

FP2020 Commitment 2020 Update Questionnaire INDIA



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 webpage—www.familyplanning2020.org/india—so in-country and global stakeholders can follow India's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to msmith@familyplanning2020.org and chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang, Senior Manager, Asia, on chwang@familyplanning2020.org. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) India's commitment and 2) six standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

COMMITMENT OVERVIEW

India will overarch FP2020 goals to drive access, choice and quality of FP services so as to increase the modern contraceptive usage from 53.1% to 54.3% and ensure that 74% of the demand for modern contraceptives is satisfied by 2020.

The country will be expanding the range and reach of contraceptive options by 2020 through roll out of new contraceptives and exploring the introduction of new Long-acting reversible contraceptives (LARC) along with delivering assured quality and full range of FP services at all levels.

India will strengthen the contraceptive supply chain by implementing the Family Planning Logistic Management Information System (FP-LMIS). The country will increase awareness and generate demand for FP services through a comprehensive 360-degree media campaign across all its states and continue to provide FP services and supplies free of cost to all eligible couples and adolescents via the public health system, Non-Government organizations and accredited private sector. The social marketing scheme would be revitalized, and social franchising schemes would be initiated to rope in the private sector.

At the 2012 Summit, India committed to spend 2 billion USD by 2020 for the Family Planning program and in 2017, India renewed its commitment with a pledge to invest 3 billion USD by 2020. The country will continue implementation of costed plans for RMNCHA including FP at national and sub-national levels.

1.COMMITMENT: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 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

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has already achieved its stipulated FP2020 commitment goal. As per 2019 Track 20 estimates, India has achieved mCPR of 54.7% and 'demand satisfied by modern contraceptives' of 74.3%.

This is reflective of the success of various strategies and initiatives undertaken in country's National Family Planning Program such as Mission Parivar Vikas, expanded basket of contraceptive choices, dedicated Family Planning Logistic Management Information System (FP-LMIS) for strengthening and streamlining the supply chain management etc. Also, cognizant of the changes in services delivery modalities due to COVID Pandemic, guidelines were issued by Government of India (*Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health plus Nutrition Services (RMNCAH+N) during and post-COVID -19 Pandemic*) to ensure assured and uninterrupted services to all those in need for contraception during the lockdown. Further, the country has continued to focus on strengthening post pregnancy contraception in 2019-20.

All these strategies have resulted in an increased uptake of modern contraceptives.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

2.COMMITMENT: 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)

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

2.1) The Government of India added two new contraceptives, namely Injectable contraceptive MPA and a non-hormonal pill Centchroman in September 2017 in the National Family Planning Program. With an army of over 80,000 trained services providers, Injectable MPA services are now available in all the states of India. The domestic procurement mechanisms are in place and currently India is self-sufficient in producing Intramuscular MPA injections. The uptake of Centchroman has also been encouraging. All the services are available free of cost in all public health facilities.

To ensure quality services, the entire effort is supported by robust data management strategies and actions. An all-inclusive system comprising of data recording and reporting mechanisms and monitoring indicators was developed to ensure provision of quality services and uninterrupted availability of commodities.

2.2) At present, India is exploring the possibility of introducing new LARCs in the contraceptive basket.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

3. **COMMITMENT:** 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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has adopted an intensified strategy for focused interventions in 146 High Fertility Districts spanning across seven high focus states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam).

To improve quality of service delivery and demand generation, Implementation Oversight and Coordination Mechanisms have been put in place.

As part of the wider MPV strategy, the following initiatives were undertaken:

- To generate awareness, increase uptake as well as to promote Family Planning services among newly-weds, *NayiPehl (New Beginning)* kits were distributed.
- To promote behavioural change and bring about an attitudinal shift amongst key decision makers, *Saas-Bahu Sammelans (Mother in law-Daughter in law meetings)* are organized which has garnered a tremendous response within the community.
- Operationalization of a dedicated mobile van (*SAATHI Van*) to generate awareness and distribute contraceptives in hard to reach areas was undertaken.
- Dedicated efforts have resulted in an increase in uptake of long acting reversible contraceptives in MPV districts
- FP-LMIS was operationalized in all the selected districts.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (**X**) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family Planning – Logistic Management Information System (FP-LMIS) was launched in 2017 with an aim to strengthen the contraceptive supply chain system. It is a unique software which not only helps in averting an approaching stock-out situation but also encourages a demand-pull approach.

All the depot holders of Family Planning commodities are encouraged to place indents and release commodities through FP-LMIS

b) Please mark an X below on progress toward elements of the commitment:

Achieved (**X**) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

There has been continued focus on demand generation activities for Family Planning. The comprehensive 360-degree campaign, launched countrywide in two phases, has been running successfully across all states.

The Ministry of Health and Family Welfare, Government of India has increased focus on promoting spacing between births to achieve improved maternal and child health outcomes. A dedicated website for Family Planning Division is running strong (www.humdo.nhp.gov.in) to serve as a platform for accessing accurate information on family planning in a simple, consumer friendly manner.

