

Improving Access to Family Planning: End of Project Meeting

FHI 360 implemented the PROGRESS project, funded by USAID, between 2008 and 2013 primarily in India and Africa. On completion, findings of the studies conducted in India were shared with the stakeholders in a dissemination meeting held at Taj Palace Hotel, New Delhi, on May 10, 2013.



PROGRAM RESEARCH FOR STRENGTHENING SERVICES (PROGRESS)

**Improving Access to Family Planning
End of Project Meeting
Program Research for Strengthening Services
(PROGRESS)**

May 10, 2013

Hotel Taj Palace, New Delhi

Organized by

FHI 360 and USAID

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List of Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CPR	Contraceptive Prevalence Rate
EAG	Empowered Action Group
EC	Emergency Contraceptive
FP	Family Planning
GoI	Government of India
HIP	High Impact Practices
IEC	Information Education Communication
IHBP	Improving Healthy Behaviours Program
IPC	Inter personal Communication
IUCD	Intra Uterine Contraceptive Device
MDG	Millennium Development Goal
MNCH	Maternal Newborn and Child Health
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MPW	Multi-purpose Worker
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
OCP	Oral Contraceptive Pills
PHC	Primary Health Centre
PIP	Program Implementation Plan
PP	Postpartum
PRI	Panchayati Raj Institution
PROGRESS	Program Research for Strengthening Services
PSS	Parivar Sewa Sanstha
SRH	Sexual Reproductive Health
SHG	Self Help Group
SOP	Standard Operating Procedure
UP	Uttar Pradesh
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

PROGRESS, a programmatic research project funded by USAID, was implemented by FHI 360 from 2008 to 2013, focusing on India and six African countries with a few activities in four other countries. In India it was implemented nationally with most projects focusing on the states of Uttar Pradesh and Jharkhand. PROGRESS sought to improve access, demand, and quality of family planning (FP) services among underserved populations through quantitative and qualitative research and research utilization. The project also emphasized learning, collaborating and strengthening in-country capacities. Nine studies were conducted in India for the project.

National dissemination meeting of the PROGRESS project was held at Taj Palace Hotel in New Delhi on May 10, 2013. It was attended by representatives from health ministry, government departments (MOHFW, ICMR and Jharkhand Government) experts in FP working in national and international NGOs, developmental partners and donor organizations. In addition to the inaugural and concluding sessions, there were three thematic sessions which included technical presentations and moderated panel discussions on respective session themes. The three thematic sessions were:

- Testing/scaling up innovative program approaches
- Expanding access to family planning through the public sector
- Strengthening reproductive choices

In the inaugural session, distinguished scholars and representatives from USAID, MoHFW, Population Council and FHI 360 put forth their perspectives on family planning scenario at global and national level, including the need to adopt various evidence-based approaches to increase access to FP in India.

The technical session on scaling up new and innovative interventions included summaries from two innovative approaches tested by PROGRESS project - namely Microfinance Programs as a Means for Delivering FP Information and Service in India and Increasing Male Involvement in Family Planning. A moderated panel discussion happened around issues related to timing, requirements, and challenges, recognizing the need for planning and aligning interventions with the system and convergence at all levels for eventual scale up.

Three PROGRESS studies discussed in the second technical session were related to expanding the method mix and expanding access to FP through the public sector. Two of the three studies on Multiload 375 IUCD and doorstep delivery of contraceptives have already been scaled up by the government and the third,

integration of FP and immunization services, is being integrated at the state level. The panel cautioned that expanding access does not mean increase in uptake, therefore advised to review the recommendations and exercising care as the credibility of health workers and system are important to be preserved.

Three presentations in the third technical session addressed issues related to strengthening reproductive choices, namely USAID's global perspectives in strengthening reproductive choices, FHI's study of DMPA users' experience and support system in private sector facilities, and the Urban Health Initiatives' programmatic experiences. The panel unanimously agreed that the basket of choices in public sector should be increased to make contraceptives available to those who cannot afford to buy them.

BACKGROUND

Though India is one of the first countries in the world to develop a FP program, yet after 60 years of its existence the change in fertility rate and contraceptive prevalence rate brought by the program has not been adequate. Various reasons have slowed family planning work in India including the vertical nature of the program, availability of limited choice, existing gender disparity in the program accentuated by a patriarchal Indian society, dearth of trained providers, social issues related to early marriage, myths and misconceptions around family planning etc.

There is still an unmet need of 13 percent in the country, much higher in the northern EAG states. Despite 18 being the legal age of marriage, almost 47 percent of girls are married by age 18 and one in six women in the age of 15-19 years begins childbearing. Two out of every three acceptors of FP have adopted the female sterilization method; 77 percent of those who undergo female sterilization have never used any other method; and half of them undergo sterilization before they attain the age of 26. There is a crucial need to look seriously at the issues around spacing methods, their access, availability and quality.

Studies, especially programmatic research conducted to test models that work to fill such gaps in large scale public projects, are required to provide a boost to the national FP program. Such studies will help to reach those with greatest needs and empower them to make informed decisions. They will also help to address challenges around implementation including community involvement, supplies, human resources, and how the models can be operationalized with minimum difficulties.

PROGRESS (Program Research for Strengthening Services), implemented by FHI 360 (primarily in India and Africa) with funding from USAID between 2008 and 2013 sought to improve access to FP among underserved populations. In India the project tested innovative approaches in Uttar Pradesh and Jharkhand to offer evidence-based solutions for expanding access to FP through public sector and strengthening such services. The project conducted various operations research and assessments to generate evidence to strengthen access, demand, and quality of FP and reproductive health service delivery in the country. To ensure that the research addresses issues that are most important to the people who need these services, FHI 360 collaborated extensively with researchers, program managers, policymakers, government including relevant Ministries, and NGOs in this project.

As PROGRESS completed its mandate in India, the FHI 360/India staff shared findings and recommendations of the nine in-country studies, out of the 42 ones conducted overall by PROGRESS globally, at the end-of-project meeting in New Delhi. Earlier state specific meetings on specific projects had been held in the two participating states. The end of project meeting in New Delhi provided a summary of all of the research studies conducted by the project in India and linked research with programmatic experiences for a comprehensive understanding on the three thematic issues addressed during the meeting. This set the stage for discussions by various stakeholders on how PROGRESS addressed various issues related to FP and to take forward the learning from PROGRESS.

