

# Annual Report

POLICY UNIT FOR HEALTH,  
NUTRITION and POPULATION  
DEVELOPMENT

October, 2011- September, 2012

POLICY  
UNIT



**USAID** | **INDIA**  
FROM THE AMERICAN PEOPLE



**HEALTH  
POLICY  
PROJECT**



## Acknowledgement

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We also acknowledge the contribution of various members of the Advisory Panel in giving direction to the work of the Policy Unit.

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On behalf of the Policy Unit,

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## LIST OF ACRONYMS

EAG	Empowered Action Group
FP/RH	Family Planning/Reproductive Health
GOI	Government of India
HPP	Health Policy Project
ICPD	International Conference on Population and Development
ICMR	Indian Council of Medical Research
JSK	JansankhyaSthirataKosh
MDG	Millennium Development Goal
MH	Maternal Health
MLA	Member of Legislative Assembly
MOHFW	Ministry of Health and Family Welfare
MP	Member of Parliament
NIHFW	National Institute of Health and Family Welfare
NPP	National Population Policy
NRHM	National Rural Health Mission
RCH	Reproductive and Child Health
SIHFW	State Institute of Health and Family Welfare
TFR	Total Fertility Rate
UP	Uttar Pradesh

## INTRODUCTION

Health is an important aspect of socioeconomic development planning in India towards improving the quality of life, especially of the underserved groups, and also since provisioning of universal healthcare was duly emphasised in national and international forums, especially International Conference on Population and Development (ICPD) in 1994 at Cairo. The same has been reiterated in India's national health and population policies since then. India being a signatory to the Plan of Action of ICPD at Cairo, also endorsed by 179 participant countries at the Conference, responded positively and took several initiatives since 1994. The Cairo conference's Plan of Action centred on considerations like population policies not having the sole concern of fertility reduction but also of reproductive health, reproductive rights and gender equity. The concerns over education of girls; gender equity and empowerment of women; infant, child and maternal mortality reduction; and provisioning of universal access to reproductive health services, including family planning and sexual health were raised during the Cairo conference.



Through the paradigm shift in India's population policy since 1994, as enshrined in the National Population Policy of 2000 (NPP 2000), several initiatives have been undertaken by the Government of India (GOI). The NPP 2000 emphasised that the overriding objective of socioeconomic development was to improve the quality of lives that people lead, to enhance their wellbeing, and to provide them with opportunities and choices to become productive assets in society. Overriding long-term objective of the Health and Population Policies in India since the ICPD conference was to bring down the total fertility rate (TFR) to replacement levels through vigorous implementation of inter-sectoral operational strategies and to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection (NPP2000).

The preamble of the National Rural Health Mission (NRHM) document, released in April 2005, recognised the importance of health (NRHM, 2005). The GOI resolved to launch the NRHM to carry out necessary architectural corrections in the basic healthcare delivery system, including: merger/integration of vertical structures; delegation and decentralisation of administrative and financial powers; empowerment of the Panchayati Raj Institutions; preparation of Operational Guidelines for the implementation of the Mission; strengthening logistic arrangements, information, education and communication, and management information systems among other corrective measures. The Mission intended to adopt a synergistic approach by undertaking not only programme interventions in increasing outreach of healthcare but also interventions relating to determinants of health such as nutrition, sanitation, hygiene and safe drinking water.

Given the scale and diversity of India's population, need for region-specific solutions has often been elicited towards achievement of the national goals like universal healthcare, as emphasised in the National Health Policy (NHP, 2001). Government initiatives in the public health sector have almost eradicated smallpox, polio, leprosy, guinea worm, etc. The success of the initiatives taken in public health is reflected in the progressive improvement of many demographic and epidemiological

indicators. Nevertheless, critiques have attributed this improvement in health indicators to improvement in education, nutrition, living conditions and livelihoods, and less to the public health system of India. The country still faces a number of challenges, such as inadequate resources in the public health system, low access to and utilisation of health services, particularly by the marginalised groups. With increased commitment from the GOI towards improved health outcomes, the need for an evidence-based policy environment to achieve these outcomes is paramount.

## THE POLICY UNIT

Policies are the basis of success or failure of a programme. Making, modifying or even rejecting a policy needs evidence. In the health sector, these evidences are crucial and need to be scientifically reached. The GOI is committed to increase its expenditure on health and is also introspecting on the most effective strategies that ensure better health outcomes for the investments made. The need for an appropriate policy direction, along with strategies for policy implementation is paramount. It is well established that health is dependent on and influenced by various factors of which population and nutrition are most crucial and closely interlinked, and thus need to be integrated.

