

# Transforming Service Delivery of and Access to **Intrauterine Contraceptive Device (IUD)** in Gujarat and Rajasthan

**Experiences of Expanding Access  
to Intrauterine Contraceptive Device  
Services in India (EAISI) Project**



**EngenderHealth**

for a better life



## Vision

A gender-equal world where all people achieve their sexual and reproductive health and rights.

## Mission

To implement high-quality, gender-equitable programs that advance sexual and reproductive health and rights.

## Values

As we work toward our vision, our strategy and our programs are built on the following values:

• Diversity, equity, and inclusion

• Evidence and innovation

• Engagement and collaboration

• Leadership and learning

• Organizational effectiveness





**“Our efforts on strengthening internal capacities of public health systems combined with focus on quality of services delivered has created sustainable demand for contraceptive services.”**

India is home to 340 million women who are on the threshold of reproductive years and have continuous need for family planning services. Family planning has been widely recognized as one of the most cost-effective solutions to achieve Universal Health goals, provided women are given the right agency and knowledge to exercise their rights. Thus, access to quality family planning is not only a human right but also extremely important for individual as well as societal well-being, and for the nation's development as a whole.

EngenderHealth is a leading global health organization working to improve Sexual and Reproductive Health and Rights (SRHR) for women and girls in the world's poorest communities. EngenderHealth, through EAISI project, empowered facilities as well as communities in Rajasthan and Gujarat with knowledge, skill, and access to provide SRH services including high quality counselling.

We made inroads to transform even the remotest public health facilities by building the capacity of providers and enabled them to provide quality family planning services. We strengthened the systems to sustain quality services through supportive supervision and created demand for services by mainstreaming professional counseling into public health.

Our mission was set out with a greater goal of transitioning out the facilities in a way that the government continues to own and support these facilities, even after the project ends.

**Dr. Sunita Singal**  
Technical Director & DCR India  
Country Office



## Maternal Mortality

An estimated 35,000 women died of pregnancy related events in India in 2017. This is the largest number of maternal deaths globally. Additionally, two-thirds of Indian women have an unmet need for family planning in their first year postpartum.

Source: Levels and trends 2000 to 2017 (WHO, UNICEF, UNFPA & World Bank report)

## Systemic Challenges

The lack of a trained and skilled workforce, supportive infrastructure, and systems to monitor and respond to the demands of clients seeking family planning services remains a challenge in India.

## Improving Access to IUD Services

Working across public health systems, with a focus on the most remote parts of Gujarat and Rajasthan, EngenderHealth provided technical assistance to improve access to quality IUD services and ensure they are as available as other contraceptive methods.



Fig 1

**Results from the  
EAISI Project  
(2014-2019)**

EngenderHealth enabled providers to reach

**490,135**

women with IUD  
services, of which:



**4,34,437**

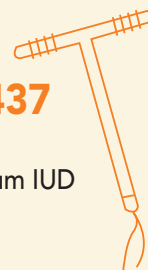
selected  
postpartum IUD

**8,580**

selected post  
abortion IUD and

**47,118**

selected interval IUD



Gujarat and Rajasthan are among the six priority states identified by the Government of India for strengthening postpartum family planning services to counter high incidence of maternal and infant morbidity. In collaboration with the Ministry of Health and Family Welfare and the Government

of India, EngenderHealth initiated Expanding Access to IUD Services in India (EAISI) project in 2014 in these two states. EAISI aimed to promote healthy timing and spacing among women with unmet family planning needs by increasing awareness and access to IUDs.

