 must also address the following key next steps:

**1. Involve young parliamentarians** (e.g., Mr. Jyoti Mirdha, Ms. Priya Dutt, Ms. Supriya Sule, Ms. Agatha Sangma, Mr. Jay Panda, Mr. Anurag Thakur) in advocating for new and underutilized methods. This will generate political will to expand contraceptive choices in the country.

**2. Engage directly with DCGI and ICMR.** On a periodic basis, the partner members will meet with the DCGI and ICMR to facilitate clinical trials and registration of new contraceptives. The deputy of DCGI, Dr. Bangurajan, was present during the stakeholder consultation and viewed the MoHFW as the bottleneck in regard to the approval and introduction of injectables. On further probing by some members of the stakeholder groups, Dr. Bangurajan felt there was a need to advocate for the DTAB to review injectables for approval to be provided in the public health sector.

*a. Key discussion points with ICMR could include:*

- What are the next steps with implants after the Phase III clinical trials have been carried out and preliminary findings shared?
- Is ICMR currently carrying out any trials on the vaginal ring or the diaphragm in India? If yes, what is the status of the trials?
- Is there any possibility of bringing these two methods into the national family planning program? If yes, what can be done? If no, what are the key barriers to introducing the vaginal ring and the diaphragm into the basket of choices?

b. *Key discussion points with DCGI could include:*

- What are the regulatory mechanisms for introducing a new contraceptive in the country?
- What is the status regarding registration of the implants Implanon, Jadelle, and Sino-implant (II)?
- What role can ARC, FHI 360, and MSI play in ensuring that these products are registered in the country (e.g., advocate with policymakers, advocate with parliamentarians)?

**3. Engage in continuous dialogue with the government** on introducing new contraceptives in India. This partnership will continue engaging the MoHFW and the government of India on the need to introduce new contraceptives in the country (with a focus on the LNG-IUS and implants).

**4. Increase the involvement of private-sector manufacturers.** For example, HLL Lifecare Ltd. has a locally manufactured brand of the LNG-IUS, known as Emily. This product was approved by the Central Drugs Standard Control Organization of India in August 2011. The anticipated marketing date of this product is December 2012/January 2013. It would be worthwhile to facilitate a meeting between HLL and the government of India to discuss issues, such as cost of the product, and to explore the feasibility of introducing this product on a larger scale.

**5. Increase dialogue with women's groups.** The partnership will increase its dialogue with women's groups to generate their support in increasing contraceptive choices in India. In the coming months, several strategies will be adopted: experiences and testimonials from providers will be documented, positive media articles on injectable will be released through a public relations agency, consultations will be conducted with various stakeholders (including representatives from women's activist groups) to share positive experiences, and evidence on the demand for and the effectiveness of the methods will be generated and disseminated.

**6. Engage with professional bodies (such as FOGSI).** Discussions would mostly revolve around the technical aspects of these newer contraceptives, their acceptability among women, possible side effects and myths surrounding the methods, World Health Organization (WHO) medical eligibility criteria for the methods, and related topics.

**7. Engage with media.** Key discussion points could include disseminating information on the current status of new contraceptives in the country and following up on previous news articles that journalists may have covered.

To conclude, the momentum from the London Family Planning Summit, where significant political capital on the issue of family planning was generated, needs to be maintained. India has made important commitments, including investing more than U.S. \$2 billion to achieve some of the articulated goals by 2020. If the momentum generated by the National Rural Health Mission (NRHM) of the MoHFW continues, then some of India's Millennium Development Goals (MDGs) could also be achieved by 2015. Family planning is an important policy priority of the NRHM, and the government is committed to providing free contraceptive supplies. There has also been a key paradigm shift within the government from a focus on non-reversible methods to a focus on spacing methods, in

part to address the needs of the younger population. This is the population group that records the highest percentage (45 percent) of all maternal deaths.

## 5. REFERENCES

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**APPENDIX 1**

## LIST OF PARTICIPANTS

<b>Number</b>	<b>Name</b>	<b>Organization</b>
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5	Mr Avinash Chaudhary	ARC
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7	Dr Bitra George	FHI 360
8	Mr David Hubachar	FHI 360
9	Ms Deeksha Sehgal	FHI 360
10	Mr Don Douglas	Janani
11	Dr Hari Singh	Engender Health
12	Ms Himani Sethi	Futures Group
13	Mr Irfan Khan	Janani
14	Dr Jaya Lalmohan	UHI
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30	Ms Priya Jha	IRH
31	Dr Ratna	MSI
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40	Ms Shubhra Rehman	-----