The launch of NRHM in 2005 and the recent announcement of National Health Mission by the Hon'ble President of India in 2012 have created an urgent need for a policy department at the National Institute for Health and Family Welfare (NIHFW), an apex technical institute for promotion of health and family planning in the country.

### **VISION**

An apex body leading health policy research and analysis guiding the Ministry of Health and Family Welfare, health based civil society organisations, advocacy networks and coalitions, academic institutions and other stakeholders to establish and improve health policies and strategies.

the functioning of the Unit.

The Policy Unit for population, health, nutrition and development was established with technical and financial support from USAID supported Health Policy Project (HPP), USAID. The Unit aims to perform policy research to highlight region-specific and evidence-based policy perspectives, as duly emphasised in the National Health Policy 2002, and provide policy implementation strategies that optimally utilise scarce resources to achieve the national objective of universal healthcare.

The Policy Unit was thus set up to undertake policy analysis, advocacy, and multi-sectoral coordination. Launched in October 2011, after several in-house meetings at NIHFW, and thereafter interactions and consultations with external experts from various ministries and technical institutions, the Policy Unit was designed to steer evidence-based policy analysis in health, nutrition, and population development. The Unit is located in the Department of Planning and Evaluation and managed by a Steering Committee under the chairmanship of the Director, NIHFW. The Steering Committee provides direction and oversight to

### **MISSION**

To improve quality of life of people, through sustainable health, nutrition and population development and bring health and related programs to the centre stage of development activities

## TECHNICAL PARTNER

HPP is a global project that aims to strengthen developing countries' national and subnational policies, advocacy, and governance for strategic, equitable, and sustainable health programming. The Project focuses on key health issues—namely, family planning/reproductive health (FP/RH), HIV, and maternal health (MH)—while also promoting health systems strengthening and programme integration. Central elements of HPP revolve around building in-country capacity, institutionalising achievements of past investments, and promoting country ownership of programmes and initiatives.

## ADVOCACY PARTNERS AND ASSOCIATES

The Policy Unit works closely, in partnership with the Citizens' Alliance for Reproductive Health and Rights, JansankhyaSthirataKosh (JSK) and Advancing Reproductive Choices (ARC) coalition to

implement coordinated advocacy efforts and campaigns for population action. The Policy Unit plays a key role in providing these partners with policy research, analysis and recommendations for policy action to achieve the millennium development goals (MDGs) and ensure that India reaches the targeted levels of replacement. Through joint national and state-level consultations, policy dialogues, sensitisation workshops and conferences the Policy Unit and its partners reach a wide range of policy makers and influencers, regulatory bodies, parliamentarians and health programme managers.

The Policy Unit is also well connected with various nodal agencies like the Indian Council of Medical Research (ICMR), Federation of Obstetric And Gynaecological Societies Of India (FOGSI), Indian Public Health Association (IPHA), National Association for Reproductive and Child Health of India (NARCHI), Council of Scientific and Industrial Research (CSIR), Indian Association of Preventive and Social Medicine (IAPSM), All India Institute of Medical Sciences (AIIMS), among others to appraise on current and future health policies, plans, updates and directions.

## **SPECIFIC OBJECTIVES**

The Policy Unit's specific objectives for the year 2011-12 were:

- To steer evidence-based policy analysis, advocacy and multi-sectoral coordination
- To create a network of informed champions at national and state-level
- To engage and strengthen capacity of selected State Institutes of Health and Family Welfare (SIHFWs)
- To develop advocacy materials and sensitise key stakeholders through various forums

## **SCOPE OF WORK**

The scope of work for the Policy unit was to:

- Implement capacity building and training activities for the Policy Unit staff in policy analysis and implementation
- Hold consultative meetings with key stakeholders and develop a Policy Advocacy plan
- Conduct research and data analysis on key policy issues like:
  - The effect of family planning on maternal and neonatal outcomes
  - Ascertaining the status of family planning programmes in selected states
- Build a network of champions
- Develop advocacy materials
- Facilitate dialogue among a variety of stakeholders including the media



## STRENGTHENING THE POLICY UNIT

NIHFW signed the sub-contract with HPP (USAID) towards establishment of the Policy Unit for a period of one year i.e. October 2011 to September 2012. The process of recruitment and administrative formalities facilitated a functionally viable Unit in December, 2011 and by February 2012 all the staff was on board.

