

Impact of COVID 19 on Family Planning Program in Rajasthan

Policy Brief | May 2020

Background

Clinical Family Planning service provision in public sector was suspended in Rajasthan since 20th March, 2020. Following the nationwide lockdown since 25th March, most private and NGO health care providers have been non-functional for most of April. Only a few clinics have provided Safe Abortion and Post Abortion Family Planning services in April. Additionally, restrictions on mobility have resulted in reduced access to over the counter contraceptives across the state. In order to better understand the impact of the closure of services due to COVID 19 pandemic, Foundation for Reproductive Health Services India has worked on three scenarios quantifying the loss of services and sales/distribution in the state and its impact in terms of additional unintended pregnancies, abortions and maternal deaths in 2020 for three possible scenarios. This policy brief aims to estimate the impact of the pandemic on Family Planning in India during the calendar year 2020 for three scenarios – **Best Case**, **Likely Case** and **Worst Case**.

In a likely scenario it is estimated that 1.60 million couples in Rajasthan would not be able to access contraceptives between March-September 2020 resulting in 166,217 unintended pregnancies, 47,539 live births, 101,062 abortions and 122 maternal deaths in the state. There will be a loss of 57,757 tubal ligations, 92,040 IUCDs, 56,382 doses of injectable contraceptives, 1.21 million OCPs, 44,007 ECPs and 25.49 million condoms in 2020

Definition of Scenarios

Best Case Scenario: It is assumed that family planning (FP) services will resume in a phased manner from third week of May and will operate at full capacity from July onwards. Commercial sales of contraceptives will be impacted for 50 days.

Likely Case Scenario: In this scenario, FP services will resume in a phased manner from the third week of May and will operate at full capacity from September onwards. Commercial sales of contraceptives will be impacted for 60 days.

Worst Case Scenario: In this scenario, it is assumed that FP services will resume in a phased manner from the third week of May 2020 and will operate at full capacity from September 2020 but at a slower pace. Commercial sales of contraceptives will be impacted for 75 days.

Data Sources, Tools and Assumptions

FRHS India has used supply side data from secondary sources. For public sector, the source of information is the data from the Health Management Information System (HMIS). We have reviewed month-wise data for calendar years 2017, 2018 and 2019.

For commercial market, we have used the Social Marketing statistics for 2018 (pan India), collated and published by DKT International. For private sector condoms and OCPs sales we have used the annual moving average total from IQVIA Retail Sales Audit, MAT Feb 2019 courtesy - PSI India Private Limited. From the national data, we have used state urban population to arrive at Rajasthan's estimated sales for OCPs, ECPs and IUCDs. For condoms, retail audit estimates that Rajasthan contributed 6% of total national sales. Insights and experiences from professionals working in the sector, have informed the assumptions made.

The following assumptions have been made in arriving at the estimates:

Public Sector:

1. Lockdown has resulted in a 40% loss of service in March; 100% in April; 75% in May and 25% in June for Sterilization and IUCD services in the **best case scenario**; in **likely case scenario** the loss would be 40% in March; 100% in April; 80% in May; 50% in June and 25% in July and August and in the **worst case scenario** the loss would be 40% in March; 100% in April; 90% in May; 70% in June and 50% in July and August.
2. For IC 40% loss of service in March; 90% in April; 50% in May; 25% in June is estimated in the **best case scenario**; 40% loss of service in March; 90% in April; 60% in May; 40% in June is estimated in the **likely case scenario** and 40% loss of service in March; 90% in April; 60% in May; 25% in June-July is estimated in the **worst case scenario**.

3. For condoms, OCPs and ECPs, we have assumed a loss of 40% in March, 80% in April, 50% in May and 25% in June.
4. Due to over reporting we have made a downward adjustment of 40% for IUCD, 50% for condoms 25% for OCPs and 10% for ECPs. For injectable contraceptives we have assumed a growth of 25% in 2020, in normal circumstances, since it is a recently introduced method.
5. Monthly service data from HMIS for 2019 has been used and have been adjusted by the average growth/decline in calendar year 2018 and 2019 to arrive at loss in 2020.