Fig 2

**Key Highlights  
from Gujarat  
and Rajasthan**

**Rajasthan**

Phase I

**138** facilities from **25** districts

Phase II

**92** facilities from **8** districts

**Gujarat**

Phase I

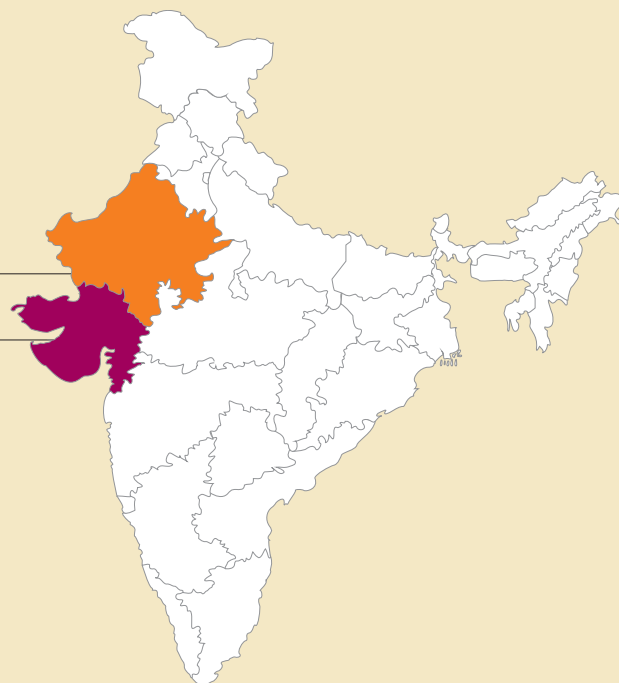
**38** facilities from **25** districts

Phase II

**91** facilities from **8** districts

**Gujarat and Rajasthan Facilities**

State	Districts	Facilities
Rajasthan	33	230
Gujarat	33	129
Total	66	359



<http://mmr2017.srhr.org/>

India has a large population between the ages of 19 and 24 year old. This group, in the prime of their reproductive years is in dire need of contraceptive services. While public health facilities provide family planning services, they do not include all methods and lack effective counseling, a barrier to allowing clients to make informed decisions.

Through the EAISI project, EngenderHealth provided expertise on Sexual and Reproductive Health (SRH) to empower facilities and communities in Gujarat and Rajasthan with the knowledge and skills needed to provide SRH services including rights-based counseling. We helped transform even the most remote

public health facilities through training service providers to deliver high quality family planning services, strengthening the systems to sustain quality services, and creating demand by mainstreaming professional counseling into public health efforts.

We set out on a mission to prepare intervention facilities that could easily transition ownership of programming to the Governments of Gujarat and Rajasthan. By the end of the project, we were able to confirm approximately 87% facilities as self-sustainable. Thanks to the continued support of both state governments, EngenderHealth was able to foster sustainable improvements in family planning services.

By project end,  
approximately

**87%**

of facilities were  
self-sustainable.







# 01

## The Trajectory Towards Transformation



June 2014 – March 2017

EAISI built upon the Government's success efforts to increase institutional deliveries, which has increased to

**75%**

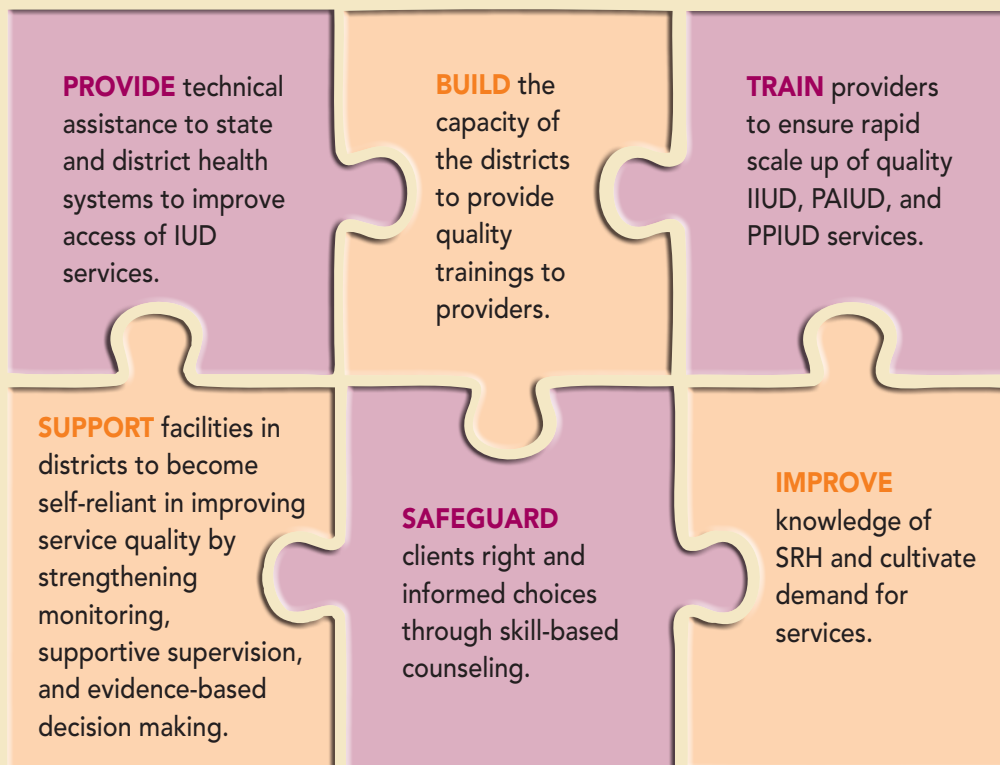
in semi-urban and rural facilities.

