

Eight steps to activate a new city for family planning



PURPOSE

Over time, TCIHC has learned that if certain steps are taken in an orchestrated manner then activating a city for delivery quality family planning services becomes easier and quicker. This tool is designed to serve as guidance for new TCIHC City Managers to rapidly establish quality family planning services across a TCIHC-supported city.

AUDIENCE

Manager Programs / City Manager, TCIHC; Manager Programs, NGOs

BACKGROUND

Unlike other development projects, The Challenge Initiative for Healthy Cities (TCIHC) is all about being a facilitator, ensuring city government can implement a package of proven family planning-related interventions. While the entire TCIHC team works towards this objective, it is the Program Managers in the cities (also referred to as City Managers) who provide essential technical support (i.e., coaching) to city counterparts, helping them to navigate and leverage government processes and structures to ensure sustainable scale-up of the proven approaches. Having said that, it is not easy to work with the government system when you are an outsider. However, TCIHC City Managers have proven that it is doable to gain acceptance and achieve results. The following tips have been found to be of use in doing the same.

EVIDENCE OF IMPACT

TCIHC successfully experimented with this strategy in on boarding its new City Manager and rapidly establishing quality family planning services across Kanpur. The city of Kanpur was added to TCIHC cities in April 2018. To facilitate TCIHC's work in the city, the City Manager joined in July 2018. Within two months of joining, 44 of the city's 50 facilities had started providing family planning services. This was accomplished because the City Manager followed the following guidance.

GUIDANCE ON ACTIVATING A NEW CITY

Common practices that ensure the success of TCIHC City Managers in helping to galvanize results include:

1. CONSULT INDIVIDUALLY WITH KEY CITY OFFICIALS:

Any person desiring to work in urban family planning in a city must consult the following key officials: Chief Medical Officer (CMO/CMHO/CDMO); Program Officer – Urban Development; District Urban Development Authority (DUDA) representative; Municipal Commissioner; District Magistrate; Division/District Program Manager -NUHM; Nodal Officer - Urban Health / Family Planning; and Program Officer- Integrated Child Development Services. A healthy one-on-one rapport with these movers and shakers of the city will ensure TCIHC's model is understood and supported, which in turn facilitates the implementation of the proven approaches.



Timeline: Ideally within first month of starting, City Managers should meet all of the respective persons listed above individually.

2. KNOW YOUR CITY - CONDUCT A FAMILY PLANNING GAP ANALYSIS:

Hold a city consultation committee (CCC) meeting as soon as possible after you set foot in a city. This becomes the first platform of marketing TCIHC to a group of stakeholders and encourages rapport building among all of the stakeholders working for urban health in the same city, who may be meeting each other for the first time given their varied expertise and points of entry/interventions within urban health. This platform helps identify critical gaps in urban health, family planning, maternal and child health, etc. It also helps produce a city health plan, which serves as a common reference document for everyone to follow in subsequent CCC meetings.

The following preplanning steps are required for organizing a CCC meeting:

- Mapping and validation of stakeholders
- Finalizing date and time in consultation with stakeholders
- Ensuring invitations are issued from the CMO's office and any necessary follow-up
- Finalizing the agenda and activities for the day-long meeting
- Making logistical arrangements

Timeline: Ideally within two months, City Managers should hold the CCC meeting.

3. IDENTIFY 'READY-TO-START' FACILITIES:

Immediately, City Managers should visit each urban primary health center (UPHC), gather its details related to family planning (refer facility readiness checklist) and assess it against government of India's quality assurance parameters for family planning ([refer http://tripuranrhm.gov.in/QA/Guideline/OperationalGuidelinesonQA.pdf](http://tripuranrhm.gov.in/QA/Guideline/OperationalGuidelinesonQA.pdf)). Based on this, identify 'ready-to-start' facilities where the **Fixed Day Static (FDS) approach** can be started immediately with minimum input.

Timeline: Simultaneously initiate this exercise while doing the 'know your city' exercise.

4. FAMILIARIZE YOURSELF WITH THE HIGH IMPACT APPROACHES (HIAS):

By doing city consultation and further assessing gaps in the UPHCs, City Managers gain a better understanding of what is required to move family planning uptake in the city. While you identify gaps, also provide solutions to overcome them. So, having a good grasp and knowledge of the HIA is imperative since they can be the solutions required for fulfilling the identified gaps of the city. Always keep a copy or two of key HIAs handy with you.