### FORMATION OF ADVISORY PANEL AND STEERING COMMITTEE

An Advisory Panel was formed under the chairpersonship of Prof. Madhulekha Bhattacharya, Acting Director, NIHFW to advise the Policy Unit and provide inputs, as and when required, on relevant policy issues, facilitate application of advocacy tools to the targeted population and provide guidance on any other issue emerging during the implementation of the project.

With the approval and under the guidance of the Director, NIHFW a Steering Committee was formed to steer the management of the Policy Unit, provide relevant inputs to the plan of action and address any barriers to implementation of the Unit's activities.

### VISIONING EXERCISE

A Visioning Exercise was facilitated by HPP for the Policy Unit and members of the newly formed Steering Committee to articulate a long-term vision for the Policy Unit and ensure that all staff and Steering Committee members were clear on the Unit's mandate.

**Date:** February 21, 2012

**Venue:** Committee Room, NIHFW

*"To be the apex body leading policy research and analysis"*

*"Good practices and advocacy materials should be based on evidence-based successful strategies"*

*"By the year 2012-2014, efforts should be to institutionalise capacities within NIHFW"*

#### Participants:

- Steering Committee Members
  1. Prof. N. K. Sethi, Department of Planning and Evaluation, NIHFW
  2. Prof. K. S. Nair, Department of Planning and Evaluation, NIHFW
  3. Prof. A. K. Sood, Department of Education and Training, NIHFW
  4. Prof. Mathiyazhagan, Department of Communication, NIHFW
  5. Prof. Thaneshwar Bir, Department of Social Science, NIHFW
  6. Dr. Pushpanjali Swain, Department of Statistics and Demography, NIHFW
  7. Dr. Renu Shahrawat, Department of Reproductive Biomedicine, NIHFW
- All members of the Policy Unit
- Members from Futures Group
  1. Dr. Suneeta Sharma
  2. Ms. Himani Sethi

#### Summary of the proceedings:

**Introduction:** The Visioning Exercise was part of the capacity needs assessment for the Policy Unit. The purpose of the exercise was to provide clarity to all the Steering Committee members and the staff of the Policy Unit on the Unit's mandate and also a context for the assessment by establishing a

shared vision of the Unit. Prior to the visioning, the mandate of the Policy Unit was presented to all the Steering Committee members on January 30<sup>th</sup>, 2012.

Following introductions a brief presentation was made by HPP on the situational analysis of health and family planning indicators. This set the context for the crucial role to be undertaken by the Policy Unit.

**Review of Year-One Workplan:** Dr. Rakesh Srivastava, Senior Policy Analyst, Policy Unit provided a brief background for the setting up of the Policy Unit. He highlighted the long-standing need to provide research evidence to Ministry of Health and Family Welfare (MOHFW) especially in the high-focus states and elaborated that the Unit, established with the support of USAID in 2011, was conceived as a Policy Unit for Health, Population and Nutrition. The Policy Unit is aimed to become a self-sustaining structure for policy analyses, providing research evidence to policy makers and MOHFW, to bring greater attention to reproductive and child health issues and family planning.

Dr. Srivastava highlighted NIHF's commitment and supportive environment for the functioning of the Policy Unit. The Unit is within the Department of Planning and Evaluation and guided and supported by a vibrant Steering Committee. He also elaborated on the formation of the Advisory Panel comprising experts and retired bureaucrats for direction on key policy issues requiring immediate attention.

He further shared that the efforts planned for year-one were geared towards linking family planning outcomes to maternal and infant mortality, and identifying and disseminating good practices and success stories, with lessons learnt and challenges faced, strengths, weaknesses, opportunities and threats (SWOT) analysis and reference indicators.

**Long-term Vision:** The members brainstormed on their vision for the Policy Unit in the next five years. There was a fruitful discussion and the members thought long-term, beyond five years' timeframe, to share their views on where they wanted to see the Policy Unit.

Some of the thoughts on the vision included viewing the Policy Unit as:

1. An independent international organisation, supported by the government and undertaking high-quality policy research and advocacy, with increased capacity to provide direction and guidance to policy work, whether in the area of health or otherwise.
2. An institute or a national-level organization reputed internationally for policy analysis and advocacy, graduating from a Unit to a Centre and ultimately a Department positioning the Unit as a platform for policy dialogue and coordination.

