

India's Prioritized Actions 2018-2020



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India's Prioritized Actions 2018-2020

Prioritized Actions for Focal Point and in-country stakeholder	Institution/person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
1.1.1 Developing state specific strategies and its roll out	Donor Partners MoHFW, State Governments						
1.1.2 Training and communication materials for ASHAs on contraceptive methods for young people	Donor Partners MoHFW, State Governments						
1.1.3 Streamlining contraceptive supplies and FP-LMIS to meet the generated demand	Donor Partners, State Governments						
1.1.4 Collaboration and partnerships between Government and organizations specializing on SBCC to strengthen capacity							
1.1.5 Developing context specific material/innovative campaigns frequently and disseminate	Donor Partners, State Governments						

	widely for sustained message retention and greater penetration in the community							
1.1.6	Category revival campaigns for condoms, OC pills, EC pills, injectables to be launched through various channels including mass media/digital media/social media and in partnership with various stakeholders.	Donor Partners, MoHFW, State Governments						
1.1.7	Sensitization of private sectors to create a drive for improving FP services	Donor Partners, MoHFW, State Governments						
1.1.8	Create a platform for private sector involvement to incorporate public sector priorities.	Donor Partners, CSO MoHFW, State Governments						
1.1.9	Develop innovative and evidence based strategies to engage private sector e.g. pharmacies, e-commerce based organizations	Donor Partners, CSO, State Governments						
1.1.10	Social marketing basket of FP products expanded to include additional contraceptive options, such as injectables, Progesterone only pills, emergency contraceptive pills	Donor Partners, MoHFW, State Governments						
1.1.11	Facility based contraceptives information, products and services for young people strengthened through Health and Wellness Center (HWCs) platform. For instance, the RMNCH+A operational guidelines for HWCs to mainstream youth friendliness	Donor Partners, MoHFW, State Governments						
1.1.12	Community based contraceptives information, products and services for young people strengthened through existing community platforms such as 3 As (ASHA+AWW+ANM).	Donor Partners, MoHFW, State Governments						
1.1.13	Explore opportunities for incorporating adolescent health	Donor Partners, MoHFW						

<p>component in JSK helpline. For instance, conduct a rapid assessment of youth friendliness of JSK helpline.</p>							
<p>1.1.14 Strengthening skills of counselors, and providers on counseling for young people</p>	<p>Donor Partners, MoHFW, State Governments</p>						
<p>1.1.15 Develop customized communication campaigns as per the diverse prevailing cultural practices</p>	<p>Donor Partners, MoHFW, State Governments</p>						
<p>1.1.16 Developing innovative strategies aligned with National priorities to improve community reach to promote contraceptive use</p>	<p>Donor Partners, CSO, MoHFW, State Governments</p>						
<p>1.1.17 Aligning the strategies with National priorities to mobilize the community for increasing uptake of FP services.</p>	<p>Donor Partners, MoHFW, State Governments</p>						
<p>1.1.18 Strengthened civil society engagement in FP2020</p>	<p>CSO, MoHFW</p>						

Annex 1.

Country Profile: FP2020 Focal Point Team & In-Country Coordination

List of Focal Points	Government	Family Planning Division, Ministry of Health & Family Welfare(MoHFW), Government Of India
	Donor	UNFPA, USAID
		BMGF, Packard Foundation, CIFF
Civil Society	Advocating Reproductive Choices (ARC)	
FP Stakeholders (institutional and/or individual) <u>Note:</u> Please list key FP stakeholders e.g.: <ul style="list-style-type: none"> - Government agencies with FP in their mandate - Civil society organizations (national and international) working on FP in country - Multi-lateral and donor agencies working in FP - Youth organizations - etc. 	Government: MoHFW – Division of family planning, Division of maternal health, Division of child health, Department of Medical Education, CDSCO/ DCGI Civil Society Organizations (national and international): ARC, PFI, FPAI, PSS, PHSI, MSI, JHPIEGO, IPAS, Engender Health, others Multilateral & donor agencies working in FP: UNFPA, USAID, BMGF, Packard foundation Youth organizations: YP Foundation	