Data had revealed an inequitable distribution of contraceptive service availability, particularly with respect to postpartum and postabortion family planning, with more availability in urban areas. The project built upon the Government's tremendous success in increasing institutional deliveries, which have risen to 75% in semi-urban and rural facilities in the target states, as most women had an unmet need for postpartum contraception. A generous grant

from the Large Anonymous Donor (LAD) supported implementation of the EASI project in two phases. In 2014, EngenderHealth introduced activities in 38 facilities across 25 districts in Gujarat and 138 facilities across 25 districts in Rajasthan. Activities during this period focused on increasing demand for and improving availability, quality, and sustainability of IUD services, including Postpartum IUD (PPIUD), Postabortion IUD (PAIUD), and Interval IUD (IIUD) services.

Fig 3  
**Key Strategies**

Our guiding principles for EAISI included leveraging existing health systems and platforms as much as possible and introducing local innovations to strengthen the cultural, infrastructural, and administrative environment. The strategies we used were:







## Phase II

April 2017 – March 2020

In this phase, we expanded to

**183**

facilities, thereby ensuring coverage of all health facilities in our two target states.

The second phase of the project was designed to facilitate the institutionalization and sustainability of EAISI interventions.

During this period, we also expanded to 183 facilities (91 in Gujarat and 92 in Rajasthan), thereby covering all health facilities in the two states.

This phase focused on building internal training capacities, supporting the Government of India's efforts in improving services in high caseload facilities, improving counseling services, activating quality circles to ensure facility level monitoring of quality of IUD services, and strengthening data management.

The EAISI project significantly increased the availability and uptake of IUD and other family planning services by building the capacity of service providers in

**99.7%**

of intervention facilities.

EAISI graduated **313** facilities (84% of all intervention facilities) to state ownership by the end of the project.

EAISI completed **95%** of expected trainings. **100%** of trainers were deemed competent to deliver IUD services. Further, district trainers are continuing to conduct IUD trainings using Government resources.

By the end of the project, approximately **86.7%** of intervention facilities were operating quality circles, indicating continued efforts to improve the quality of family planning counseling, robust record-keeping, and institutionalized project interventions within the public health system.







## 02

## The Keystones of Transformation

### Building on Health Staff Task Shifting

Staff nurse and Auxiliary Nurse Midwives (ANMs) conduct most facility deliveries. Aligning with the government of India's vision for task shifting, which supports the provision of postpartum family planning services to staff nurses and ANMs, EAISI trained and supported nurses to deliver quality PPIUD services. We also trained one doctor in each facility to support PPIUD insertions for complex cases, while staff nurses and ANMs focused on routine cases.

EAISI brought an innovative training methodology: Structured On-the-Job Training to intervention facilities.

### Innovative Training Methodology

EAISI contextualized our training approach and applied a mix of three innovations: Structured On-the-Job Trainings; Centralized Trainings, and the Self-Learning Instructional

Module and Practicum (SLIM-P) training approach.