The dissemination meeting was held at Hotel Taj Palace in New Delhi on May 10, 2013 and was attended by about 95 participants including government representatives, experts who work on related issues in reputed national and international NGOs, and donor organizations. The meeting was structured into sessions where presentations of study findings, challenges faced, and recommendations were followed by moderated panel discussion and a scope for the experts to share their views and provide comments and suggestions.



The day-long meeting was divided into three thematic sessions namely:

- Testing/scaling up innovative program approaches
- Expanding access to family planning through the public sector
- Strengthening reproductive choices

These sessions were preceded by the inaugural session and followed by the concluding session.

DESCRIPTION OF SESSIONS

Inaugural Session



Dr. Bitra George (Country Director, FHI 360) started the meeting by welcoming the guests, introducing the purpose of the meeting and setting the context to the meeting followed by a brief presentation on global aspects of PROGRESS project by **Mr. William Finger** (Associate Director, FHI 360, North Carolina).

Mr. Finger, whose association with the project goes back to its inception, took a small journey to the past reminiscing how after the project was awarded by USAID to FHI 360 a daunting task of working out the nuances of implementation and use of resources in countries and globally began. The project was implemented primarily in five countries from East Africa (Ethiopia, Tanzania, Kenya, Rwanda and Uganda), one in West Africa (Senegal) and India. There were many studies conducted in other countries like Nigeria, Ghana, Zambia, Malawi and Pakistan. The program achieved incredible accomplishments over the years including 42 studies, nine of which have been in India, more than 100 publications, major program and policy changes, and capacity building of partners including Ministries of Health. There are four legacy areas in PROGRESS under which various studies were conducted globally:



1. Maximizing human resources by task shifting and addressing barriers to family planning services
2. Expanding service delivery options within and beyond the health sector
3. Expanding the family planning method mix for home, community, and lower-level provider use
4. Increasing in-country capacity for research and research utilization.

Ms. Patricia Ramsey (Deputy Mission Director, USAID, India), in her opening remarks, shared that USAID programs at the national and state levels have complemented Government of India's (GoI) efforts to improve health systems for over five decades.



Mentioning that FP is a fundamental intervention that cross cuts many MDGs she pointed out that, in India USAID supported national and state governments in key FP programs that cover a range of activities like policy advocacy, expansion of contraceptive choices, and scale up FP services to encourage innovations. This support strengthens by fostering partnership with private sector and other stakeholders as well as institutional capacity building. Given the exponential increase in birth, unmet need of contraceptives services, USAID is working with the GoI to integrate routine MNCH interventions and FP services thereby supporting expansion of choices in FP. USAID is also supporting coalition organizations working on SRH issues to further expand contraceptive choices in their accessibility, availability and awareness.

**USAID looks towards India as a development innovation laboratory to identify and scale ground innovations that address the grant development challenges facing India and the rest of the world.
.....Ms. Patricia Ramsey,
USAID/India**

While declaring that USAID is pleased to be associated with FHI 360, one of the major international NGOs in India, she also applauded the PROGRESS project for conducting research addressing a wide variety of FP issues in India. These studies have been instrumental in providing evidence-based policies and refining on-going programs. Based on studies conducted under PROGRESS, the government scaled up doorstep delivery of contraceptives and introduced Multiload 375 IUCD to the basket of choices in public health system. Similarly the standard operating procedures (SOP)

and IEC/IPC developed under PROGRESS study on integration of FP with immunization services have been included in the PIP in Jharkhand. While many of the approaches tested under PROGRESS project showed strong potential for scale up through the private and public health systems she expected that the experiences and lessons learnt in the PROGRESS project would benefit the larger FP community in India.

Keeping with the theme of the dissemination meeting, **Dr. Saroj Pachauri**, Distinguished Scholar, Population Council, in her keynote address explained some of the priority strategies relevant for improving access to FP services in India. The most important strategy that she underscored for people to achieve their reproductive goals was the need to provide authentic informed choice in the national program. She discussed the over-reliance on a single method, female sterilization, in the government's FP program in India and the inability of the program to either provide choice for spacing methods to women or to reach/involve men. She acknowledged the problems in working on male involvement in FP and therefore looked forward to hear about the work that was done through the PROGRESS project to increase male involvement.



She identified married adolescents as a high priority group and reiterated that separate strategies should be developed for this group owing to the serious social, geographic and physical barriers faced by them to access contraception including . She praised the government for providing doorstep contraceptives by community workers like ASHAs. She expected that this would enhance results, mentioning the FHI 360 study to be a positive trend in the right direction. She also advocated for convergence of services to address diverse target groups. She advised the use of gender lens while developing such strategies because gender inequality is high in Indian society.

She reminisced on her days with FHI 360 and extended her very best wishes to FHI 360 and hoped that it would continue to addresses many more challenging problems that the health sector is facing not only in India but also worldwide.

Dr. S. K. Sikdar (Deputy Commissioner, In-charge FP, MoHFW, GoI) in his



inaugural address was full of admiration for his 'fraternity' present in the room. He informed the meeting about unprecedented interest and splendid suggestions of Parliamentarians related to FP which were inspiring the MoHFW to work diligently on FP issues. He encouraged the FP fraternity to conduct more research and suggest evidence-based approaches to the government to scale up. He confided that

the MoHFW has gained confidence in the last 5-6 years as many of the evidence-

based initiatives taken to scale have done wonderfully well. Therefore the MoHFW now prefers to leave evidence gathering for innovative initiatives to the NGOs. He believed that MoHFW is currently more open, transparent, has knowledge of the issues, does intrinsic analysis of the data and keeps track of where the program is going.

He mentioned that there is a lot of scope to increase the CPR of India, which stands at 48 percent currently, especially by promoting the spacing methods even without disturbing the CPR of sterilization. Accordingly, the focus of MoHFW has shifted from limiting to spacing methods, where the post-partum (PP) strategy remains at the top. The new PPIUCD program, now backed with dedicated counsellors, has helped in increasing uptake of spacing methods in the country. The emphasis laid by MoHFW on spacing methods can be seen by their scaling up of doorstep distribution of contraceptives to all districts of the country.

He informed the group that MoHFW along with the states are making continuous effort to increase male involvement in FP as well as creating demand for FP in the community.