CURRENT MECHANISMS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
Mechanism	Convening/ Coordinating body	Members	Frequency (monthly, quarterly, semi-annually, etc.)	Notes on efficacy (How efficient & effective are these?)
National Summit for Family Planning	MoHFW	Development Partners, Civil Society Organizations, International and National non-government organizations, State Government representatives, FP service providers	Annual	Helps to gauge the efforts required by respective members for achieving and advancing FP goals
Meeting of National Task Force on Injectables	MoHFW	Development Partners, Civil Society Organizations, International and National non-government organizations	Annual	Helps to keep track of the efforts taken for roll out of new contraceptives
Development	MoHFW	Development Partners	Quarterly	Provides a platform to

Partners Meeting				channelize the efforts under the “Transformation of Aspirational Districts” programme which has a special focus on RMNCH+A
State Level reviews	MoHFW	State Nodal Officers, District Nodal Officers, FP service providers, Development Partners	Annual	Effective for review of FP program, facilitation and capacity building of states for quality implementation of FP program, strengthening data management

Please list additional opportunities to improve coordination:

- Annual meetings of Development partners and MoHFW, India for alignment of the country work plans of development partners with India’s Family Planning priorities.
- Experience sharing platforms for disseminating cross country learning.

Annex 2: Identification of Challenges & Prioritization of Actions

Summary of national strategy (e.g. RMNCH+A) – *if applicable*

Insert your country's strategic priorities here (from existing documentation)

Prioritized areas:

1. Improving access to quality Family Planning Services which is based on felt need of the community
2. Ensuring voluntary adoption of Family Planning methods
3. Expanding basket of contraceptive choices to cater to the clients
4. Improving healthy spacing between births
5. Assuring quality of program and interventions

Step 1. From the above commitment(s) and/or strategic priority area(s) which is your country having the greatest difficulty in making progress on? (*the table below can be extended, if you'd like to cover more than three*)

Please reference your 2018 commitment self-report questionnaire, if needed.

Commitment 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

Commitment 6: Expanded role of the private sector for ensuring family planning services

Commitment 7: Enabling young people to access sexual and reproductive health information and services

COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

Step 2. What progress toward each commitment/strategic priority (*listed in Step 1*) has been made? What efforts have been made?

Please reference your 2018 commitment self-report questionnaire (attached) as well as any available data in country (e.g. DHS report, materials of the recent Data Consensus Meeting, etc.) as evidence. Additional data summary will be shared by the Secretariat and Track20 in the next few weeks.

COMMITMENT 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

There has been continued emphasis on demand generation activities for Family Planning. A comprehensive 360-degree campaign was launched by the Ministry of Health & Family Welfare in two phases. In 2017-18, the second phase of the campaign was launched with the primary aim of increasing

awareness and demand of modern contraceptives among the public. The second phase multimedia campaign was designed with the objective of reaching out to people of all age groups, regions and strata of the society to bring about a positive change in the use of contraception and shatter associated myths. It also incorporated additional learning from Phase 1, resulting in a focused and refined campaign.

An extensive dissemination of the entire media campaign including state level advocacy was done across all states. The entire campaign was also translated in 14 regional languages to enhance local penetration. The television commercials developed as part of the campaign, covered issues such as highlighting the involvement of men, dispelling old notions and myths as well as the introduction of newer contraceptive methods in family planning which were aired for 6 months in prime national, regional channels and radio spots. Multiple posters, hoardings and pamphlets were also developed in the second phase. These posters were also translated in the local languages and disseminated in all the states.

A dedicated radio show “*Hum Do*” (emulating a couple’s conversations around Family Planning, enacted by an RJ duo) was developed to promote inter-spousal communication and aired on All India Radio and its primary channels.

A dedicated website for Family Planning Division has also been developed www.humdo.nhp.gov.in which is a one stop platform for accessing accurate information on family planning in a simple, consumer friendly manner.