With a view to improve the uptake of Oral contraceptive pills (OCPs) as well as address the myths and misconceptions prevailing around the use of these methods, a dedicated campaign for rejuvenating the OCP category and increasing its use, has been developed.

Government of India is also envisioning rejuvenating the condoms uptake in the community and improving the male engagement through focused IEC/BCC activities.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The private sector has a huge presence and garners trust among the people. In order to tap this potential, private doctors have been empanelled to provide sterilization services to the beneficiaries. The private sector participation is increasing in the country for both, provision of sterilization as well as IUCD services.

India also came up with an innovative scheme for providing assured services through the mechanism of Clinical Outreach Teams in 146 MPV districts. The overall aim of the scheme is to increase access to FP services in these hard to reach areas by roping in the services of various established organizations providing dedicated FP services.

Further, to improve the role and monitoring of private sector, the national data portal captures segregation of FP services.

Also, Implants have been registered in India for its use in private sector.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Private sector plays a major role in rendering family planning services, especially in urban areas. Currently almost $\frac{1}{4}$ of the services are provided through private health facilities, however, there still exists a huge scope to increase the service access. Also, reaching the underserved and hard to reach areas by private health sector remains a challenge.

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

a) Please provide an update below on achievements made in July 2019 – June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has one of the largest cohorts of young people in the world. Government of India initiated Rashtriya Kishor Swasthya Karyakaram (RKSK) on 7th Jan 2014. RKSK has been implemented across the country and the program covers the school, community, as well as facility-based interventions. One of the key strategies under this program is to increase access to sexual and reproductive health information and services. The facility-based interventions (e.g.: provision of contraceptive information and services, safe abortion services, information on safe sexual behaviour, menstrual hygiene etc) are being implemented through 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 health counselors, who, along with the MOs and ANMs are trained in providing quality Adolescent friendly health services. In addition, young people are provided information through 360-degree audio, video, print media campaign as well the through community health workers.

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Young People struggle with self-identity, peer acceptance, parental approval and overall societal belonging. They also have varying reproductive health needs which need to be addressed by our health system. Since, India has one of the largest cohorts of adolescents and young people in the world, addressing specific needs of such a sizable population is a challenge.

8. COMMITMENT: 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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The efforts of Government of India towards provision of quality family planning services have been strengthened due to the strong presence and participation of civil societies. These include several 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. Donor Partners - Agencies such as USAID, UNFPA, LAD and BMGF have extended technical support for enhancing the coverage of quality FP services as well as providing technical insights in program monitoring and updates.
- b. Technical Agencies - The FP program has improved in terms of quality and service coverage through partnerships with numerous technical agencies for e.g. Jhpiego, Engenderhealth, Ipas, etc. These agencies have been instrumental in imparting technical trainings to service providers, regular program monitoring, conducting periodic evaluation studies, bridging service gaps through supportive supervision visits, advocacy with state government and development of IEC material.
- c. Service Organizations - Agencies like 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.
- d. Advocacy Organizations – Agencies such as ARC, PFI, PSI etc are actively engaged in advocacy for Family Planning.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

9. COMMITMENT: India renewed its commitment and 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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has come up with several Family Planning initiatives such as the expansion of contraceptive basket, Mission Parivar Vikas, FP-LMIS, and a 360-degree media campaign. The new strategies, along with the increased focus on Family Planning have resulted in commensurate increase of allocation for FP.

From 2012 to 2019, nearly 3 billion USD have been allocated for Family Planning through central funds.

The above allocation excludes the substantial amount spent by the State Governments since health is a state subject in India.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

10. COMMITMENT: 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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

With the primary goal to reduce maternal and neonatal mortality and morbidity, India has made tremendous progress in the provision of PPIUCD services.

PPIUCD services are being strengthened through closely monitored training and regular post training follow-ups. There has been an increase in demand generation activities, utilization of ASHA (community health workers) and RMNCH+A counselors at high delivery load facilities for counseling and integrating post-partum family planning (PPFP) in various MCH platforms. The concept of task sharing by staff nurses has further helped in effective roll out of the program. A unique concept of onsite training has also been implemented.

10.1 A large pool of community health workers (ASHA) is distributing contraceptives at the doorstep of the beneficiaries. The program is being closely monitored both at the national and state level. It is also helping in reducing the gender differentials for contraceptive usage since both men and women beneficiaries can approach an ASHA easily.

Further, Government of India lays emphasis on the scheme for improving healthy birth spacing. Also, in addition to regular trainings, IUCD trainings are also being supported by various development partners.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 6 questions for the reporting period of July 2019 - June 2020.

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.

India's COVID response started even before the it was declared a pandemic by WHO and unified directions were given from the central level to all the states. Government of India is taking all necessary steps to face the challenges posed by the growing pandemic of COVID-19 and is working tirelessly to ensure that the Indian health system simultaneously continues to provide essential RMNCAH+N services to the community.

