PFI as a Grant Making Agency
Innovation and Impact in Family Planning Services

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An Innovative Approach to Grantmaking

Significance/Background

Population Foundation of India (PFI) was established in 1970 by a group of socially committed industrialists led by late Mr JRDTata and Dr Bharat Ram.They wished to address the critical issue of population, health and sustainable development for a better quality of life through increased access to quality family planning services and information. PFI's long-term goal is to reposition family planning within the women's empowerment and human rights framework for national development and Maternal and Child Health policies and programmes in India.

PFI has a long history of giving grants to civil society organizations and other institutions. Over the last 40 years, PFI has funded over 350 projects and continues to make grants focusing around PFI's priority areas. The focus of grant making has been to support innovations in family planning, reproductive and adolescent health programmes meeting PFI's programme priorities.

Programme Intervention

PFI gives grants to small organizations which are implementing innovative project interventions in family planning, reproductive and adolescent health programmes meeting PFI's six thematic priorities (delaying age at marriage, delaying age at first pregnancy, promoting spacing between births, improving quality of care of family planning and reproductive health programmes, preventing sex selection and promoting non-coercive programmes, policies and strategies). The projects supported aim to reach the most marginalized, vulnerable and underserved communities in eight Empowered Action Group states in India, where the demographic and socio-economic indicators are poor.The focus is on innovation with a scalability plan from the beginning. PFI works in the field with local NGOs, academic and research institutions and corporate partners. Typically, the projects include a strong component of community mobilisation and are linked to the government service delivery system. Persons from the local community get trained in outreach, behaviour change communication, counselling on basic health and family planning methods.

Methodology

PFI's grant making is managed by a dedicated programme team. This involves review of project proposal from grant-seeking NGOs by a project review committee consisting of PFI staff members and external domain experts. PFI helps NGOs to develop the project, identify objectives and establish an effective M&E system. The project has to be approved by PFI's Governing Board. PFI supports the NGO partners through building staff capacity, regular review and feedback on performance and strengthening advocacy and communication activities under the project.

Programme Implications/Lessons

Experience has shown that there is a need to leverage resources by working in partnership with NGOs and the government to encourage innovative approaches. There is lack of evidence of successful family planning approaches as these have not been evaluated. In order to help NGOs and the government scale up successful approaches, these need to be independently evaluated and the evidences documented and shared widely. There is also need for constant capacity building of partners in effectively planning and implementing the projects along with advocacy to bring about the intended changes.

PFI realises that for its grant making to effectively address the issue of improving access and quality of family planning services, it needs to closely monitor the field reality as well as remain open to periodic reviews of its objectives, processes and achievements to meet the field's changing requirements. Keeping this in mind, PFI has kept pace with the times, always relevant to the lives of the people.This understanding and flexibility has led to PFI making a significant impact through funding successful innovations aimed at improving access to family planning services.

Case Studies I

Karuna Trust, Bangalore, Karnataka

Repositioning Family Planning at Primary Health Centres in Karnataka through Public Private Partnership (PPP)

In view of poor public service provision in many low/ middle income countries, a strong move to partner with the private sector is often advocated as a simple and obvious solution. Public Private Partnership entails participation and partnership of the Government (Public) with the Not for Profit/Voluntary Organizations or For Profit Organizations where the partners strive towards a common goal.

Background

PFI provides support to the Karuna Trust to strengthen seven government Primary Health Centres (PHCs) in six backward districts of Karnataka, to make them model centres. The project also focuses on repositioning family planning in 14 Primary Healthcare Centres in Karnataka.

The project reaches over 300,000 beneficiaries and aims to empower men and women to lead healthy lives by being able to regulate their own fertility through family planning services at the village level.