#### a. Structured On-the-Job Training (SOJT):

Most peripheral health facilities are understaffed and it is difficult to get providers out of their facilities to participate in trainings. Therefore, EAISI conducted Structured On-the-Job Trainings (SOJTs) in intervention facilities. Benefits of SOJTs include:

1. Facilities are saturated with trained providers. This is especially beneficial for the provision of PPIUD and PAIUD services. As most clients opt for an IUD immediately after delivery or abortion, 24-hour, 7 day-a-week services need to be available.
2. Providers learning IUD service provision skills in their own environment, thus helping build their competence and confidence quickly.

3. Other services are not hindered by staff leaving their posts for long periods of time.

EngenderHealth's mobile clinical team conducted trainings in the intervention facilities using Government of India's approved five-day model for IUD, PPIUD, and PAIUD service delivery. In addition to extensive practice with anatomical models, we required all providers to practice with clients during the training or soon thereafter. The training package also included infection prevention sessions to improve the quality of family planning services for the entire facility staff.

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EAISI trained

**2,793**

providers to deliver  
IUD, PPIUD, and  
PAIUD services.

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**b. Centralized Trainings:**

For intervention facilities with fewer staff in need of training (for instance, facilities with a mix of trained and

untrained providers or with newly transferred, untrained providers), EAISI offered centralized trainings in district facilities. These providers received additional support from previously trained colleagues upon returning to their home facilities.

**c. Self-Learning Instructional Module and Practicum (SLIM-P):**

EAISI piloted application of EngenderHealth's SLIM-P approach in few facilities with very few untrained providers. This approach, which was more cost-effective and time-efficient than sending a full training team to a centralized facility, allowed one provider to attend a centralized training and then, with support from the district-level, mentored colleagues in their facility.

In total, 2,793 providers have completed EAISI IUD, PPIUD, and PAIUD trainings.







## Integrating Effective Counseling with Service Delivery

Effective family planning counseling is paramount to protecting client's rights, improving service quality, and ensuring client satisfaction, all of which contributes to continuation rates. However, most facilities lacked the basic requirements for quality counseling: trained human resources, adequate infrastructure, and institutional capacity to sustain the services. EAISI thus focused on three key strategies:

1. Task shifting to ensure service availability: Where family planning counselors were not readily available, EAISI trained staff nurses to provide family planning counseling. We trained nurses using EngenderHealth's REDI (Rapport Building, Exploring, Deciding, and Implementing) approach. The REDI module focuses on enhancing the soft skills needed to

recognize and address gender and sociocultural barriers to family planning uptake, including myths and misconceptions related to various contraceptive methods. In total, EAISI trained 5,021 service providers to deliver effective counseling.

2. Using a localized, facility-based approach to create infrastructure for family planning counseling: EAISI used local resources to establish spaces for counseling with auditory and visual privacy and created job aids for counselors to use with clients.
3. Collaborating with the State Institute of Health and Family Welfare (SIHFW): EAISI collaborated with SIHFW to conduct online orientations for 400 facilities across 33 districts.

All trainings were gender-neutral and EAISI offered equal opportunities for all to participate in the trainings.

EAISI trained

**802**

service providers  
in effective  
counseling.

## Focusing on Client's Satisfaction:

EASIS built capacity in client-centered service delivery in order to improve overall client satisfaction. As a result, the project demonstrated increased uptake in family planning services in intervention facilities.

EngenderHealth conducted a survey to measure client satisfaction at participating facilities following training interventions. Clients surveyed included those aged 18 to 24 (47.7%), 25 to 30 (45.6%), and older than 30 (6.6%).

**79.3%**

of women expressed satisfaction with the service they received at the health facilities.

**100%**

of women decided to adopt family planning either alone (58%), in conjunction with their partner (33.3%), or with their service provider (8.3%).

**89.2%**

felt that auditory privacy was maintained during conversations with the service provider.

**97.6%**

are informed about possible side effects of IUD adoption and 61.9% are aware of protocols in case any side effects manifest.