Testing/Scaling Up Innovative Program Approaches

Chairperson: Dr. S. K. Sikdar (Deputy Commissioner, In-charge FP, MoHFW, GoI)

Moderator: Mr. V. S. Chandrasekhar (Country Advisor, Lucile and Packard Foundation, India)

Presenters: Dr. Shrabanti Sen (Director), and Ms. Deepika Yadav (Technical Specialist), PROGRESS project, FHI 360, India

Panelists: Dr. Hari Singh (CR, Engender Health) and Mr. Anil Singh (CEO, NEED)

Two innovative approaches used by PROGRESS – microfinance as a means for delivering FP information and services and increasing male involvement in FP – were shared during this session. The microfinance approach was tested in Sitapur district (Uttar Pradesh), working with the local implementing partner, Network of Entrepreneurship and Economic Development (NEED) and technical partner Institute for Reproductive Health (IRH) for training and supportive supervision. The male involvement project was conducted in Deoghar and Karon blocks in Deoghar district (Jharkhand) working with the implementing partner, Network for Enterprise Enhancement and Development Support (NEEDS).

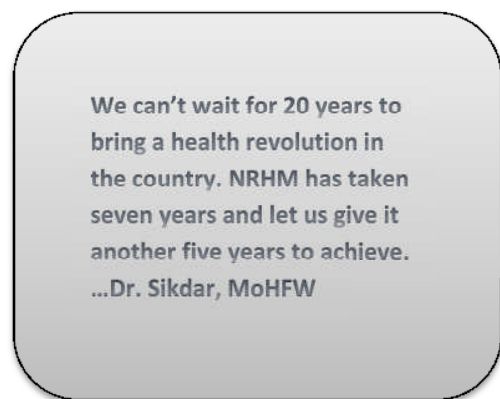


Dr. Shrabanti Sen in her presentation, *Microfinance as a means for delivering FP information and services*, shared two primary objectives of this study: to measure net increase in family planning use among self-help group (SHG) members and to

measure unmet need for FP services among SHG members prior to and after intervention. The study also tested the feasibility of intervention and estimated costs of scaling up / replicating intervention. The study brought out evidence that with minimal inputs FP information and referral can be provided by non-health programs, thereby increasing the use of FP and decreasing unmet need. This approach has high potential for scaling up. Dr. Sen offered to share all the tools and job aids that were developed during this intervention with organizations who are willing to integrate this intervention into their current settings.

Ms. Deepika Yadav's presentation, *Increasing Male involvement in FP*, elaborated on the development and testing of a male-based FP intervention and how the project tested its impact on knowledge and attitudes toward family planning among young couples in Deoghar district in Jharkhand. Project data showed that knowledge of men had increased on selected contraceptives, couples' attitude towards FP had changed for the better and most interestingly there was a change

in gender normative attitude. The intervention was well received by participants.



Following the two presentations, the Chairperson of the session, Dr. Sikdar noted that in the first intervention on integration with microfinance led to high increase in overall use of contraceptives and greatly decreased the unmet need, however, the increase in the use of modern contraceptives is low and more work is needed to convert

increased use of contraceptives to modern methods. He greatly appreciated the male involvement in FP study and pointed out need for such studies. He also felt the need to understand the cost of the study and its effect on the use of FP.

The panel discussion following the two presentations concentrated on importance, timing, methodology and challenges of scaling up. Mr. Chandrasekhar requested the panelists to share views on various aspects like importance of such innovations, challenges and scope for scaling up. Dr. Hari Singh identified three important factors for scale up: planning at the formative stage, integration of initiatives with manpower and funds available in the public health system, and a large geographical area to show state wide impact. Mr. Anil Singh suggested scaling up through creating a pool of community based skilled persons (like the village health guide in the microfinance intervention) in the villages who can take up the issue and make it more sustainable.

Both panellists agreed that step-by-step planning of activities at the very beginning is always better. Mr. Anil Singh favoured a coherent way of convergence

and linkages with one of the committees of PRI depending on the issues that need to be scaled. For scaling up the two discussed projects while Dr. Hari Singh favoured systematic step-by-step scaling up of interventions in few districts initially and then saturating the whole state in five to ten years, Mr. Anil Singh preferred considering organization's inherent capacity to scale up.

Chairperson of the session, Dr. Sikdar noted that task sharing with government infrastructure could be the sustainable scaling up approach.

Informing that the MoHFW is trying very hard to involve men in the FP program he mentioned that the states have been asked to fill the vacant positions of a multipurpose worker (MPW) which is mandated under NRHM. No second ANM is being authorised in any sub-centre unless the male MPW is in place.

Key Discussion Points from the Session:

- 1. Scale up:** In order to scale up interventions it should be well planned from the inception and should be aligned with the existing systems. The mantra is to demonstrate evidence before scale up; MoHFW is committed to support and scale interventions with desired impact and if convinced of its success.
- 2. Male Involvement:** Though essential and recognized by all, it has been successful only in patches. Various models tested by NGOs are yet to be scaled up by MoHFW, for want of data showing increased uptake of FP by involving men.
- 3. Linkages:** Days of vertical programs are over and convergence at all levels is being sought. For health interventions potential institutions for linkages can be PRI, Microfinance, the National Housing Board, among others.

Expanding Access to Family Planning through the Public Sector

Chairperson: Dr. Rita Leavell, Chief of Party, IHBP

Moderator: Ms. Himani Sethi (Team Leader, Health Policy Projects, Futures Group International, India)

Presenters: Dr. Bitra George (Country Director, FHI 360, India) and Dr. Hemrom (Deputy Director cum Nodal Officer, IEC/BCC, JRHMS, Government of Jharkhand)

Panelists: Dr. Malabika Roy (Scientist 'F' & Head, RCH, ICMR) and Ms. Sheena Chhabra (Team Leader, Health System Development, USAID, India)

The Chairperson opened the session by inviting the participants to consider the real setting – how more methods can be taken to the doorstep by integrating them into other existing systems. She mentioned that PROGRESS responded to very specific topics and approaches that worked across the nation and studied existing programs to identify scaling up strategies. Recommendations from these studies led to actions that resulted in greater access to FP services and refinements of innovative service delivery approaches.