Highlights

- The PPP model, through which the current project – Repositioning Family Planning at Primary Health Centres in Karnataka – is implemented brings together the civil society, the government and the community to achieve the project objectives.
- The objective is to provide round the clock health services, maintain and manage the primary health centre and its sub-centres.
- All patients are provided free diagnostic and curative services, including drugs.
- The government (Both Centre and State) provides the guidelines and materials required for the project, financial support towards salaries of the PHC staff and for PHC maintenance.
- PFI is the Funding Partner for the Repositioning Family Planning at Primary Health Centers in Karnataka through Public Private Partnership and also monitors the progress of the project.
- Additional health services like eye care, dental care, mental health and family planning services have been integrated into the primary health care in the PHCs managed by Karuna Trust.
- The focus is on improving the quality of Reproductive and Child Health and Primary Health Care programmes through accreditation, continuous review and monitoring mechanisms.Karuna Trust has partnered with the Institute of Health Management and Research (IHMR), Bangalore to enable quality accreditation.

Impact

The Karuna Trust PPP model for managing PHCs has seen spectacular success over the past few years.

- As per the Sample Registration System (SRS 2008), the Infant Mortality Rate (IMR) for India in 2008 was 53 per 1000 live births overall, 58 in the rural areas and 36 in urban areas. Karuna Trust took over the management of the Gumballi PHC in 1996 when the IMR recorded for the population served by this PHC was high as 75 per 1000 live births. Karuna Trust medical staff and management practice enabled it to dramatically reduce the IMR for the Gumballi PHC to under 30 in 2008. Gumballi's IMR now compares favourably with the IMR for urban India.
- The same year in 2008-09, the Karuna Trust managed Sugganhalli PHC which has a stellar record in institutional deliveries and ensured that almost all births in the community were institutional deliveries.
- Gumballi is the first PHC in South India to get accredited with National Accreditation Board for Hospitals and Healthcare Providers.
- Infant Mortality Rate (IMR) is often used to signify the status of healthcare facility. According to SRS bulletin December 2011, IMR of Karnataka rural is 43. In Karuna Trust catchment areas the IMR is as low as 11, a significant achievement.
- PHCs run by the Karuna Trust in partnership with PFI show zero stock outs of contraceptives.

Case Studies II

Centre for North East Studies and Policy (CNES)

Mobilizing the Unreached: Using Behaviour Change Communication and Ensuring Quality Family Planning Services through Boat Clinics in Assam

The Centre for North East Studies and Policy (C-NES), Assam has been providing basic health care to the vulnerable communities living on the islands, or saporis, of the Brahmaputra river in Assam. The project aims to ensure improvement in the Family Planning/RCH status of the island communities.

In 2009, PFI partnered with C-NES to introduce and support a family planning component in the existing boat clinics in five districts of Assam - Dibrugarh, Tinsukia, Dhemaji, Sonitpur and North Lakhimpur.

Objectives

- Increase awareness on reproductive health and family planning issues among eligible couples (women in the age group 15–49 years and their husbands).
- Enable Behaviour Change through a need-based comprehensive communication package.
- Build sustainable capacities in interpersonal communication including counselling skills, in delivering quality family planning services and in effective documentation.
- Improve availability of and accessibility to modern contraceptives for eligible couples including services for IUD insertion, injectables and establishing effective linkages/referrals.
- Document learnings, processes and best practices for scaling-up.

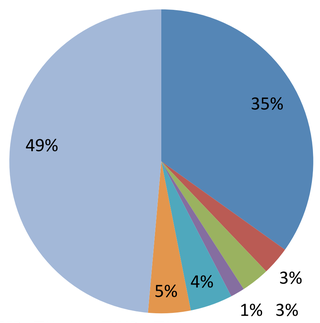
Impact

- The proportion of currently married women aware of any family planning method had increased from 50% at the baseline to 75%. The increase justifies the usefulness of appointing family planning counselors.
- The proportion of women currently using any family planning method increased from 47% at baseline to 59%.
- Currently married women receiving follow up services after accepting certain family planning methods has jumped from 9% at baseline to 68%.
- 42% project women in experimental districts received at least three ante natal care (ANC) as against 10% reported under the baseline.
- Children with full immunization rose from 20% at baseline to 50% at end line.