**95.2%**

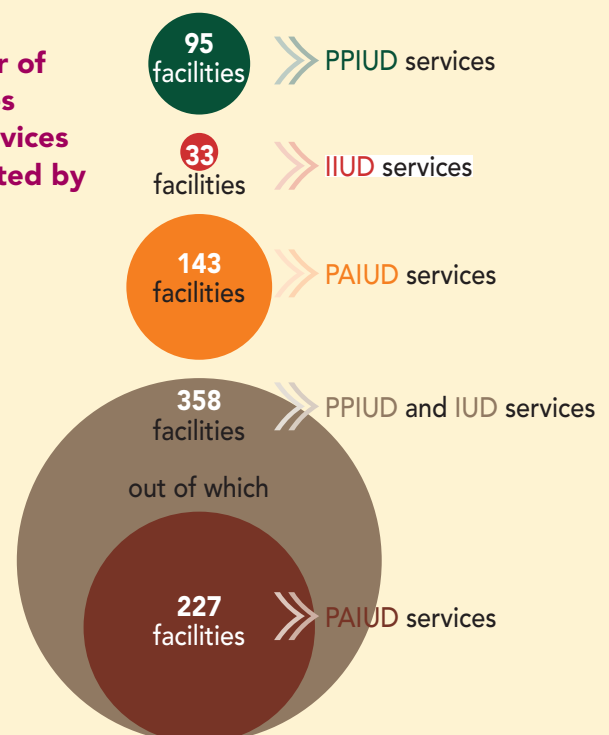
of those with questions felt they were given the opportunity to freely ask the service provider any queries they had.

## Key Program Activities

### a. Integrating IUD Services into Primary Healthcare:

EASIS sought to increase IUD uptake by integrating with primary healthcare services. The project supported 143 facilities in offering PAIUD services, 95 facilities in offering PPIUD services, and 33 facilities in offering IIUD services. Further, all 358 intervention facilities are now providing PPIUD and IIUD services and 227 of those facilities are also offering PAIUD services. As a result, PPIUD insertion rates have increased from 17.5% to 23.9% and PAIUD insertion rates have increased from 3.9% to 14.3%. In total, 490,135 clients have adopted an IUD.

Fig 4  
**Number of Facilities and Services Supported by EASIS**

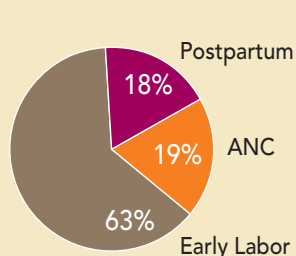


Total 4,90,135 women adopted IIUD, PPIUD, PAIUD services



**Fig 5**  
**Family Planning**  
**Counseling**  
**Touch Points**

Improvements in family planning counseling trends for IUD insertions in the postpartum, postabortion, and interval periods.



Data collected across the field illustrates how clients were counseled about family planning at multiple touch points. 97.2% of clients who chose to adopt Postpartum Intrauterine Devices received counselling at least once, while 10.3% received counseling two or more times (e.g., during ANC/ Early Labour/PNC).

### **b. Ensuring Quality through Flexible Supportive Supervision Visits and Using Local Resources to Address Challenges:**

EngenderHealth built a system of accountability into the health facilities by introducing clinical monitoring and coaching visits using standard checklist to record observations. These visits were used to assess clinical and counseling skills of providers, facility readiness, quality of counseling, data digitalization, record keeping, reporting, and stock management. The focus of each visit was to mitigate any challenges immediately using local resources, including through engaging district health officials to conduct those visits, wherever possible.

### **c. Sustainability of Effective:**

Counseling Services EASI trained family planning counselors, staff nurses, and ANMs to provide high-quality counseling services. We also provided job aids to help counselors deliver medically accurate, clear messages when discussing family planning choices. These job aids also helped providers attend to more

patients quickly, thereby easing their workloads.

EASI also advocated for the inclusion of family planning counseling information in Mamta Cards<sup>1</sup>. This enabled improved monitoring of clients receiving counseling on various contraceptive methods.

### **d. Improved client follow-up:**

Client follow up is a measure of quality of services. It helps to address any challenge that the client may be facing- medical, psychosocial or emotional. The client follow up was extremely low at 0.4% in the initial period of project. As a result of project interventions in total, 71,354 clients received follow up consultations (92% of whom visited health facilities in person). The remaining 8% received follow-up calls via telephone. The follow-up data revealed that 73% of clients reported no complaints, 21% had their IUDs removed, 1% reported expulsion, and 5% had other miscellaneous issues.