New service guidelines, including essential RMNCAH+N services, were formulated and widely disseminated to support standardized response of all states in India. The strategies are planned in view of the fact that the decline in use of short and long acting reversible contraceptive would mean an additional unmet need and unintended pregnancies in the country burdening the already stressed health care system. It is mandated that under no circumstances should there be a denial of essential services and critical services must be provided irrespective of the COVID status of the beneficiaries.

Community based interventions including Family Planning are part of continued RMNCAH+N package. The prime focus is on provision of modern short and long-acting reversible contraceptive services, correct information and appropriate counselling (including emergency contraception).

The Government of India is ensuring that the states are provided a platform to share the best practices on provision of essential services during COVID pandemic.

These activities are reaping benefits already as the family planning service provision is still being reported across the states. Going forward, the country would explore opportunities to promote alternate service delivery mechanisms with promotion of

telemedicine services, digital platforms for trainings, improving finances and streamlining supply chain systems.

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced populations

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

India's country engagement working group, which meets annually, sees participation from various donor partners as well as youth representatives. The working group plays an important role in the process of formulation of the country plan for advancing FP 2020 goals. The engagement has helped in bringing the youth perspective in devising the country commitments and implementation strategies.

Due to the various interventions and an integrated approach, India has witnessed a huge decline in the teenage birth rate (it has halved from 16% to 8%) and percentage of under-18 marriages (has declined from 47.4% to 26%) in the last five years. It has been understood that finding a balance between expanding FP programs and accessing adolescents and hard to reach populations is important.

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

- c. Have any of these groups engaged or participated in completing this questionnaire?

The responses in the questionnaire cover the unified actions and responses taken by the government as well as donor and development partners

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?

a. Reduction in out of pocket costs for FP services

All the FP services are available free of cost in the public health facilities. In addition, private providers have also been roped to contribute to the improvement of FP services. The private providers are accredited by the government and the cost of FP services is reimbursed by the Government. India has also been a pioneer of social marketing scheme, wherein the contraceptives are provided to partner NGOs at subsidized rates for marketing and selling in commercial market.

b. Expansion of FP services covered

As mentioned above, the Government of India added two new contraceptives, namely Injectable contraceptive MPA and a non-hormonal pill Centchroman in September 2017 in the National Family Planning Program. Both the contraceptives are available free of cost in public health facilities.

c. Extension of population covered

Expanded contraceptive access is one of the key priorities under RMNCAH+N. India has implemented many innovative strategies to reach vulnerable population and hard to reach areas. Mission Parivar Vikas has resulted in increasing contraceptive reach in 146 most challenging districts of the country. The Clinical Outreach teams are especially dedicated to providing FP services in difficult areas. The campaign mode activities that are operational throughout the year include- World population fortnight, Vasectomy fortnight, Mission Parivar Vikas Campaigns. These campaigns focus on both service delivery and demand generation, especially in hard to reach areas.

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

Recognizing the concern of increase in probabilities of unsafe abortions and unwanted pregnancies during such times, India has laid special emphasis on provision of safe abortion services besides postpartum and post-abortion contraception. Frontline workers/ ASHAs who are moving door to door are being utilized to disseminate this message. The government has formulated and widely disseminated the new guidelines to support standardized response of all states in India. The essential RMNCAH+N services have been listed by Government of India.

Government of India has mandated that under no circumstances should there be a denial of essential services to women, newborn, children and critical services for women, children and adolescent are being provided irrespective of their COVID status.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

India has made tremendous progress in the provision of Post pregnancy contraception, especially PPIUCD and PPS and PAIUCD and PAS, which is reflective of the field level MCH and FP integration. The messages for postpartum contraception are provided during routine ANC checkups which help the clients adopt services appropriately.

6. Has your country worked to improve quality of care and rights based family planning into programs?

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?

Under National Family Planning Program in India, wide range of contraceptives is available. Besides the short acting methods- Condoms and Oral Pills (Combined oral contraceptives and Centchroman), there is also huge emphasis on Long acting methods (Injectable MPA, IUCD (380A and 375), Female Sterilization (Minilap and Laparoscopic) and Male Sterilization).

There is a huge emphasis on post pregnancy contraception (post-partum as well as post-abortion contraception).

The facilities are manned with RMNCH+A counselors to provide comprehensive information on various contraceptive methods. Besides this an army of ASHA (community health workers) and ANMs (Auxillary Nurse Midwives) are also providing contraception information in all states.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?
- c. After collecting client feedback, how is the data collected being used to improve quality of care?

Each public health facility is equipped with a grievance redressal system which includes facility level written complaints box, and /or Help Desks.

Ministry of Health and Family Welfare, Government of India has also come up with an innovative initiative-*MeraAspataal* (My Hospital) to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialing

(OBD) mobile application and web portal. The patient can submit the feedback in seven different languages on mobile app and web portal; for the hospitals visited in last 7 days. The patient can also check the already submitted feedback. The collected feedback will be compiled, analyzed and visualized in the form of a dashboard accessible to the different stakeholders at facility, district, state and national level. The feedback helps the government to take appropriate decisions for enhancing the quality of healthcare delivery across public facilities.

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