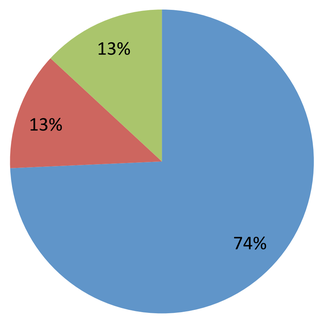
The Results Show:

- Adding a Family Planning Counselor to the boat clinic is an effective strategy.
- Enabling partnerships ensure sustainable and responsible solution to public health needs. Partnerships are successful when there are clear demarcations of responsibility and equity in decision-making. Thus C-NES with enabling support from PFI and the National Rural Health Mission was able to transform challenges into opportunities.

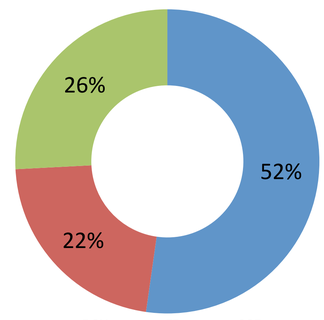
Distribution of Grants by Thematic Focus 1996 to 2010



Distribution of Grants by Thematic Focus 2011 to 2013



Proportion of Population Covered Under Different Interventions 2011 to 2013



Total Population covered by core grants: **1859605**

Grant Making Priorities

PFI's priority is on Re-positioning family planning. This refers to advancing family planning in the national, state, and community agendas with enhanced visibility, availability, and quality of family planning services for increased contraceptive use and healthy timing and spacing of births, and ultimately, improved quality of life. The purpose of these 're-positioning' efforts is to re-engage stakeholders at all levels so that they; (1) ensure that adequate resources are available for FP; (2) take action to minimize FP barriers; and (3) act as visible champions for FP. This has been a neglected area and would be the priority for future grant making. This would also be the priority for the institutional grant-making.

PFI's strategic plan over the next five years will address three drivers of population growth – namely, unmet need for family planning; high desired fertility; and population momentum and attempt to shift ('re-position') the discourse from 'population control' to 'population stabilization.'

PFI plans to focus on re-positioning family planning within a reproductive health and human rights framework so that every family is a planned family and every child is a wanted, healthy child. PFI advocates working closely with the Central Government, as well as State Governments, and partner with civil society organizations and other stakeholders. Also important would be sustained advocacy initiatives with parliamentarians, locally elected representatives, religious leaders, the media (both print and audio visual), health workers, NGOs, and local communities. Another key aspect would be building evidence and research on the key focus areas, expanding the basket of choices and repositioning family planning into MCH policies and national development and programs at the state and at the national level. It will also include policy and program reviews to identify gaps and strategies to bridge them. Advocacy at the state level will also be informed by efforts at the district level; where-in convergence with existing government programs will be encouraged.

The important areas would include evidence building, research, capacity building, and advocacy with an underlying theme of innovation.

The issues of right-based family planning approaches and promoting quality care would need to be considered.

Geographic Priorities

The following criteria have been used to determine the geographical focus states in India for working towards PFI's goals:

(i) The need for programs in these thematic areas as indicated by trend indicators.
(ii) The potential for progam implementation as indicated by the presence of quality institutions/NGOs.
(iii) The efficiency in managing the program.

PFI focuses its grant-making on national as well as grants within the Empowered Action Group (EAG) states, especially Bihar, Uttar Pradesh, Madhya Pradesh and Jharkhand where the indicators related to socio-economic status, population and family planning are poor. Also crucial, are districts with poor RCH and sex ratio indicators. Grantmaking is focused on reaching the most marginalized, hard to reach, poor youth, women, men and communities.

Types of grants

PFI would fund organizations a) directly for implementation, policy, research related activities; b) fund alliances, networks or coalitions; c) fund linked organizations to cover a larger geographic area or organizations of different specialities for example, implementation, research, advocacy, media etc. PFI can function as a donor and a times function in a partnership mode.