COMMITMENT 6: Expanded role of the private sector for ensuring family planning services

There is a vast cope for Family planning in India which transcends the potential of a single sector alone. The private sector in India has a huge presence and garners trust among the people. In order to tap into these potential private hospitals have been accredited to provide sterilization and IUCD services to the beneficiaries in many states. Additionally, accredited NGOs and coalitions like Advocating Reproductive Choices (ARC) play a significant role. ARC is a an alliance of over 170 civil society organizations, development organizations and individuals that are committed to advocating for greater attention and focus on sexual and reproductive health issues and family planning services in India.

Government of India is implementing a special scheme, Mission Parivar Vikas, in 146 districts of seven high focus states aimed at increasing the involvement of private providers for provision of sterilization services. India also came up with an innovative scheme of providing assured services through the mechanism of Clinical Outreach Teams (COT) in the Mission Parivar Vikas districts. The overall aim of the scheme is to increase access to FP services in these hard to reach areas by roping in various established organizations for providing dedicated FP services.

In line with its commitment the Government of India has also launched the Social Franchising Scheme in Uttar Pradesh, in order to enhance FP services in the state.

COMMITMENT 7: Enabling young people to access sexual and reproductive health information and services

India has one of the largest cohorts of young people and adolescents in the world.

- Government of India initiated the Rashtriya Kishor Swasthya Karyakaram (RKSK) programme and one of the key strategies under this to increase access to sexual and reproductive health services. The program covers the school, community, as well as facility-based interventions. The School Health Programme (SHP) is also an important initiative which was launched to address the health needs of the school going children, adolescents and SHP guidelines have been prepared. The facility based interventions are being implemented through establishment of Adolescent Friendly Health Clinics (AFHCs) at various public health facilities. These act as the first level of contact for adolescents with primary health care services. Many of these clinics have dedicated adolescent counselors.

- FP division has also developed Hum Do websites a platform to increase awareness generation with an emphasis on spousal communication, dispelling old notions and improving male participation 360degree media campaign is the key initiative to generate awareness and promote contraceptive uptake

COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

FP 2020 has been instrumental in bringing back focus on the Family Planning program globally. The efforts of the Ministry of Health and Family Welfare (MoHFW), Government of India towards provision of quality family planning services have been strengthened due to the strong presence and participation of civil societies who have partnered with MoHFW to achieve the desired outcomes. These include a number of Donor Partners, Technical agencies and implementing partners who are contributing in various areas of family planning in the country.

The role of various civil societies is enumerated below:

- a. Service Organizations - Agencies such as MSI, Janani, FPAI and Parivar Sewa Sansthan are providing FP services at nominal costs and have also developed targeted communication campaigns intended for generating demand for services.
- b. Community advocacy Groups - A number of NGOs working in the area of family planning and reproductive health extend their expertise in various communication processes and community level activities.

Step 3. What are the key challenges or blockages faced when trying to accelerate progress towards the above selected commitments? Where does there seem to be resistance? What are the root causes of those *challenges and blockages*?

3.1. KEY CHALLENGES AND BLOCKAGES (e.g. operational, technical, political)

COMMITMENT 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

- Message retention in the constantly changing social media milieu
- There is need for standardized training capsules and counseling materials for counselors and frontline workers
- Incorporation of Life cycle approach for advocating health messages right from adolescence through the reproductive health span of the target audience

COMMITMENT 6: Expanded role of the private sector for ensuring family planning services.

- Insufficient involvement of private sector in providing Family Planning services
- Engaging private sector for improving access of contraception to young people

COMMITMENT 7: Enabling young people to access sexual and reproductive health information and services

- High unmet need for contraception among young population.
- Overcoming social and cultural biases among adolescents in accessing SRHR services
- Availability and accessibility of services for young newly married is limited.

COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

- High Unmet need for modern contraception

3.2. ROOT CAUSES PER CHALLENGE LISTED ABOVE

(i.e. What are the root causes of the challenges faced in accelerating progress towards the listed commitments? Please reference the guidance note below.