A specific milestone set for the next five years to achieve the Vision was 'developing substantial evidence base and in-house capacity to give direction to the policy work in the country.' It was suggested that the good practices identified and advocacy material developed be field tested by 2015 to gauge the strategies that have or have not worked. It was also suggested that between years 2012-2014, efforts should be to institutionalise capacities within the Institute.

**Other Issues:** An in-depth discussion highlighted the following issues:

- High-level of ownership of the Policy Unit in NIHF, and the vision to sustain it post-donor assistance articulated in the next five-year plan of NIHF submitted to the Planning Commission.
- The Policy Unit in long run should identify internal resources within the organisation and link itself with other departments for sustainability. There is a potential in the functional groups, which work across departments to provide technical guidance and support. Policy Unit should use this opportunity to expand work.
- NIHF is committed to the area and is in the process of starting a Post Graduate Diploma Course in Health Policy.

- The Policy Unit should build effective linkages with the Ministry and the State governmentsto bring increased visibility to its work and explore opportunities for inter-sectoral collaboration.
- It will be crucial to understand the kind of work being done by institutions such as the Centre for Policy Research to complement and supplement efforts.
- Policy Unit should also look at policy monitoring in the form of mid-term evaluations, information strengthening, secondary data analysis and provision of information to states and other stakeholders.
- The Policy Unit can engage with the corporate sector such as the Confederation of Indian Industry for advocacy.
- A possible role for the Unit is providing help with operational issues of service delivery such as infrastructure, human resources, budget allocation, optimal utilisation of facilities and proper supply of medicine and equipment in the health sector.

## ADVISORY PANEL MEETING

The first Advisory Panel meeting of the Policy Unit was held on February 23, 2012.

Through a series of discussions, the scope of work, activities and timeline for the Policy Unit was established. Some of the key recommendations and decisions with respect to broad areas for work were:

- Population issues from the perspective of improved health and nutrition.
- Key issues identified under population—
  - Increasing the basket of contraceptive choices;
  - Integration of family planning with other health areas and nutrition; and
  - Strategies to reduce TFR in the high focus states like Uttar Pradesh (UP).

### *PRIORITY AREAS FOR CAPACITY BUILDING:*

*Policy analysis*

*Data analysis and use*

*Advocacy and policy dialogue*

*Coordination*

Some of the other suggestions of the Advisory Panel were the involvement of media and working in partnership with local institutions in the states to advocate for focus on population issues.

## STEERING COMMITTEE MEETINGS

Two Steering Committee meetings were held during first year of the Unit.

The first Steering Committee meeting was held on January 30, 2012 under the chairpersonship of Prof. M Bhattacharya, Acting Director, NIHF. The plan of action, timeline and cost share in relation to the scope of work as per the agreement between HPP and NIHF for Policy Unit was discussed and a revised plan of action was approved.

The second Steering Committee Meeting was held on May 25, 2012 under the Chairmanship of Prof. Jayanta K Das, Director, NIHF. The main objective of this meeting was to review and strengthen the policy dialogue with the state of UP. The power point presentation and advocacy materials prepared for this dialogue were shared with the director, and critical inputs were incorporated.

## CAPACITY BUILDING OF THE UNIT

HPP was instrumental in developing a need-based capacity strengthening plan for the staff of the Policy Unit. HPP conducted a capacity needs assessment with the Policy Unit's core staff and other members of NIHF, associated with the Unit, to identify the training needs. The assessment involved

self-assessment, an action planning session and inquiry. Based on the assessment findings priority areas were identified, and training and mentoring plans were developed for the staff members, which were supplemented with on-site handholding and joint assignments.

## TRAINING IN POLICY MODELS FOR EVIDENCE-BASED DECISIONMAKING AND ADVOCACY

**Dates:** April 9-11, 2012

**Venue:** Conference Hall, National Documentation Centre, NIHFW

HPP in collaboration with the NIHFW organised a three-day national training workshop on the use of policy models for evidence-based decisionmaking and advocacy.

**Objectives of the Training:** Enhanced skills in using the Spectrum Suite of software models including Demproj, Famplan and MDG/Ben-Cost model for improved evidence-based policy decisionmaking and advocacy. The models generate outputs such as projections for family planning requirements to reach national goals for meeting the unmet need for family planning or achieving desired fertility and compare the monetary cost of family planning programmes with monetary benefits associated with reduced levels of social services required at lower levels of fertility.