Private Sector:

1. Lockdown has resulted in a total loss of 50 days with commercial and social marketing organizations unable to do any secondary sales/distribution of their products for **best case scenario**; 60 days for **likely case scenario** and 75 days for **worst case scenario**.
2. Based on insights from experts in the field, we applied the following factor to Social Marketing sales to arrive at private sector sales: 10% of SM sales for IUCD, 25% for injectable and twice the SM sales for ECP.







To arrive at client numbers, OCP numbers have been divided by 4, ECP has been adjusted by 25% and condoms distributed divided by 20 for best case, 24 for likely case and 30 for worst case.

Marie Stopes International's Impact Calculator Version 2 has been used to arrive at the impact of this loss on increased unwanted pregnancies, unsafe abortions and maternal deaths and to calculate loss of CYPs. The Impact Calculator is used to measure the positive impact of FP methods provided by a program. We have used the loss of services, product sales and CYPs to arrive at impact in terms of unintended pregnancies, abortions and maternal deaths.

Estimate of Loss of Services and Sales in Rajasthan

Particulars	Best Case Scenario	Likely Case Scenario	Worst Case Scenario
 Female Sterilization	47,349	57,757	70,295
 Male Sterilizations	507	657	834
 IUCDs	64,241	92,040	121,948
 Injectable Contraceptives	49,587	56,382	53,270
 Oral Contraceptive Pills	1,069,551	1,208,003	1,415,681
 Emergency Contraceptive Pills	39,528	44,007	50,725.8
 Condoms	21,722,342	25,493,219	31,169,506
 No. of Clients unable to access contraception	1,544,835	1,604,059	1,677,296

Impact on Unwanted Pregnancies, Unsafe Abortions and Maternal Deaths

Health Impact	Best Case Scenario	Likely Case Scenario	Worst Case Scenario
 Loss of Couple Year Protection	1,100,824	1,372,379	1,697,089
 No. of Unintended Pregnancies	135,532	166,217	204,301
 No. of Live Births	38,763	47,539	58,431
 No. of Abortions	82,405	101,062	124,217
 No. of Unsafe abortions	47,553	58,320	71,682
 No. of Maternal Deaths	99	122	150

Use of contraception has a direct co-relation with child mortality and this loss of access to contraception is likely to result in increased child mortality in 2020.

Recommendations

Once things return to normalcy, there would be an **increased demand for sterilization** and **abortions**. Many of the 166,217 women with unintended pregnancies may/would want to terminate their pregnancies. This could overwhelm the public health systems. In light of the pandemic, clinical service delivery cannot be “business as usual” and with continued social distancing and additional precautions required, service delivery capacities for sterilization services may shrink or quality of care may get compromised. To mitigate the situation, the state could consider the following recommendations:

1. Improve Readiness of Public Sector to meet surge in demand for Sterilizations in Second Half of 2020: Ensure that availability of adequate quantities supplies, consumables, drugs, equipment and additional personal protection equipments at Community and Primary Health Centers (CHC/PHC). Devise a system for an appointment based provision of sterilization services to reduce overcrowding and maintain social distancing footfalls in Fixed Day Services (FDS) offered in CHC/PHCs. Advise CHC/PHCs to prepare FDS schedules for a quarter or six months rather than the current practice of monthly schedules.

2. Increasing Access to Safe Abortion Services: Public health system’s contribution to safe abortions is very limited. However, it is important for all CHC/PHCs to ramp up provision of safe abortion services by procuring MA drugs, Manual Vacuum Aspiration equipment and required supplies to improve access, particularly for rural women.

3. Addressing Challenges of Private/NGO Sector FP provision: Private and NGO facilities play a key role in clinical FP service provision in the state. 39% of all tubal ligation and 38% of all non-scalpel vasectomy in FY 2019-20 were provided by NGOs/Private Providers, among the highest in the country. The lockdown has impacted the NGOs/Private providers and it would be important for the state to and mitigate the revenue losses incurred by them, failing which some of them may have to scale down.

The state needs to take proactive steps to ensure the quality contraceptive services and products are available widely as soon as normalcy is restored.

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