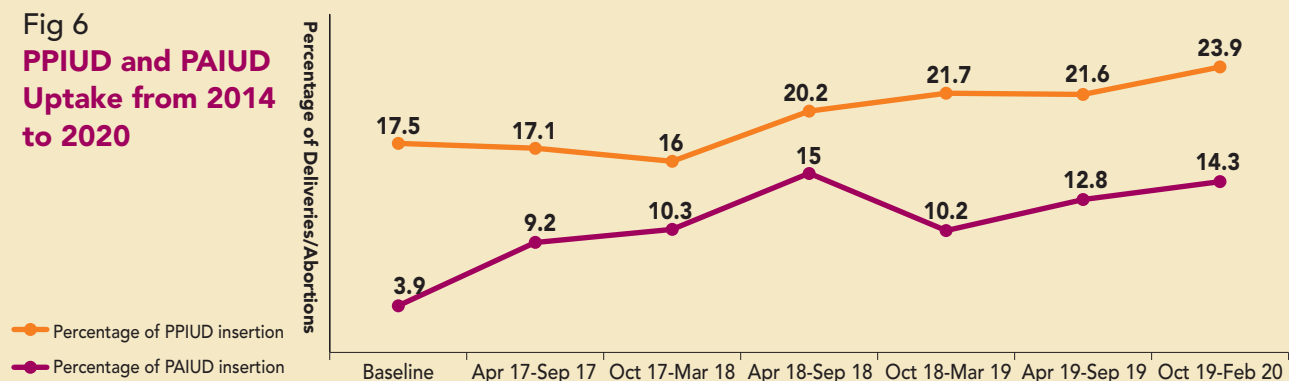
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The focus of each visit was to immediately resolve challenges using local resources.

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<sup>1</sup> Mamta Card, or Mother and Child Protection Card, is a tool instituted to disseminate positive health practices towards the wellness of pregnant women, young mothers, and children.

**Fig 6**  
**PPIUD and PAIUD**  
**Uptake from 2014**  
**to 2020**



The percentage of women who chose to adopt a PPIUD (out of the women who delivered at an intervention facility) increased from 17.5% during the baseline period to 23.9% during this reporting period (Figure 6).

**e. Improved Outcomes through Evidence-Based Decision Making, Collaboration and Coordination:**

The EASI project is implemented by EngenderHealth in partnership with Ipas Development Foundation (IDF) and Jhpiego. The Ministry of Health and Family Welfare organized

multiple partner meetings with these three institutions to support coordination and collaboration. These meetings served as a platform for representatives from all these agencies to share experiences and learning over the course of the project. EASI also developed software to capture family planning statistics (including IUD service and client satisfaction data). All partners used this software to track project results.

EngenderHealth introduced method-specific IUD insertion registers and







follow-up registers at intervention facilities. By the end of the project, 99.7% of facilities demonstrated completed insertion registers and 68.8% demonstrated completed follow-up registers. The data collected helped state and district officials, facility in-charges, and service providers make decisions to improve family planning service quality.

**f. Reducing Inequities in the Provision of Service Delivery:**

In districts with particularly poor family planning uptake, EAISI supported the respective State Governments to scale up a comprehensive family planning package in the selected districts. This package included an orientation for frontline workers, assistance to district officials in planning for family planning service delivery in all facilities, and support for monitoring

the family planning program together with the district officials.