5. IDENTIFY AND KEEP THE 'MOVERS AND SHAKERS' OF THE CITY GOVERNMENT INFORMED:

Make a ritual of meeting with the CMO, Nodal Officer, and other key stakeholders and identify at least two stakeholders who are key to getting the work done. Brief them regularly about the family planning work done in slums through UPHCs, FDS, outreach camps (ORCs), urban health and

nutrition days (UHND), etc. Also, understand the dynamics between the CMO and his/her team. Sometimes, including the Nodal Officer hastens the process for approvals.

6. USE DATA FOR DECISION-MAKING AND AMPLIFY TCIHC'S WORK:

Use data to advocate for improving family planning services. This may entail data regarding the status of needed equipment, supplies, health care provider trainings, the status of human resources, recent family planning uptake in UPHCs and role of TCIHC in supporting them, etc. Do a simple time series or trend analysis and present it in key forums, such as urban health review meetings, family planning review meetings, District Health Society Meeting, District Magistrate Meeting and urban local body meeting, among others.

7. BECOME PART OF GOVERNMENT SOCIAL GROUPS AND SHOWCASE TCIHC WORK:

Share important daily happenings related to family planning work in the social media platforms of the city government, such as National Urban Health Mission (NUHM) group, Uttar Pradesh (UP) Technical Support Unit (TSU) group, etc. This updates the CMO, and sharing progress of work builds credibility of TCIHC but also of the CMO and his/her team. This platform can trigger discussions, which can help in convergence with various other departments.

8. PARTICIPATE IN REGULAR MEETINGS AT DIFFERENT LEVELS:

Participate in every urban family planning review meeting, urban health review meeting, and MoIC monthly meeting, and at least one or two ANM/ASHA meetings every month. Facilitate the ASHA/ANM meeting, and bring out challenges and gaps in reaching out to and counselling women on adopting modern family planning methods. Address these issues by doing joint field visits yourself and through the field program associate. Gradually, ANMs should be able to hold review meetings with ASHAs in a similar manner, and the City Manager can focus more on district-level meetings.

ROLES AND RESPONSIBILITIES

CITY MANAGER / MANAGER PROGRAMS

1. Ensure to organize CCC meeting within first month of joining.
2. Ensure that all key officials of city government are met at least once in the first two months of joining.
3. Ensure to brief CMO and Nodal Officer every month at least twice on TCIHC data and updates.
4. Ensure to become part of WhatsApp Group formed by city government officials.

MONITORING BENCHMARKS

1. Number of the following key officials been met and briefed respectively on TCIHC: Chief Medical Officer (CMO/CMHO/CDMO); Program Officer – Urban Development; District Urban Development Authority (DUDA) representative; Municipal Commissioner; District Magistrate; Division/District Program Manager-NUHM; Nodal Officer - Urban Health / Family Planning; and Program Officer-ICDS.
2. Has the CCC meeting been conducted within the first month of the City Manager joining.
3. Number of ready-to-start UPHCs identified.
4. Number of identified ready-to-start UPHCs activated for FDS.

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5. Number of times CMO and Nodal Officer – Urban Health/Family Planning met and briefed on progress made by TCIHC.
 6. Number of times TCIHC progress data along with HMIS used by CMO and Nodal Officer - Urban Health/Family Planning for decision-making.
 7. Number of WhatsApp Groups of city government officials of which City Manager is part.
 8. Number of other social media platforms of city government officials of which City Manager is part.
 9. Number of urban family planning review meetings in which the City Manager has participated.
 10. Number of urban health review meeting, MoIC monthly meeting, and ANM/ASHA meetings in which the City Manager has participated on a monthly basis.

COST ELEMENTS

The tasks that require budgetary provisions are specified below:

- Stakeholders mapping and validation
- Logistical arrangements for the CCC meeting

SUSTAINABILITY

Regular interaction with key city officials is essential, and keeping them abreast with progress updates and data is something that can sustain efforts to make a particular city truly lead and prioritize its family planning program. In addition, regular presence at monthly UPHC meetings, WhatsApp Groups of city government officials and keeping FDS activated by regular guidance can sustain a City Manager's efforts.

AVAILABLE RESOURCES

1. Refer high impact approaches: <https://tciurbanhealth.org/india-toolkit/>
 2. Refer facility readiness checklist
 3. Refer quality assurance parameters for family planning:
<http://tripuranrhm.gov.in/QA/Guideline/OperationalGuidelinesonQA.pdf>
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