**Participants:** A core group of experts in demography, public health and programmes was formed from the Institute for Economic Growth (IEG); National Institute of Medical Statistics (NIMS), Indian Council for Medical Research; Institute of Health Management Research (IHMR); Public Health Foundation of India (PHFI); MOHFW; JSK; NIHFW; and Family Planning Cell, Directorate of Health and Family Welfare, Jharkhand.

Two members of the Policy Unit were trained in modelling for policy advocacy.



*Experts addressing the participants during the inaugural session of the models training workshop*

## POLICY UNIT IN ACTION

### NATIONAL CONSULTATIVE MEETING ON THE STATUS OF THE FAMILY PLANNING PROGRAMME

**Dates:** March 16, 2012

**Venue:** Conference Hall, National Documentation Centre, NIHFW

**Inaugural:** Dr. Muzaffar Hakim Ahmad, Member, National Disaster Management Authority, New Delhi was the Chief Guest and Dr. VM Katoch, Secretary, Department of Health Research, GOI was the Guest of Honour at the meeting. The inaugural session was presided over by Dr JK Das, Director NIHFW.

**Discussion Points:**

Dr. Deoki Nandan, Ex-Director NIHFW, and Chancellor, Santosh University, Ghaziabad made a presentation titled “Over-Population—Are we at the Crossroads of Confusion” which stressed on using social mobilisation, behaviour change communication (BCC) strategies, advocacy and social marketing to increase demand for family planning services and products, engaging and monitoring family planning services and increasing access to quality contraceptives.

Dr. Alok Mukhopadhyay, Chief Executive, Voluntary Health Association of India affirmed that there is a need to create ambience for talking up population stabilisation as it is an issue of national importance. He opined that the Policy Unit needs to ensure that the focus on population issues is enhanced in the 12th Five-year plan. He also suggested that the huge workforce from non-profit and voluntary organisations could be leveraged, but needed to be sensitised first to increase demand and bring about behaviour change at the community level.

Prof. P M Kulkarni, Professor, Centre for the Study of Regional Development, School of Social Sciences, Jawahar Lal Nehru University made a presentation titled “National Population Policy 2000—Some Issues”. In his presentation he emphasised on the basic right and responsibility of couples and individuals to make informed choices about childbearing and on the responsibilities of society to help them achieve their reproductive goals. He also discussed strategies like ruling out coercive measures, method-specific targets and incentives to acceptors, while ensuring informed choice of fertility and contraception and increasing access to and expanded basket of quality contraceptives.

Dr. M Bhattacharya suggested that many issues of NPP 2000 are yet to be addressed and for dealing with these issues, support from NRHM and other concerned departments is required for better implementation, which the Policy Unit can undertake.

Dr. Devendra Kothari, Director, Forum for Population Action made a presentation on “Emerging Population in India—The Way Forward”. Dr. Kothari informed that the family planning indicator levels in Andhra Pradesh and Rajasthan were the same in the year 1991, but by the year 2001 Andhra Pradesh had successfully managed to improve the indicators by simply emphasising on ensuring quality services through effective and regular monitoring.

Dr. SK Sikdar, Deputy Commissioner, Family Planning Division, MOHFW made a presentation on “Status of the National Population Policy- 2000” and provided a brief overview of the action taken so far in implementing the Policy.



Dr. Uday Mohan, Professor of Community Medicine, CSM Medical University, Uttar Pradesh gave a presentation on “Population Issues—Current Scenario of Uttar Pradesh”. Dr. Mohan stated that if polio could be eradicated from Uttar Pradesh, population problem can also be tackled, if taken up by central government with the same thrust and focus. He also commented that it required an increased integration with the education and health departments.

Dr. R S Sharma, Scientist F, Contraception Physiology, ICMR added that male participation was very much important.

Dr. Malabika Roy, Head RCH and Scientist F, ICMR suggested that rather than focusing on other measures, the couples be made aware of the advantages of having less children and disadvantages associated with more children.

## STATE SPECIFIC STRATEGIES TO REDUCE FERTILITY

Policy Unit organised a state-level training in UP to strengthen the capacity of the SIHFW and Department of Health and Family Welfare (DOHFW) for advocacy on population stabilisation. State level functionaries were engaged in programmatic analysis around improving access, choice and quality of family planning services.