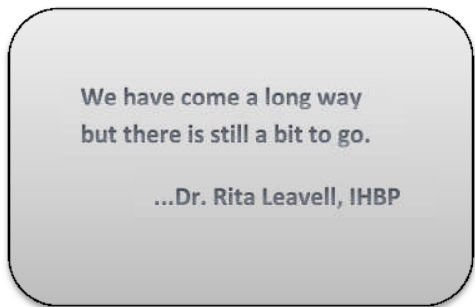


Findings of three studies – *Program assessment for introduction of Multiload-375, Assessment of contraceptive at doorstep by ASHAs, and Integration of FP and immunization services* – were presented in this session as ways to expand access of FP through the public sector.

Dr. Bitra George presenting the findings of feasibility of introducing (Multiload) 375 IUCD in the MoHFW program along with the existing (CuT) 380A said that operational issues in adding another IUCD were studied in six states, namely Assam, Uttar Pradesh, West Bengal, Bihar, Gujarat and Karnataka. Providers including Medical Officers (MO) and ANMs in PHCs, and motivators were identified and trained to generate demand for these services. An IUCD card was introduced to standardize monitoring and tracking which integrated elements of previously existing cards. Qualitative methods were used to gather data from health care providers, managers, beneficiaries (after a year of IUCD 375 use) and facility assessments were carried out in pre and post intervention phases. The IUCD card was helpful in tracking the dates, identifying types of IUCD inserted, whether it was post-partum or interval IUCD and making follow-up appointments for beneficiaries where the ASHA could motivate them to come back for regular

checkups. The MoHFW approved the parallel national introduction of IUCD 375 along with IUCD 380A across all districts after submission of report.

The second evaluation was of the scheme 'contraceptives at doorstep' where ASHAs were delivering minimally priced condoms and OCPs and EC to households using a modified supply chain. This scheme was piloted in 233 districts in 17 states in 2011 by GoI. The public sector supply chain was altered to ensure that supplies were sent directly to the districts bypassing the state level depots. The free supply of contraceptives in public system in these districts ended, new communication materials were developed and the ASHAs were provided new formats to keep a record of who were given these contraceptives.



Evaluation in six participating states showed that 75 percent of female beneficiaries were completely satisfied paying a nominal amount for the doorstep delivery of contraceptives. Free supplies had not been completely phased out as mandated and that created some confusion in the community which was reinforced by the fact that both the free and the chargeable contraceptives were packaged similarly. The study recommended having clear guidelines on managing priced contraceptives, different packages for two types of supplies and suggested removal of parallel system of free contraceptives.

In the next presentation, *Integration of FP with immunization*, Dr. Hemrom shared how the study represented a real continuum of care to reach families, women, men and children with what they need at the particular time, reducing the unmet need. Dr. Hemrom explained that the study was undertaken to assess the quality of integration, recommend best practices for strengthening integrated service delivery and develop guidelines for effective and efficient integration of such services. Resources including SOPs and IEC/IPC materials were developed and incorporated in regular implementation of the project after assessment of services in three blocks of Lohardaga district in Jharkhand. The deployment of these SOPs and IEC/IPC materials has been included in the state PIP which the government of Jharkhand is committed to follow.

The operational barriers faced by the first two studies were discussed by the panel. Dr. Roy highlighted the need for IUCD demand generation to increase the flow of cases for ANMs to be able to insert IUCDs during and after training. She suggested using satisfied clients, husbands, mothers-in-law, community leaders to remove myths as a strategy for demand generation. Regarding doorstep delivery of contraceptives, she recommended that ANMs should also be included in the study because if MOs are not available then ANMs can guide the ASHAs. While

integrating FP services with other health services she offered ICMR's assistance to MoHFW to study the feasibility of such initiatives.

Discussing the operational barriers at length Ms. Sheena Chhabra mentioned that research recommendations should be seriously reviewed rigorously before taking initiatives to scale. She pointed out that these researches have proved that by improving access alone the uptake of methods cannot be achieved. In doorstep delivery of contraceptives she advised that the bypassing of the state and going directly to the district level needs to be carefully studied; the state needs to be taken into confidence because the credibility of the whole system and providers gets affected. Bringing in some marketing principles where products are packaged properly/differently and colour coding of the IUCD strings are important for the providers and clients alike to distinguish and promote two types of a product. She requested to look at other effective approaches and tools that help as job aids and to standardize messages as the intervention starts in the community. She felt that in tracking the Multiload 375 IUCD a lot of emphasis needs to be given on how to support the system and the clients because continuation rates are an issue and it has lessons in quality of care and access.

The chairperson stressed on the need to continue advocacy on expansion of choice and mentioned that 'access' also means delivery of information and communication. She concluded by thanking the speakers, panelists, moderator and discussants.

Key Discussion Points from the Session:

- **Demand generation:** The knowledge and training about IUCD 375 is not translating into increased usage. It is vital to come up with more context specific messages for the younger women. The services should penetrate to the sub centre level to increase access
- **Support needed for mandated services:** While integrated FP and child immunization services are mandated by NRHM, support from groups like FHI 360 can clarify SOPs, create IEC materials, and provide other supports to the MOHFW/NRHM to expand utilization of FP services.
- **Quality of services:** Activating and strengthening the quality assurance cells and committees in all states would be crucial to provide quality services and materials while expanding access to the community.

Strengthening Reproductive Choices

Chairperson: Dr. Suneeta Mittal (Director & Head, Obstetrics & Gynecology, Fortis Memorial Research Institute)

Moderator: Ms. Sita Shankar (Director, Maternal Child Health and Nutrition, PATH, India)

Presenters: Ms. Megan Matthews (Technical Advisor, USAID/GH/PRH/RTU, USA), Dr. Shrabanti Sen (Director, PROGRESS project, FHI 360, India) and Dr. Gita Pillai (Director/Chief of Party, Urban Health Initiative, FHI 360, India)

Panellists: Dr. Sudha Tewari (President Parivar Seva Sanstha) and Dr. Basab Mukherjee (Chairperson, Family Welfare Committee, FOGSI, India)

Three important presentations – *USAID's Global perspectives in strengthening reproductive choices*, *PROGRESS study of DMPA users' experience and support system in private sector facilities*, and *Urban Health Initiative' programmatic experiences* – addressed issues related to strengthening reproductive choices in India.