Step 3.2. Guidance note: *This step can be done through asking 5 “why questions”*

5 WHY questions: *an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question “Why?” Each answer forms the basis of the next question. Here is an example:*

- Community based health workers (CBWs) are not yet in place at the district level (the challenge)
 - a. Why? - CBWs have not received a basic training yet (First why)
 - b. Why? - District health offices have not yet received the updated training manual from the central level (Second why)
 - c. Why? - Budget cuts for the training department at the Ministry delayed training manual development at the central level (Third why)
 - d. Why? - Health minister was not successful in budget negotiation with the Ministry of Finance for this fiscal year (Fourth why)
 - e. Why? –According to feedback, supporting documents for budget negotiation were not sufficient (e.g. policy briefs, visualized data summary) to allow the Health Minister to show the impact and urgency of the program (Fifth why, a root cause)

COMMITMENT 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

Challenges	↔	Root causes
<ul style="list-style-type: none"> • Message retention in the constantly changing social media milieu • Incorporation of Life cycle approach for advocating health messages right from adolescence through the reproductive health span of the target audience • Reinvigorate counselors and frontline workers with updated trainings and materials 	↔	<ul style="list-style-type: none"> • The communication plan of states is not comprehensive • States need to plan social behavior change communication (SBCC) strategy • Insufficient clarity at the state level on the roll out of communication campaigns • The socio-cultural norms hinder the normalization of contraceptives • Rapid advancements in the social media platform make products redundant within a short time

COMMITMENT 6: Expanded role of the private sector for ensuring family planning services.

Challenges	↔	Root causes
	↔	

<ul style="list-style-type: none"> • Insufficient involvement of private sector in providing Family Planning services. • Engaging private sector for improving access of contraception to young people 	<ul style="list-style-type: none"> • Benefits of investing in Family Planning services are perceived to be limited in economic terms by private sector. • Differing priorities of private and public sector.
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COMMITMENT 7: Enabling young people to access sexual and reproductive health information and services

Challenges	Root causes
<ul style="list-style-type: none"> • High Unmet need for contraception among young population. • Overcoming social and cultural biases among adolescents in accessing SRHR services • Availability and accessibility of services for young newly married is limited. 	<ul style="list-style-type: none"> • Limited interaction on sexual and reproductive health in the present socio cultural context • Associated taboos and stigmas related to SRH issues in young people. • Lack of capacity/provider bias to engage with young people • Diverse socio cultural practices.

COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

Challenges	Root causes
High Unmet need for modern contraception	<ul style="list-style-type: none"> • Diverse socio cultural practices. • Limited reach of CSO in the community for promotion of FP services

Step 4. What actions are required to tackle the root causes (in 3.2 above) for the identified challenges? Where does the greatest opportunity stand to influence the system, overcome resistance and accelerate changes?

4.1. What is needed in order to tackle the root causes for the identified challenges/blockages (listed in 3.2 above)? Based on your assumptions about what could work well and what will not, think about all possible actions/interventions.

COMMITMENT 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

Root causes	Actions/interventions to be taken
<ul style="list-style-type: none"> • The communication plan of states is not comprehensive • States need to plan social behavior change communication (SBCC) strategy 	<p>1.1</p> <ul style="list-style-type: none"> • Developing state specific strategies and its roll out • Training and communication materials for ASHAs on contraceptive methods for young people • Streamlining contraceptive supplies and FP-LMIS to meet the generated demand