**Dates:** April 17-19, 2012

**Venue:** National Institute of Public Cooperation and Child Development, Lucknow

### Discussion Points:

This training-cum-workshop was specially designed to focus on advocacy for Population Stabilisation in varied contexts and designing appropriate strategies to achieve replacement level fertility.



*A session in progress at the UP training for advocacy on population stabilisation*

## DOCUMENTS AND ADVOCACY MATERIALS

The Policy Unit developed advocacy materials, background papers and briefs on various issues related to population growth and stabilisation.

Advocacy Material	Authors	Intended Audience	Objectives
<b>Background Paper on the Population Scenario</b>	Dr RK Srivastava, Dr BC Patro, Dr Honey Tanwar, Dr Priyanka Singh, Policy Unit, NIHFW	Policy makers including Members of Parliament (MPs), Members of Legislative Assembly (MLAs), bureaucrats and technocrats	To critically analyse the existing population policies, identify gaps and arrive at possible remedial measures to strengthen the policies, and their implementation at the system and community level.
<b>A Factsheet: UP Population Scenario</b>	Dr Priyanka Singh and Dr Honey Tanwar, Policy Unit, NIHFW	Parliamentarians, MPs and MLAs	To familiarise MPs and MLAs regarding the socio-demographic scenario of Uttar Pradesh for taking affirmative action
<b>PowerPoint Presentation for UP Policy Dialogue</b>	Dr RK Srivastava, Policy Unit, NIHFW	Chief Minister, MPs and MLAs of Uttar Pradesh	To facilitate a policy dialogue on issues of population, policy implementation and development in Uttar Pradesh
<b>PowerPoint presentation for Andhra Pradesh Policy Dialogue</b>	Dr RK Srivastava, Policy Unit, NIHFW	Technocrats and bureaucrats of Andhra Pradesh involved in family planning programme implementation	To understand the gaps and facilitating factors in improving the family planning uptake in Andhra Pradesh
<b>Discussion Paper: Population and development-progress through Family Planning in Uttar Pradesh</b>	Dr RK Srivastava, Dr BC Patro, Dr Honey Tanwar, and Dr Priyanka Singh, Policy Unit, NIHFW	Chief Minister, MPs, MLAs, Bureaucrats and technocrats of Uttar Pradesh	To provide a status update on the current status of the family planning programme in UP and its impact on state resources
<b>A Situational Analysis: Fertility and Family Planning Differentials of EAG States in India</b>	Dr RK Srivastava, Dr Honey Tanwar, Dr BC Patro and Dr Priyanka Singh, Policy Unit, NIHFW	Policy makers involved at different stages of planning and implementation of the family welfare programmes across the empowered action group (EAG) states in India	To understand the levels of and trends in certain critical indicators such as TFR; contraceptive prevalence rate (CPR); method mix; and unmet need of contraception in EAG states of India
<b>An overview of Population Stabilisation and Family Planning Programme in India</b>	Dr RK Srivastava, Dr BC Patro, Dr Honey Tanwar and Dr Almas Ali	Institutions conducting research on population issues and Policy makers	To provide an overview of population growth, historical demographic situation and prevailing misconceptions regarding population in India

<b>Discussion Paper: Towards Implementation of the Population Policy in India</b>	Dr RK Srivastava, Dr BC Patro, Dr Honey Tanwar and Dr Badri Saxena	Policy Makers and Bureaucrats	To highlight the need of a new implementation mechanism of the population stabilisation programme and related reproductive health issues in India
<b>Discussion Paper: Population stabilisation through RCH in Uttar Pradesh</b>	Dr. R.K Srivastava, Dr. BC Patro, Dr. Honey Tanwar; Dr. Priyanka Singh and Dr. SC Gulati, Consultant Policy Unit, NIHFW	Policy makers and planners at MOHFW and Research institutions engaged in doing research in the area of Public health	To understand linkages between demographic parameters, contraception usage and NRHM programmes in Uttar Pradesh
<b>A Policy Update: Injectable Contraceptives to Expand the Basket of Choice under India's Family Planning Programme</b>	Dr RK Srivastava, Dr BC Patro, Dr. Honey Tanwar; and Dr Priyanka Singh, Policy Unit, NIHFW	Policy makers, bureaucrats and advocacy groups	To understand key barriers preventing the inclusion of injectables in the basket of contraceptives under the government's family planning programme and examine status in terms of the approval processes, and to identify the key influencers and advocates

## WORLD POPULATION DAY, 2012

Policy Unit facilitated participation of more than 50 participants from NIHFW for the walkathon at India Gate, New Delhi, organised on the occasion of World Population Day on 11 July 2012 by JSK. Later in the day, Prof JK Das, Director, NIHFW, moderated a plenary session on "Action for Population Stabilisation: Inclusion of Population in All Policies" at the National Conference for Population Action organised at Vigyan Bhavan by JSK. As a key speaker, Prof. NK Sethi, Head, Department of Planning and Evaluation, NIHFW, made a presentation on 'Achieving the Millennium Development Goals: Contribution of Family Planning' in the plenary session on 'Priorities and New Agenda for Population Stabilisation'.