Ms. Megan Matthews stated that the research division of USAID supports the 'model of implementation science' to ensure successful counselling for informed choice, use of high quality evidence-based practices, interventions, approaches and tools. This approach helps USAID to maximize opportunities to scale up through projects such as the work undertaken by PROGRESS in India. USAID research projects like PROGRESS and others undertake to address gaps in service delivery and promote a full range of modern contraceptives methods to suit a variety of users' needs – from natural FP methods that are user controlled to sterilizations that are permanent methods. Discussing high use of permanent

method in India she highlighted some of the global success stories that were supported by USAID to enhance the method mix and informed choice such as USAID's High Impact Practices (HIP).

The findings from the study on experiences of DMPA users and private sector support systems was shared by Dr. Shrabanti Sen which was conducted in partnership with FPA India in Maharashtra and Parivar Seva Sanstha (PSS) in West Bengal. The study interviewed new users, continuing users, discontinued users and current nonusers (who had been counselled on the method) and some DMPA providers to know about their experiences.



Counselling during post abortion services and partner's suggestion were the main reasons to initiate DMPA. In this study changes in menstrual bleeding/amenorrhea was not mentioned as a problem but was reported after more questioning, perhaps to satisfy the queries of researcher.

Dr. Gita Pillai gave an overview of the Urban Health Initiative project in Uttar Pradesh (UP) while providing in-depth information on DMPA use. The midterm evaluation results in the four initial cities (Agra, Aligarh, Allahabad and Gorakhpur) show that there was increase in the use of long acting and permanent methods like for DMPA, IUCD and female sterilization. However, the program struggled to keep the initiators in DMPA to continue their use. Dr. Pillai stated that counselling helped the program make some inroads in the postpartum (PP) contraceptive uptake like PP sterilization, PP IUCD, and to some degree PP DMPA, demonstrating that women with PP counselling were more likely to be PP users.

The moderator mentioned that women in India have only 'one and a half choices' in the basket of choices offered by government. She invited the panellists to discuss how would the evidences produced by the studies and programs discussed (DMPA users' experience and Urban Health Initiative) increase the contraceptive choices offered by the FP program. Dr. Sudha Tewari asserted that presently contraceptive

I see a ray of sunshine now. In last one year what we achieved we hadn't achieved in decade. You have to have the right opportunity, the right environment, the right set of people, the right stakeholders and the right voices and then momentum does build up. If we have an opportunity we have it now and I think we should grasp it.

...Dr. Saroj Pachauri, Distinguished scholar, Population Council

acceptance was on insistence of health care providers and not demand driven. In the community women don't demand FP services because of poor promotion. The program implementation should look into various methods to create demand and then look into matching the demand with supplies.

Dr. Basab Mukherjee agreed with the moderator on lack of choice mentioned that GoI cannot be expected to put all the methods in the basket of choice. Concerted efforts should be made even by private sector because it is an open and huge market and should be accessed for more choice. Demand generation needs to be looked at more deeply because at this point GoI and most of the NGOs are focusing on opportunistic FP.

On the moderator's query about the reasons for not being able to increase choices in public sector even when evidence have been produced, Dr. Tewari enlisted a host of issues including the government policies which overpower its good intentions by slacking the system, lack of promotions and corruption which demotivates the providers. Providing solutions she suggested that availability of injectables can be increased in the private sector by increasing franchise centre/clinics, using community-based approach and social marketing as the court's embargo is only on government sector.

As a gynaecologist when I operate on a woman for ovarian cyst I always offer her tubal ligation if she has completed her family, since the laparoscope is already in. I am yet to see a surgeon who is operating on hernia or hydrocele asking the man 'shall I do your vasectomy also'.

...Dr. Suneeta Mittal

Dr. Mittal shared many suggestions (included in 'Opinions of Participants' section) to strengthen reproductive choices in the country. Concluding the session, the moderator thanked the panelists and presenters hoping to further the evidence-based agenda.

Key Discussion Points from the Session:

- **Restricted availability of choices:** The 'one and a half choice' of contraceptives available in public sector has increased by one after the introduction and thrust of government on IUCD. Other methods are available in the private sector which caters 85 percent health services in India.
- **FP choice vs. reproductive choice:** FP is a part of the larger reproductive choice which includes various other services. It is relevant to integrate FP services in other reproductive health services, especially to increase male involvement.
- **Challenges in increasing basket of choices:** Many challenges exist in increasing the basket of choices. However, a concerted effort by both public and private systems can help in providing more choice to the potential users.

Concluding Session

Mr. Shekhar Sethu, (Deputy Director, FHI 360, India) outlining the next steps assured the meeting of FHI 360's commitment to FP, continuing the unfinished business in some states including Jharkhand, taking the e-forum to a new height, and absorbing and working on the information from the discussions in the current meeting. FHI 360 hopes to adapt and implement the male involvement intervention in different socio-cultural settings through various mechanisms and approaches.

The meeting came to an end with vote of thanks proposed by Ms. Khobragade.

OPINIONS OF PARTICIPANTS

Experts in the panels and audience made some recommendations for all the sessions:

- **Testing/scaling up innovative program approaches**
 - The project interventions should be simple, easy to replicate and aligned with the existing systems having a broad base like health, microfinance or panchayati raj institution for scale up because they provide the basic infrastructure to carry the intervention further.
 - Scaling up of interventions should be done from the grass root level. ASHAs in the villages can be used for scaling up interventions as they live there, are strong opinion makers and through them the interventions can synchronize with the system.
 - Tap the 'doers' in the system for generating evidence for scaling up since they are motivated to bring a change in the existing scenario.
 - Male involvement: It has impact on country's overall development not only reproductive health. The meaning of the intervention and desired output need to be discussed further. It is important to address the core structural issues around patriarchy to reach gender equality.
 - The lack of quality of care in FP services needs to be addressed by members of civil societies and media together with the government.

- **Expanding access to family planning through the public sector**
 - Many people thought that the switch in policy in favour of priced contraceptives at doorstep in lieu of free supply of contraceptives needs to be debated as there are people who need contraceptives but cannot afford to buy them or would prefer free supplies. A complete shift to priced contraceptive would mean denying access to free contraceptives to many in need.