<ul style="list-style-type: none"> • Insufficient clarity at the state level on the roll out of communication campaigns • The socio-cultural norms hinder the normalization of contraceptives • Rapid advancements in the social media platform make products redundant within a short time 	<ul style="list-style-type: none"> • Collaboration and partnerships between Government and organizations specializing on SBCC to strengthen capacity • Developing context specific material/innovative campaigns frequently and disseminate widely for sustained message retention and greater penetration in the community • Category revival campaigns for condoms, OC pills, EC pills, injectables to be launched through various channels including mass media/digital media/social media and in partnership with various stakeholders.
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COMMITMENT 6: Expanded role of the private sector for ensuring family planning services.	
Root causes	Actions/interventions to be taken
<ul style="list-style-type: none"> • Benefits of investing in Family Planning services are perceived to be limited in economic terms by private sector. • Differing priorities of private and public sector. 	<p>2.1</p> <ul style="list-style-type: none"> • Sensitization of private sectors to create a drive for improving FP services • Create a platform for private sector involvement to incorporate public sector priorities. • Develop innovative and evidence based strategies to engage private sector e.g. pharmacies , e-commerce based organizations • Social marketing basket of FP products expanded to include additional contraceptive options, such as injectables, Progesterone only pills, emergency contraceptive pills • The Government of India recently launched Pradhan Mantri Jan Arogya Yojana (PM-JAY), under the Ayushman Bharat Scheme, which aims to provide health protection cover to poor and vulnerable families for health care services (including family planning procedures) availed at empaneled hospitals.

COMMITMENT 7: Enabling young people to access sexual and reproductive health information and services	
Root causes	Actions/interventions to be taken
<ul style="list-style-type: none"> • Limited interaction on sexual and reproductive health in the present socio cultural context • Associated taboos and stigmas related to SRH issues in young people. • Diverse socio cultural practices. 	<p>3.1</p> <ul style="list-style-type: none"> • Facility based contraceptives information, products and services for young people strengthened through Health and Wellness Center (HWCs) platform. For instance, the RMNCH+A operational guidelines for HWCs to mainstream youth friendliness • Community based contraceptives information, products and services for young people strengthened through existing community platforms such as 3 As (ASHA+AWW+ANM). • Explore opportunities for incorporating adolescent health component in JSK helpline. For instance, conduct a rapid assessment of youth friendliness of JSK helpline.

<ul style="list-style-type: none"> Lack of capacity/provider bias to engage with young people 	<ul style="list-style-type: none"> Strengthening skills of counselors, and providers on counseling for young people Develop customized communication campaigns as per the diverse prevailing cultural practices
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COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

Root causes	Actions/interventions to be taken
<ul style="list-style-type: none"> Diverse socio cultural practices. Limited reach of CSO in the community for promotion of FP services 	<p>4.1</p> <ul style="list-style-type: none"> Development of innovative strategies to improve community reach to promote contraceptive use Aligning the strategies with National priorities to mobilize the community for increasing uptake of FP services. Strengthened civil society engagement in FP2020

4.2. How can all focal points and other stakeholders best leverage their influence to support these interventions to accelerate progress?(Refer back to the stakeholder list above)

- Action 1.1:**
- 1.1.1 Developing state specific strategies and its roll out
 - 1.1.2 Training and communication materials for ASHAs on contraceptive methods for young people
 - 1.1.3 Streamlining contraceptive supplies and FP-LMIS to meet the generated demand
 - 1.1.4 Collaboration and partnerships between Government and organizations specializing on SBCC to strengthen capacity
 - 1.1.5 Developing context specific material/innovative campaigns frequently and disseminate widely for sustained message retention and greater penetration in the community
 - 1.1.6 Category revival campaigns for condoms, OC pills, EC pills, injectables to be launched through various channels including mass media/digital media/social media and in partnership with various stakeholders.
- Action 2.1:**
- 1.1.7 Sensitization of private sectors to create a drive for improving FP services
 - 1.1.8 Create a platform for private sector involvement to incorporate public sector priorities.
 - 1.1.9 Develop innovative and evidence based strategies to engage private sector e.g. pharmacies , e-commerce based organizations
 - 1.1.10 Social marketing basket of FP products expanded to include additional contraceptive options, such as injectables, Progesterone only pills, emergency contraceptive pills
- Action 3.1:**