<b>Number</b>	<b>Name</b>	<b>Organization</b>
41	Ms Sita Shanker	PATH
42	Mr Sreedharan Nair	FPA India, New Delhi
43	Dr Sunanda Gupta	WHO-India
44	Dr Suneeta Mittal	FOGSI/AIIMS
45	Dr Sushma Dureja	MoHFW
46	Dr Tultul Hazra Das	ARC
47	Dr V S Chandrashekar	Packard Foundation
48	Mr Vijay Paul Raj	USAID
49	Mr Vivek Malhotra	PHSI
50	Ms Anupam Shukla	Packard Foundation
51	Ms Shuvi Sharma	Futures Group
52	Ms Neeta Rao	USAID/India
53	Ms Yashmin Ahmed	MSI
54	Mr Pankaj Kumar Gupta	FHI 360
55	Ms Suneeta Sharma	Futures Group
56	Dr Bulbool Sood	Jhpeigo
57	Dr J.B. Babbar	FPA India, New Delhi
58	Ms Rita Pandey	NIHFW
59	Dr S. Phillips	HLFPPT
60	Mr Francesca Baroco	PFI
61	Ms Arushi Singh	Consultant
62	Ms Preeti Anand	MSI
63	Dr Kamala Ram	PSS
64	Ms Anuradha Roy	Ashodya Samithi
65	Dr Suchitra	FPA India, New Delhi
66	Ms Sharmistha Basu	FHI 360
67	Mr Amir Khan	BMGF
68	Mr P.K. Choubey	IIPA
69	Dr R.N.	IMA
70	Ms Sona Sharma	PFI
71	Ms Parul Sharma	PFI
72	Ms Ellora Guha	PFI
73	Ms Moni Sagar	USAID
74	Ms Sharmila Neogi	USAID
75	Dr. K. Kalaivani	NIHFW
76	Mr Anuj Srivastava	PSI
77	Dr K. Bungarurajan	DCGI
78	Ms Deepika Yadav	FHI 360
79	Ms Sharmistha Khobragade	FHI 360

## APPENDIX 2

### Agenda

<b>Stakeholder Consultation 2012</b> <b><i>Expanding Contraceptive Choices in India: Focus on New and Underutilized Methods</i></b> <b>September 6, 2012</b> <b>Multipurpose Hall, India International Centre</b> <b>New Delhi, India</b>		
<b>DAY 1</b> Registration - 9:00 am - Family Planning Association of India (FPA India) Program Anchor - Dr. Manisha Bhise, Technical Program Manager, FPA India		
<b>Inaugural Session</b>		
9:30-9:35 am	Welcome	Mr. Avinash Chaudhury ARC
9:35-9:45 am	Inaugural Address: Highlighting Priorities and Issues Relevant to Expanding Contraceptive Choices in India	Dr. Saroj Pachauri Country Director and Distinguished Scholar Population Council
9:45-9:55 am	Setting the Context: USAID Perspective	Ms. Sheena Chhabra Team Leader Health System Development Division Health Office, USAID
9:55- 10.05 am	Key Note Address: Government of India's Commitment at London FP Summit on Expanding Basket of Contraceptive Choices in India	Dr. S.K. Sikdar Deputy Commissioner In-Charge: FPD MoHFW
10.05-10.10 am	Vote of Thanks	Dr. Bitra George Country Director FHI360/India
10.10-10.20 am	Tea	
10:20- 11: 00 am	Session 1 <b>Evidence and Best Practices on New &amp; Underutilized Contraceptives</b> Chair Persons: Dr. S.K. Sikdar, Deputy Commissioner, In-Charge: FPD, MoHFW Dr. Kalpana Apte, Assistant Secretary General, FPA India	
Speakers  (8 min each)	<b>Implants</b>	Mr. Martyn Smith Country Director MSI
	<b>LNG-IUS</b>	Dr. David Hubacher Senior Epidemiologist FHI 360/NC
	<b>Injectables</b>	Ms. Shuvi Sharma Health Policy Unit USAID

Speakers (continued)	<b>Diaphragms</b>	Ms. Sita Shankar Director Maternal, Child Health and Nutrition PATH India
	<b>LAM and SDM</b>	Ms. Priya Jha Country Representative IRH
11:00-11:15 am	Open Discussion	
11:15-11:40 am	Session 2 <b>Donor Perspectives and Priorities around Expanding Contraceptive Choices in India</b> Chair Persons: Dr. Sushma Dureja, Deputy Commissioner (FP) Ms. Poonam Mutreja, Executive Director, PFI	
Speakers (10 min each)	<b>Packard Foundation Perspective</b>	Mr. V. S. Chandrasekhar India Country Advisor David and Lucile Packard Foundation
	<b>DFID Perspective</b>	Mr. Billy Stewart Senior Health Advisor DFID
11:40-12 noon	Open Discussion	
12- 12:30 pm	<b>Open Voices from India e-FP Forum</b>	Moderator: Dr. Bitra George, FHI 360
12.30- 1.30 pm	<b>Lunch</b>	
1:30-3:30 pm	<b>Thematic Group Work</b> Meeting Corners for Developing Advocacy Plan for Expanding Contraceptive Choices in India	
3:30- 4:00pm	Group Work Presentation and Discussions	
4:00- 4:15pm	<b>Tea</b>	
4:15-5:00	<b>Closing Session</b> Chair Persons: Mr. Pradhan, DCGI Dr. Suneeta Mittal, Former Head, Department of Gyneacology, AIIMS	
Speakers (15 min each)	Summing Up	Dr. Bitra George Country Director FHI 360/India
	Next Steps and Closing Remarks	Mr. Shejo Bose ARC
	Vote of Thanks	Mr. Martyn Smith Country Director MSI