- A participant suggested decentralized marketing of contraceptive, setting up counters in the community.
 - Since trained ANMs were reported to be inserting IUCDs in most cases, need to focus on proper screening of the clients was suggested to encourage continuation rates.
 - Few topics like ways to reinforce messages to providers and quality in priced services were suggested for future research. Participants felt that since 85 percent of health care was provided by private sector in India, such studies should be extended to the private sector also.
 - There is a huge gap in providing services related to permanent/long term contraceptives to the middle class women who wish to get quality services at a nominal cost. Presently at one end of the spectrum lies the free of cost yet incentivized services that lack quality and respect towards clients at the public sector and at the other end is high quality and equally high priced services that are out-of reach of many. The suggestion was to consider opening kiosks on every street providing quality FP services at nominal cost.
 - A concern was raised on the supplies of commodities. Since delay in delivery produces gaps in demand and supply situation, steps should be taken to mitigate such gaps in the community.
- **Strengthening reproductive choices**
 - All reproductive health services (FP, RTI/STI, infertility management etc) should be integrated to strengthen reproductive choices.
 - Number of access points (like reproductive health kiosks on every street) should be increased to strengthen reproductive health choices and offer quality services to women at nominal cost.
 - Since the drug controller has allowed the marketing of injectables in private sector and scientific studies have shown that they are safe, the government should allow the method in public sector too.
 - Just as there are integration of reproductive health services there should be integration of various medical services with FP. Doctors with various specializations should also counsel clients to adopt FP methods.

APPENDICES

Meeting Agenda

Improving Access to Family Planning: End of Project Meeting PROGRAM RESEARCH FOR STRENGTHENING SERVICES (PROGRESS)

Friday, May10, 2013

Shahjehan Hall, Taj Palace Hotel, Sardar Patel Marg, New Delhi

Hosts: FHI 360 and USAID

For more information on PROGRESS please visit: <http://www.fhi360.org/projects/progress-india>

Time	Topic	Speaker
9.00AM - 9.30AM	Registration and Tea	
9.30 AM - 10.30 AM	Inaugural Session	
9.30 AM- 9.40 AM	Welcome and Context	Dr. Bitra George, Country Director, FHI 360, India
9.40AM - 9.50 AM	FHI 360's Global Approach on FP	Mr. William Finger, Associate Director, PROGRESS, FHI 360, North Carolina, USA
9.50AM - 10.00 AM	Opening Remarks	Ms. Patricia Ramsey, Deputy Mission Director (Acting), United States agency for International Development (USAID), India
10.00 AM - 10.15 AM	Key Note Address	Dr. Saroj Pachauri, Distinguished Scholar, Population Council, India
10.15 AM- 10.30 AM	Inaugural Address	Dr. S. K. Sikdar, Deputy Commissioner, In-charge Family Planning Division, MoHFW, Gol
10.30 AM- 10.45 AM	Tea Break	
10.45 AM – 12.00 PM	Testing/Scaling up Innovative Program Approaches	Chairperson: Dr. S. K. Sikdar, Deputy Commissioner, In-charge Family Planning Division, MoHFW, Gol
10.45 AM - 11.15 AM	<ul style="list-style-type: none"> • Microfinance Programs as a Means for Delivering FP Information and Service in India (15 min) • Increasing Male Involvement in Family Planning (15 min) 	Dr. Shrabanti Sen, Director, PROGRESS, FHI 360, India Ms. Deepika Yadav, Technical Specialist, FHI 360, India
11.15 AM - 11.45 AM	Panel Discussion Moderator: Mr. V. S. Chandrasekhar, Country Advisor, Lucile & Packard Foundation ,India	Panellists: Mr. Anil Singh, CEO, NEED Dr. Hari Singh, CR& Project Director, NSV Initiative, RESPOND project ,Engender Health India
11.45 AM - 12.00PM	Open Discussion	

Time	Topic	Speaker
12.00PM – 1.15 PM	Expanding Access to FP through the Public Sector	Chairperson: Dr. Rita Leavell, Chief of Party IHBP
12.00 PM – 12.30 PM	<ul style="list-style-type: none"> Program Assessment for the Introduction of Multiload-375 IUCD and Assessment of Contraceptive at Doorstep by ASHAs(15 min) Presentation on Integration of Family Planning and Immunization Services (15 min) 	<p>Dr. Bitra George, Country Director, FHI 360, India</p> <p>Dr. Hemrom, Deputy Director cum nodal officer, IEC/BCC, JRHMS, Government of Jharkhand (GoJ)</p>
12.30 PM - 1.00 PM	Panel discussion Moderator: Ms .Himani Sethi, Team Leader- Health Policy Project, Futures Group International India Pvt. Ltd, India.	Panellists: Dr. Malabika Roy, Scientist ‘F’ & Head, (Reproductive and Child Health), Indian Council of Medical Research, India. Ms. Sheena Chhabra, Team Leader Health Systems Development ,Health Office, United States agency for International Development (USAID), India
1.00 PM - 1.15 PM (Open Discussion)		
1.15 PM - 2.00 PM (Lunch)		
2.00 PM – 3.30 PM	Strengthening Reproductive Choices	Chairperson: Dr. Suneeta Mittal, Director & Head, Obstetrics &Gynaecology, Fortis Memorial Research Institute
2.00 PM – 2.35 PM	<ul style="list-style-type: none"> Global Perspective: Strengthening Reproductive Choices (10 min) Use of DMPA in India: A Study of User Experiences and Support Systems in Private Sector Facilities (15 min) Sharing Programmatic Experiences (10 min) 	<p>Ms. Megan Matthews, Technical Advisor USAID GH/PRH/RTU, USA</p> <p>Dr. Shrabanti Sen, Director, PROGRESS, FHI 360, India</p> <p>Dr. Gita Pillai, Director/Chief of Party, Urban Health Initiative, India</p>
2.35 PM – 3.00 PM	Panel discussion Moderator: Dr. Sita Shankar, Director, Maternal, Child Health and Nutrition, PATH, India	Panellists: Dr. Sudha Tewari, President, Parivar Seva Sanstha (PSS),India Dr. Basab Mukherjee, Chairperson, Family Welfare Committee ,FOGSI ,India
3.00PM – 3.30 PM	Open Discussion	
3.30 PM - 4.00 PM	Concluding Session/Summary	
3.30 PM – 3.40 PM	Next steps/Way Forward	Mr. Shekhar Sethu, Deputy Director, FHI 360, India
3.40 PM - 3.50 PM	Closing Remarks	Dr. Bitra George, Country Director, FHI 360, India
3.50 PM – 4.00 PM	Vote of thanks	Sharmistha Khobragade, Senior Program Manager, FHI 360
4.00 PM	Close and Tea	

Short CVs of Distinguished Speakers, Moderators and Presenters

INAUGURAL SESSION

Dr Bitra George Country Director, FHI 360, India

Dr. Bitra has headed the FHI 360/India Country Program since 2008 and manages a well-diversified portfolio of public health, development and research projects in India. He is a Clinical Specialist in Skin, STI and Leprosy by training, with more than 20 years of experience in managing public health programs in India.