What does PFI Support

- Alliances, Networks and Coalitions on Relevant Themes/Issues.
- Link Organizations that cover large geographical areas or have different specialties.

Key focus areas for the institutional grant making

PFI's long-term goal is to re-position family planning within women's empowerment and human rights framework in India's development and MCH policies and programs – both at the national, state and district levels. Interventions would need to focus on family planning as it relates to the drivers of change and reach out to young people, particularly girls and women. Applicant organisations could partner with diverse stakeholders to create and promote a favorable policy, program, and social environment by concentrating on 5 key focus areas:

(i) delaying age at marriage;
(ii) delaying age at first pregnancy;
(iii) promoting spacing between births;
(iv) improving quality of care of family planning and RH programs; and
(v) prevention of sex selection.

- Research and Documentation
  - Primary Research
  - Secondary Research
  - Policy Research
  - Action Research
  - Media/Communication Research
  - Documentation of Best Practices
  - Systematic Review
- Program Implementation and Provision of Health Care and Related Services.
- Scaling Up of Pilot Interventions/Models.
- Advocacy and Communication Strategy Development and Implementation.
  - Workshops, consultations, seminars, round tables etc.
  - Documentaries, films, spots, audio-visual aids, etc.
  - IEC, BCC materials, tool kits, strategies, etc.
  - Campaigns, public hearings etc.
- Capacity Building and Institutional Development.

Legal Interventions Improve the Life of the Homeless

The partnership between Socio Legal Information Centre (SLIC) over the past one year has focused on: Initiating legal interventions, undertaking fact-findings to support legal interventions, connecting important stakeholders to bring about better access to ante- and neo-natal health care, availability of sexual health education, the implementation of the Pre Conception Pre-Natal Diagnostic Techniques and Child Marriage Acts, the proper functioning of nutrition and shelter schemes for pregnant women in urban areas, and access to safe birth control methods.

Priya Kale is a 25-year-old homeless woman living in Delhi with her husband, Dharma Kale, and her two children, Sunni, who is five, and Appi, who is two. Priya and her family lived in a Delhi public park with other families until January 2011, when the Delhi Government evicted everyone living there. Priya was in her last trimester of pregnancy with Appi when paramilitary Home Guards chased and badly beat her while overseeing the eviction. As a consequence, Priya went into premature labour, delivering Appi in the park with only her mother-in-law's assistance. Priya was forced to deliver Appi in public and in broad daylight, without medical care or dignity.

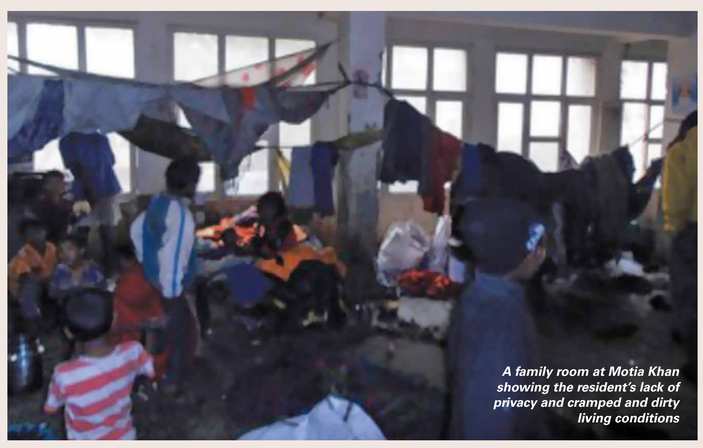
The Delhi Commission of Human Rights found the Government of Delhi guilty of violating Priya's rights to life and health. The Government was ordered to compensate Priya Rs 1,00,000 for her suffering. In the aftermath of Priya's case, the Government established Motia Khan Shelter to house the families that had been evicted from the park.