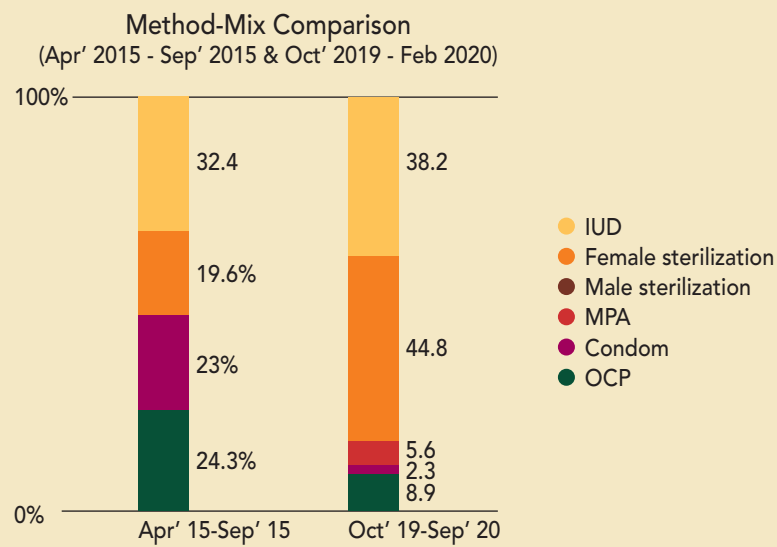
In appreciation of these efforts, EngenderHealth was felicitated at World Population Day celebration in the district of Dungarpur in Rajasthan.

**g. Enabling System Self-Sufficiency:**

Ensuring high-quality clinical delivery of IUD services requires continuous training for service providers, as providers are often transferred to other departments.

EngenderHealth created a pool of master trainers at the district and block levels and trained these master trainers in the clinical aspects of IUD services and key teaching methodologies. We also provided these master trainers with training tools, such as anatomical models and teaching aids.

Fig 7  
Comparison of  
the Contraceptive  
Method-Mix (%)







EAISI focused on improving the training skills as well as the skills with which these master trainers would conduct follow-up site visits to the participants they train. We used a cascade model, through which each master trainer provided training to peer member and co-workers.

As a result, E AISI helped establish a pool of 190 in-house trainers within the public health system. By the end of the project, district trainers were conducting trainings and had cascaded learning to 373 providers. Further, health departments assumed ownership of the trainings and have allocated resources for venues, trainers, and training centers.

#### **h. Institutionalization and Sustainability of Quality IUD Services:**

A key contribution of the E AISI project was the integration of quality counseling into family planning services. At the request of the State Government in Rajasthan, we helped enhance the program through the following:

- EngenderHealth developed a three-hour, comprehensive counseling curriculum, complete with preparatory materials, including a pretest questionnaire.
- EngenderHealth collaborated with SIHFW to organize a video



conference on family planning counseling in 2019 to provide additional support to 500 high caseload facilities.

EAISI successfully sensitized the local health system (at state, district, and block levels) on the importance of counseling. The Government now considers counseling an important aspect of family planning service delivery and recognizes its role in clarifying common myths and misconceptions. As a result of this intervention, EngenderHealth collaborated with the Government of Rajasthan in planning and conducting additional trainings on IUDs as well as injectable contraceptives, such as Antra.

#### **i. Quality Circles:**

EngenderHealth recommends forming Quality Circles comprising a medical superintendent, paramedical, and other support staff (depending on the size of the institution being monitored) to review service quality periodically at various health facilities and institutions. We suggest that the optimum number of members in Quality Circle to be four or five, with the philosophy being that this small

group size will allow every member to actively participate. Thanks to a guideline from the State requiring the formation of Quality Circles to monitor and review health programs, most of the districts and facilities had formed Quality Circle; however, functionality was a challenge. EAISI facilitated Quality Circles at state, district, and facility levels to ensure the monitoring of quality of IUD services. We also revived district quality assurance committees to monitor service quality.

Functional Quality Circles yielded significant improvements in addressing facility-level knowledge gaps. By the end of the project, we recorded nearly 87% of intervention health facilities operating their own Quality Circles.