Ms. Patricia Ramsey, Senior Regional Legal Advisor India, Nepal, Sri Lanka and Maldives, USAID.

Ms. Ramsey is a Senior Foreign Service Officer. She has served as Regional Legal Advisor in Egypt, Bangladesh and Bolivia, and as an Attorney Advisor for Asia and the New Independent States in Washington. She served as USAID's Deputy General Counsel from 1998-2003. From 2003-2009, she worked as a senior consultant on legal and policy issues affecting USAID-funded family planning programs, leading assessment teams in Rwanda, Pakistan, Afghanistan, India, Egypt, Benin, Timor-Leste, Philippines, and Thailand. Patricia has a Bachelor of Arts in Philosophy from the University of Michigan Honours College and a Juris Doctorate from the University of Michigan Law School. She is currently serving as USAID/India's Acting Deputy Mission Director.

Dr. Saroj Pachauri, Distinguished scholar, Population Council, India.

Dr. Pachauri is a community health physician engaged in research on sexual and reproductive health. She started her career with Family Health International and undertook research on international health. She has designed, monitored and evaluated clinical trials in Asia, Africa, the Middle East, and Europe. She is an inspiration to all of us who have been working in the field of public health.

Dr. S. K. Sikdar, Deputy Commissioner, Family Planning division, Ministry of health and family welfare, Government of India

Dr. Sikdar is MBBS (Maulana Azad Medical College), and an MD from University of Delhi in Community Health administration. He provides leadership to the National Family Planning Programme in terms of policy formulation, strategic management, programme implementation and monitoring. He manages Family Planning budget of over Rs 1000 crores. He Oversees NRHM/ RCH in various states, mainly the focus states. He made a conscious decision to move from the clinical side to public health as he believed that the scope for improving the lots of the millions of our fellow countrymen was far more compared to the narrow range covered by the clinical side.

Mr. William Finger, Associate Director, PROGRESS, FHI 360, North Carolina.

Mr. William Finger has worked at FHI 360 since 1989 in various writing, editing, and information management capacities, focusing for many years as a writer/editor for the award-

winning Network publication. Since 2008, he has coordinated publications and research utilization activities for PROGRESS. Prior to FHI 360, he edited a public policy journal for 10 years, worked as a freelance writer, and held various advocacy positions. He has a Masters in Social Work from University of North Carolina at Chapel Hill and a B.A from Duke University.

SESSION I:

Mr. Anil Singh, Founder, NEED

Mr. Anil Singh is a post graduate from Xavier Institute of Social Service, Ranchi and worked on a number of innovative experiments including entrepreneurship development at Indian Institute of Management, Ahmadabad. He established an organization called Network of Entrepreneurship and Economic Development (NEED) to promote livelihoods through sustainable economic development, micro-finance, healthcare and education. He is also an Asoka Fellow.

Ms. Deepika Yadav, Technical Specialist, FHI 360, India

Ms. Yadav is A Post Graduate in Health Management from IHMR, Jaipur. She has been with FHI 360 since January 2012 and is the technical monitor for two studies.

Dr. Hari Singh, Country Representative for Engender Health, India

Dr. Hari Singh is a medical doctor with MD in Community Health Administration from Delhi University has extensive experience as a clinician, academician, researcher and manager. He was faculty at Indian Institute of Health Management Research (IIHMR) Jaipur and then he established IIHMR Bangalore as its founder Director. Presently he is working as Country Representative for Engender Health and manages RESPOND NSV Initiative project

Dr. Shrabanti Sen, Director, PROGRESS Project, FHI 360, India

Shrabanti Sen, PhD, MPS, MA, is a social scientist with more than 14 years of experience in public health. She is currently positioned as Director- M & E, PROGRESS (Program Research for Strengthening Services) and Knowledge Management in FHI 360 India.

Mr. V. S Chandrasekhar, Country Advisor, Lucile and Packard Foundation, India

Mr. Chandrasekhar has spent over two decades steeped in the reproductive health field in India, bringing with him an array of expertise in family planning, maternal health, safe, and HIV/AIDS. His previous positions include - Country Program Director, Population Services International, Country Director – Ipas, Resident Advisor, Centre for Communication Programs, Johns Hopkins University. He holds a post-graduate diploma in Rural Management from Institute of Rural Management Anand (Gujarat, India) as well as a Bachelor's in Business Management from the University of Mysore.

SESSION II:

Mr. Hemrom, Deputy Director cum Nodal Officer. IEC/BCC, JRHMS, Government of Jharkhand (GoJ)

Ms. Himani Sethi, Senior Program Specialist, Futures Group, India.

She leads the India program of the Health Policy Project, a global project supported by USAID to strengthen capacities for policy analysis, advocacy and governance. With a Master's degree in Social

Work from Delhi School of Social Work, Delhi University, she has over 13 years of experience in designing, implementing and managing Family Planning, Reproductive Health and HIV programs in India and South Asia.

Dr. Malabika Roy, Scientist F and Head RCH, ICMR.

Dr. Malabika Roy holds her research experience in contraception, fertility regulation and maternal health. She is a member of many national and international societies and associations like Member of Association of Reproductive Health Professionals, Washington DC, USA, since 2004. She is MD in CHA and Public Health.

Dr. Rita Leavell, Chief of Party for the "Improving Healthy Behaviours Program" – a USAID project led by FHI 360 to provide technical assistance for institutional strengthening in Behaviour Change Communications for HIV/AIDS, TB, Maternal and Child Health and Family Planning/Reproductive Health. Dr. Leavell is a pediatrician with an MBA in international marketing and over 25 years of experience in public health projects in Asia, Africa and the Middle East.