Priya Kale and her son, Appi, at Motia Khan

Priya's compensation cheque was not issued to her until December 2012, by which time she had given birth to her third child, a daughter named Prithi. During her pregnancy, Priya had only one antenatal checkup, provided by a NGO, and received no government benefits under any of India's maternal health schemes. Priya went into labour on November 25, 2012 at Motia Khan and, again, only had her mother-in-law's assistance.

After Prithi's birth, Priya attempted to access her court-ordered compensation. The cheque was issued to "Priya," not "Priya Kale" and when she tried to deposit the cheque, her bank rejected it due to the discrepancy. For weeks, Priya took Prithi with her as she tried to get the government or the bank to cash her compensation cheque. Every evening, Priya and Prithi returned to Motia Khan, which did not provide its residents with heating or bedding. Moreover, it did not provide its residents with access to nutritional or health services, and the building with its broken windows and lack of heaters or geysers, offered its residents little protection from the cold. On January 5, 2013, Prithi died, likely of malnourishment and exposure. On January 14, Priya's bank finally agreed to deposit the cheque and issued her Rs 50,000 cash.

Motia Khan is a 24/7 family homeless shelter opened in 2011 housing over 296 permanent residents in five rooms. It has an additional room that is used exclusively by single men as a temporary night shelter. The shelter remains unfit for habitation and affords its residents little privacy or security. Due to Motia Khan's lack of security, women are especially vulnerable to attacks from both temporary and permanent male residents. Several cases of sexual assault have been reported. Motia Khan's family rooms have neither curtains nor walls offering the families no privacy or protection.



A family room at Motia Khan showing the resident's lack of privacy and cramped and dirty living conditions

Programme Intervention

In January 2013, following Prithi's untimely death, Priya Kale and SLIC's Reproductive Rights Initiative initiated legal proceedings against the Government of Delhi. On February 1, 2013 the Delhi High Court heard opening arguments in ***Priya Kale vs. Government of NCT Delhi and Ors.***[1] The case is concerned with the terrible conditions at Delhi government homeless shelters, particularly for pregnant and lactating women.The petition argues for the proper functioning of nutrition and shelter schemes for pregnant and lactating women and children living in urban shelters.

Outcome

In February 2013, the Delhi High Court ordered the Delhi Government to provide Motia Khan's residents with three meals per day, maternal health care services, and heaters and geysers.[2] After the order's issuance, SLIC activists visited Motia Khan and found that the Government had failed to comply with the Court's interim orders. SLIC subsequently filed a contempt petition.[3]

At the contempt petition hearing, the Court again directed the Government to comply with the interim orders. Although subsequent visits to Motia Khan revealed that the Government provided Motia Khan residents with geysers and heaters and arranged for a mobile medical van to visit the shelter, it found that the Government was still not providing Motia Khan's residents with three meals a day.

On March 16. 2013, the Government began providing Motia Khan's residents with three meals per day. Simultaneously, the Government filed a Motion to Vacate the Court's interim order to provide Motia Khan's residents with three meals per day arguing that it was unduly onerous. After hearing the motion, the High Court dismissed it.

Programme Implication

SLIC's legal intervention has meant a positive and necessary change for Motia Khan's residents. The intervention has also signalled future fact-findings and petitions in other Indian urban centres.

SLIC has learned several important lessons from its intervention:

- the value of interim orders; their ability to make positive, sweeping changes, even if only for a predetermined time.
- the importance of community involvement in a petition's success. Such cases create the biggest change when there is commitment both from the community and the advocates and social activists.
- Priya's case highlights that no issue exists in isolation. Motia Khan's residents' problems involved several human rights violations including, but not limited to, the right to life, health, shelter, and food.

1 W.P.(C)641 of 2013.
2 Interim orders issued in ***Priya Kale vs. Government of NCT of Delhi and Ors.***, dated 01.02.2013.
3 ***Priya Kale vs. Deepak Spolia and Ors.***, Cont. Cas. (C)197 of 2013.