- 1.1.11 Facility based contraceptives information, products and services for young people strengthened through Health and Wellness Center (HWCs) platform. For instance, the RMNCH+A operational guidelines for HWCs to mainstream youth friendliness
- 1.1.12 Community based contraceptives information, products and services for young people strengthened through existing community platforms such as 3 As (ASHA+AWW+ANM).
- 1.1.13 Explore opportunities for incorporating adolescent health component in JSK helpline. For instance, conduct a rapid assessment of youth friendliness of JSK helpline.
- 1.1.14 Strengthening skills of counselors, and providers on counseling for young people
- 1.1.15 Develop customized communication campaigns as per the diverse prevailing cultural practices

Action 4.1:

- 1.1.16 Developing innovative strategies aligned with National priorities to improve community reach to promote contraceptive use
- 1.1.17 Aligning the strategies with National priorities to mobilize the community for increasing uptake of FP services.
- 1.1.18 Strengthened civil society engagement in FP2020

4.3. To what extent are these interventions focused on the following three themes of the workshop? Please list those that you would like to discuss/learn more (from other countries' experiences and/or technical partners) at the October workshop.

<p>1. Strengthening leadership / improving political will</p>	<p>India is committed to improve FP services. India was the first country to launch National program for Family Planning and is continuously making efforts to increase the reach of FP services. In recent years India has integrated FP into the RMNCH+A ambit and ensured that FP is central to all its efforts for improving maternal, child and adolescent health services.</p> <p>With the launch of Mission Parivar Vikas, FP-LMIS, new contraceptives and its focused approach there is no doubt that political will is well established in the arena of family planning commitments of India.</p>
<p>2. FP financing</p>	<p>Government of India is well committed to enhance its allocation on Family Planning which is also evident in the key initiatives launched in the recent years such as the expansion of contraceptive basket, Mission Parivar Vikas, FP-LMIS and a 360-degree media campaign. All these new strategies, along with the increased focus on Family Planning have been commensurate with the increased allocation under FP.</p>
<p>3. Reaching youth and adolescents a. Adolescents b. Youth</p>	<p>India has the largest cohort of youth and is committed to address their SRH needs. Youth and Adolescents are a priority of the government and are catered to under the programme of Rashtriya Kishore Swasthya Karyakram. Adolescent friendly health clinics provide counsellors especially for the need of the target age group.</p> <p>Asia focal point meeting can be a platform for sharing experiences on engaging youth in various countries.</p>

India's FP2020 Commitments

COMMITMENT 1: Overarching FP2020 goals for India are to drive access, choice and quality of family planning services so as to increase the modern contraceptive usage (mCPR) from the current 53.1% (2017-Track 20 estimate) to 54.3% by 2020 and ensure that 74% of the demand for modern contraceptives is satisfied by 2020

COMMITMENT 2: Expanding range and reach of contraceptive options by 2020 by -

- 2.1 Roll-out of injectable contraceptives, Progesterone only Pills (POPs) and Ormeloxifene (non-hormonal weekly pill: Centchroman – an Indian brand) in the public health system
- 2.2 Exploring the introduction of new Long-acting reversible contraceptives (LARCs)

COMMITMENT 3: Delivering assured quality of services in the hardest-to-reach rural and urban areas by providing a full-service package at all levels in all 146 Mission Parivar Vikas (MPV) districts

COMMITMENT 4: Strengthening FP supply chain and commodity tracking across all states of India

COMMITMENT 5: Increased awareness and demand generation through a comprehensive 360 degree communication campaign rolled out across all states of India

COMMITMENT 6: Expanded role of the private sector for ensuring family planning services

COMMITMENT 7: Enabling young people to access sexual and reproductive health information and services

COMMITMENT 8: Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations

COMMITMENT 9: India has renewed its commitment and now promises that it will invest 3 billion USD by 2020. The country will continue implementation of costed plans for RMNCHA including FP at national and sub-national levels

COMMITMENT 10: The country will provide post-partum IUCD services and place dedicated FP counsellors in public health facilities with heavy delivery caseloads.

- 10.1 It will distribute contraceptives at the community level through 860,000 community health workers and 150,000 rural health sub-centers and will train 200,000 health workers to provide IUDs.