*School students carrying slogans at the Walkathon organised on World Population Day*

At a focussed sensitisation meeting with elected representatives organised by Citizens' Alliance for Reproductive Health and Rights and JSK to foster political commitment and engagement, Prof. Sethi set the context of the discussion and the urgency for action and accountability. He also moderated a discussion 'From Intent to Action' with the participants in the session.





*Dr. NK Sethi, NIHFW (extreme left) with health advocates at the session with parliamentarians on World Population Day, 2012*

## PARNTERHSHIPS AND LINKAGES

Since its inception the Policy Unit has developed partnerships with key, national institutions and networks in the field of FP/RH.

The Policy Unit proactively participated in the National Conference for Population Action organised by JSK and also in the sensitisation session with Parliamentarians with JSK and Citizens' Alliance. A Strategic Planning Meeting was also organised on April 4, 2012 with the Policy Unit, JSK and Citizen's Alliance to chalk out a coordinated plan for work with Parliamentarians to achieve the goal of population stabilisation. The joint exercise using Spitfire methodologies to develop a joint plan of action for advocacy to engage parliamentarians was led by Policy Unit with support from HPP.



*Discussions underway at the Strategic Planning Meeting*

To strengthen the work in one of the high priority states of India, the Unit is working closely with the UP Rural Institute of Medical Sciences and Research, Saifai to build political commitment for family planning in the state. The Policy Unit is planning to organise a high level policy dialogue to sensitise and engage elected representatives and key implementers of the health and family planning programme to make universal access to health and family planning a reality for young women and men in reproductive age group, in Uttar Pradesh. The Policy Unit is working to get the state leadership i.e. the Chief Minister of Uttar Pradesh, to participate.

Policy Unit has also held a meeting with the National Health Systems Resource Centre (NHSRC), the working arm of the MOHFW, India and planned coordinated work with NHSRC in the second year of the Policy Unit.

## **TASKS TO BE ACCOMPLISHED**

As per the mandated objective, the Unit was expected to have a policy dialogue with population and health policy formulators and implementers in two states i.e. UP and Andhra Pradesh. Despite timely contacts and correspondence it was difficult to organise the policy dialogue in UP because of administrative and other prior commitments of politicians, health officials, and bureaucrats. in the state for several months over the recent past. Nevertheless, the Unit is ready with relevant materials like PPTs, Factsheets, Background Paper, Reference Materials, and the Meeting Agenda. The meeting has got postponed several times. The Unit is hopeful of conducting the Policy Dialogue in near future. A National Consultative Meeting with technical staff from the MOHFW, and partner organizations like Population Foundation of India (PFI), Public Health Foundation of India (PHFI), etc. is to be organised in the near future subject to the convenience and availability of key representatives from these organisations.

## WAY FORWARD

In its first year, the Policy Unit has taken great strides to meet its objectives and establish itself as a nascent but leading resource for NIHFW in the area of FP/RH. In year two the Policy Unit will demonstrate increased capacity to conduct health policy analyses that support the government's interest in developing a "different strategy" to address the differentials in fertility and MH outcomes. Given the basis that access and choice are key drivers of family planning use, the Policy Unit, in consultation with the Steering Committee, USAID, and HPP, will address policy constraints that have the most effect on limiting access and choice in family planning in EAG states where differentials are most stark. The Policy Unit will conduct activities to address policy constraints, conducting rigorous policy analyses, using the evidence to articulate key policy asks, working closely with the NIHFW; and bringing the civil society perspective to influence the policy agenda.

As a long-term goal, the NIHFW has included the transition of the Policy Unit to NIHFW within the five-year plan of the Institute. The MOHFW is in the process of restructuring the NIHFW to take on a bigger role within the Ministry and during this transition phase, the Policy Unit can broaden its role within the NIHFW's proposed expansion and evolution.