Ms. Sheena Chhabra, Team Leader of the Health Systems Development Division, USAID, India.

Ms. Sheena Chhabra's responsibilities include technical leadership and oversight for a broad range of health systems strengthening activities for accelerating impact of USAID/India's assistance to address health needs of the vulnerable populations. Ms. Chhabra has twenty five years of experience in the developmental sector. Ms. Chhabra has a Masters degree in Community Resource Management and Extension from Delhi University.

SESSION III:

Dr. Basab Mukherjee, Chairperson of FOGSI Family Welfare Committee and a Consultant gynaecologist at Calcutta Medical Research Institute.

Dr. Basab Mukherjee holds a Royal College Membership from London and a founder Secretary of ISOPARB Kolkata Chapter. He is a young gynaecologist Awardee of AOFOG 2011 at Taipei. He has done his MD from Vellore and MRCOG, London.

Dr. Gita Pillai, CoP, Urban Health Initiatives

Dr. Pillai is a global expert in Family Planning and Reproductive and Child Health with more than 20 years of experience in results-oriented project management, design, evaluation, and research, including health systems strengthening, quality improvement, evidence based medicine, medical education, and policy dialogue. Dr. Gita has a PhD in Population and Family Health Sciences from the Johns Hopkins University and an MPH from the University of Michigan, USA.

Ms. Megan Mathew, Technical Advisor for Research and Evaluation, USAID, Washington

Ms. Megan Matthews is a Technical Advisor for Research and Evaluation at the United States Agency for International Development. She has served for more than five years in the field of family planning, advising and managing cooperative agreements within the Research, Technology and Utilization Division. Ms. Matthews has a Master's from George Washington University School of

Public Health and Health Sciences in Washington, D.C and a business degree from Duquesne University of the Holy Ghost in Pittsburgh, PA.

Ms. Sita Shankar Wunnava, Director, Maternal and Child Health/Nutrition in PATH India.

Ms. Sita Shankar Wunnava has over two and a half decades of experience with international health programs, including community-based HIV/AIDS prevention programs and adolescent reproductive health projects in India. Ms. Shankar holds a Masters in Social Work from the Tata Institute of Social Sciences, Mumbai, and Bachelor of Arts from the Madras University, Chennai, India. She is a Population Leadership Fellow from the University of Washington, Seattle, USA.

Ms. Sudha Tewari

Ms. Tewari is a graduate in Psychology Honours and an MBA from FMS, both from the University of Delhi, with distinctions. She joined, Parivar Seva Sanstha(then Marie Stopes Society) in 1981 and was made the Managing Director in 1984. Today, Parivar Seva, under leadership of Ms. Tewari is a professionally managed self sustaining organization with a presence in 21 states, well recognized for its contribution in the area of quality, client centred reproductive health services with special emphasis on family planning.

Dr. Suneeta Mittal, Director & Head, Obstetrics &Gynaecology, Fortis Memorial Research Institute.

Prior to her current position Dr Suneeta Mittal held position of Former Professor and Head, Dept. of Obstetrics &Gynaecology; Director-in-Charge-WHO-CCR in Human Reproduction; Chief, ART Centre & IVF Facility, All India Institute of Medical Sciences. She is a Regional Editor of WHO Reproductive Health Library. To her credentials she has over 440 publications in International and National journals, books and book chapters. She played a pivotal role in introducing emergency contraception and medical abortion in India for Women's health and initiated IVF in public sector.

CONCLUDING SESSION

Mr. Shekhar Sethu, Deputy Director, FHI 360, India

Mr. Shekhar Sethu is a management professional with over 20 years of experience in the corporate and development sector. He brings a wide experience of strategy and program planning, program and financial management oversight, partnership development, resource mobilization and an understanding of the private sector partners. He has successfully managed a complex program in the not-for-profit space funded by Bill and Melinda Gates Foundation and the Government of India in a large, complex multi-sectoral, public-private partnership program for long distance truckers to prevent HIV/AIDS.

Sharmistha Khobragade, Senior Program Manager, FHI 360, India

Sharmistha Khobragade, B Com, MBA, is a management professional with six years of experience in public health. She obtained her Masters from Indian Institute of Management, Ahmedabad. She is currently working as Senior Program Manager, FHI 360. She took on the program management of PROGRESS grant in 2011, as an additional responsibility along with her role as the program manager of M&E grant. Her expertise lies in managing budgets and keeping the projects on track, in terms of time and money. She is well versed with managing research projects, large and small.

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Display Material List, EOP Dissemination Meeting

★ Research Briefs

- DMPA user Experiences and Private Sector Support Systems: Mumbai and West Bengal
- Delivering Family Planning Information and Services through a Microfinance Program: Lessons from Uttar Pradesh, India
- Contraceptives to Doorsteps in India: Rapid Evaluation Provides Recommendations for National Scale-up
- Introduction of the Intrauterine Contraceptive Device 375 in India: Positive Assessment Findings Help Guide National Scale Up
- Family Planning & Immunization Integration: Development of New Guidelines and Resources for Providers in Jharkhand, India
- Integrating Family Planning into Immunization Services in India: Assessment Provides Recommendations for Addressing Unmet Needs of Postpartum Women
- Increasing Male Involvement in Family Planning in Jharkhand, India

★ IEC/IPC Material

- Village Health Guide Flip book (Microfinance Program) - English
- Village Health Guide Flip book (Microfinance Program) – Hindi
- Table Top Calendar (FP-IZ) for MO – English
- ANM Diary (FP-IZ) – English
- ANM Diary (FP-IZ) – Hindi
- Card game & Banner (FP-IZ) for Sahiya
- CD - **Together for better**

- CD – Healthy Investment
- Client Folder (FP-IZ) English
- Client Folder (FP-IZ) Hindi
- Standee – FP-IZ Capacity Building
- Standee - PROGRESS Program
- Standee - E- FP program
- Spiral – FP messages
- FHI Brochures

✦ Reports & Guidelines

- Program Assessment Multiload 375 IUCD
- Contraceptives Door Step Report
- FP-IZ Integration SOP – English
- FP-IZ Integration SOP – Hindi
- Training Manual – Lakh Take Ki Baat – English
- Training Manual – Lakh Take Ki Baat – Hindi

Some moments at the workshop