#### **j. Improved Infection Prevention (IP) and Waste Management Practices:**

EAISI trained service providers on infection prevention (IP) and waste management practices to ensure quality of services. Our IP trainings emphasized key components of IP for family planning, such as wearing sanitized gloves, sterilize instruments, using antiseptic for cervix cleaning,

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By the end of the project, nearly

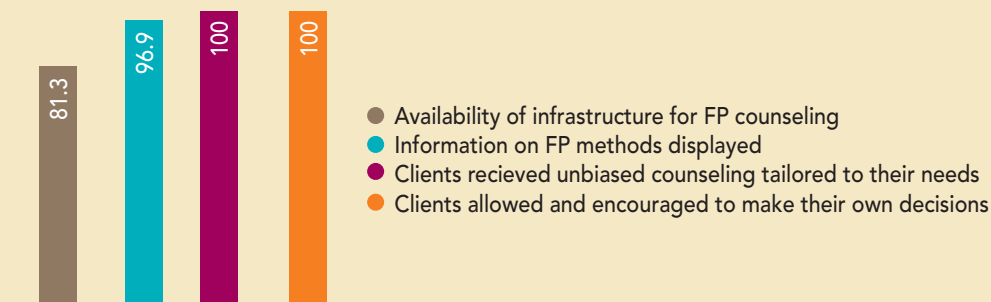
**87%**

of intervention health facilities were operating their own Quality Circles.

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Fig 8  
**Improvement in  
 FP Counseling  
 Service Quality**  
 (% of facilities)



EAISI trained  
**5,706**  
 facility staff in  
 IP and waste  
 management  
 practices.

and washing hands before and after IUD insertion. The training also included guidance for preparing bleaching solutions, segregating waste using color-coded bins, and managing spills. We delivered these trainings to all health facility staff, including laboratory staff and Safai karamcharis, for a total of 5,706 staff trained.

EAISI provided IP and waste management training to 82% of intervention facilities. Of those facilities, 100% demonstrated adherence to at least some IP practices (such as the no-touch technique) and 95% demonstrated use of an autoclave or boiler for sterilizing equipment.

#### k. Leadership and Project Management:

EngenderHealth's approach to implementing and institutionalizing the EAISI approach resulted in significant positive results.

Our team continuously reviewed and reflected upon project activities to identify any gaps hindering impact. We worked with service providers at the facility level and decision-makers at the state management and policy

level to collaboratively identify and implement solutions.

Factors contributing to our success include:

- Documentation and knowledge sharing.
- Rigorous follow up at various levels.
- Motivation of staff and stakeholders in sustaining and scaling operations.





## 03

### Key Challenges

- **Understaffed facilities and overworked staff:** Facilities have far fewer doctors and nurses than needed. This problem is further compounded in facilities that are situated far away from cities, thus exacerbating the inequities that clients experience in those areas.
- **Frequent changes in leadership at the State Government level:** Shifts in priorities and implementation strategies, resulting from frequent leadership changes in both States, affected program delivery. EngenderHealth staff oriented new officials on occasion to continue to ensure Government support for project activities.
- **Intra and inter facility attrition of trained service providers:** Trained service providers were often transferred to non-family planning wards and departments outside the intervention facilities. This resulted in a continual need for training to maintain the necessary pool of trained providers, which is not cost-effective.
- **Abortion service are not universally and consistently available:** The lack of available comprehensive abortion care services contributed considerably to the limited uptake of PAIUD (14%).





## 04

### Key Learnings

- Task shifting of IUD service provision is practical and needs to be undertaken on a large scale: Through the EAISI project, we demonstrated that nurses can be effective family planning counselors and service providers if they receive comprehensive training and are supported by doctors within their facilities.
- Integrating postpartum family planning with primary healthcare is feasible and does not dilute service quality: In addition to recognizing that primary healthcare services are critical for ensuring universal access to family planning, EAISI demonstrated satisfaction among clients receiving family planning services from primary healthcare facilities.
- Scaling up postabortion family planning requires integration of family planning counseling within comprehensive abortion care: We were unable to achieve desired results in increased uptake of PPIUD due to the limited availability and quality of abortion services. Improving PPIUD access, quality, and uptake will require similar improvements in abortion care services.
- Self-sustainable facilities: By using a graduation approach, EAISI helped to improve resource allocation, strengthen documentation practices, and enhance IUD clinical and counseling skills among providers. The graduation process also supported institutionalization of the program approaches by engaging Government officials, facility in-charges, and other stakeholders in participating in periodic reviews and supportive supervision visits.



**EngenderHealth**  
for a better life

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