

FP2020 Commitment Update Questionnaire 2018-2019 INDIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for India, by **5 July 2019**. Your 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 your responses on your country's dedicated country webpage—<http://www.familyplanning2020.org/india>—so in-country and global stakeholders alike 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 hope this will be an opportunity for you to engage with your country focal point team, including the youth focal point, and family planning stakeholders in country to jointly review progress.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org) and Chonghee Hwang (chwang@familyplanning2020.org). Should you have any questions or concerns, please contact Chonghee Hwang at chwang@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

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

FP2020 Commitment Update Questionnaire 2018-2019 INDIA



The questionnaire includes 1) the 2017 revitalized commitment and elements of India's original commitment that still stand, and 2) 6 standard questions to all FP2020 commitment-making countries.

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

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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 July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has already achieved its FP2020 country goal with the present mCPR at 54.4% and 74% demand satisfied by modern contraceptives (Track 20 Estimates 2019).

All this is reflective of the success of the various new strategies and initiatives undertaken in country's National Family Planning programme 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 and comprehensive media campaign spread over 2 phases for the promotion of Family Planning services

The country continued to focus on strengthening post pregnancy contraception. In 2018-19, there were almost 2.2 million Post-partum IUCD insertions (covering 16% of the total public health deliveries) and 0.08 million Post abortion IUCD insertions (covering 8% of the total abortions in public health system).

All these strategies have resulted in an increased uptake of modern contraceptives. At present, FP services are rendered free of cost by 0.18 million primary level public health facilities, more than 6000 secondary level facilities and 755 tertiary level facilities besides a large pool of accredited private health facilities.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

2.1) The Government of India launched two new contraceptives namely injectable contraceptive MPA and a non-hormonal pill Centchroman in September 2017. Progesterone only pills have been pilot tested for a country wide introduction.

With an army of 73,089 trained services providers the Injectable MPA services has been expanded across all states of India. 0.6 million doses were administered in the public health sector in 2018-19 alone. The domestic procurement mechanisms are in place and currently India is self-sufficient in producing Intramuscular MPA.

The uptake of Centchroman has also been encouraging, with almost 1 million strips distributed in 2018-19, which translates into a client base of 0.11 million. 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. A holistic system comprising of data recording and reporting tools, monitoring indicators was developed so as to ensure provision of quality services.

2.2) At present, India is exploring the possibility of introducing new LARCs in the contraceptive basket. Health technology assessment is underway for introduction of implants. Implants have already been registered in private for commercial use in the country.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Considering the vast population base, India has devised a 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). These districts constitute approximately 28% of India's population and contribute to around 30% of maternal deaths and almost 50% of infant deaths. The strategy was aptly named 'Mission Parivar Vikas' (Mission Family Welfare). The program was launched by the Hon'ble Minister of Health & Family Welfare in 2016 and the actual implementation began in 2017.

A special implementing body was created in all states and districts to oversee the augmented efforts in Family Planning. The prime focus of this strategy was to improve quality of service delivery and demand generation. 8044 health facilities were galvanized for Injectable MPA services across the 146 MPV districts with 3.10 lakh Injectable doses provided last year. Additionally, approximately 73,349 condom boxes were installed in these districts during this period. There has been an encouraging response across all the identified districts resulting in an increased uptake.

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, 0.3 million *NayiPehl (New Beginning)* kits, which is an informative kit for newly-weds, were distributed. (*for more information, refer to the Annex*)
- In an effort to promote behavioural change and bring about an attitudinal shift amongst key decision makers and influencers within the family, 0.1 million *Saas-BahuSammelans (Mother in law-Daughter in law meetings)* were organized which has garnered a tremendous response within the community.
- Operationalization of a dedicated mobile van to generate awareness and distribute contraceptives in hard to reach areas was undertaken. 3051 blocks were covered through these vans which oversaw the distribution of 7.08 million pamphlets, 2.5 million condoms, 0.4 million OCPs. The service providers underwent intensive training at regular intervals to be proficient at their tasks.
- FP-LMIS was operationalized in all the selected districts.

To support these focused districts, an additional allocation of 11 million USD was made in 2018-19 through costed implementation plans.

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Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 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 caters to

all cadres of workers involved with the family planning commodity distribution across multiple levels in the supply chain. This will not only help in averting an impending stock-out situation but also encourages a demand-pull approach. Out of a total of 712 districts, trainings have been completed in 685 districts (96%), ground stock entry has been done by 544 districts (76%), online indenting by 568 districts (80%), online issuance by 337 districts (47%).

ASHAs (community health workers) are depot holders of Family Planning commodities and under the "Home distribution of contraceptives" initiative they are providing contraceptives at door step. The FPLMIS aims to include over 1 million ASHAs who are operating in the field. Nearly 0.3 million of them have been trained and approximately 3% of ASHAs have started utilizing it.

***b) Please mark X below how you assess progress toward elements of your commitment:
Achieved OR On-Track (X) / In-Progress OR Off-Track ()***

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 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 at birth to achieve improved maternal and child health outcomes.

A dedicated website for Family Planning Division has been developed (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. These new creatives have been developed and approved for telecasting.

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 X below how you assess progress toward elements of your commitment:
Achieved OR On-Track (X) / In-Progress OR Off-Track ()***

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family planning has a vast scope in India which goes beyond the potential of a single sector alone. The private sector also has a huge presence and garners trust among the people. In order to tap into this potential, private doctors have been empaneled 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.

The private sector contribution for sterilization services has increased from 20% (2013-14) to 25% (2017-18) whereas for IUCD it is constant at 6%. India also came up with an innovative scheme of providing assured services through the mechanism of Clinical Outreach Teams in 146 Mission Parivar Vikas districts. The overall aim of the scheme was 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.

To improve the role and monitoring of private sector, the national data portal captures segregation of FP services. It envisages to expand the role of private sector for ensuring family planning services. Implants have also been registered in India for its use in private sector.

*b) Please mark X below how you assess progress toward elements of your commitment:
Achieved OR On-Track (X) / In-Progress OR Off-Track ()*

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 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 in 2018 districts across the country. One of the key strategies under this is to increase access to sexual and reproductive health services. The program covers the school, community, as well as facility-based interventions. 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. These counselors along with the MOs and ANMs are trained in providing Adolescent friendly health services. India has 7635 AFHCs established with more than 5 million adolescents have utilized the services of AFHC in 2018-19. In addition, young people are provided information through 360-degree audio, video, print media campaign as well the through 0.9 million community health workers.

***b) Please mark X below how you assess progress toward elements of your commitment:
Achieved OR On-Track (X) / In-Progress OR Off-Track ()***

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

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. Donor Partners - Agencies such as USAID, UNFPA, LAD and BMGF have extended technical support and capacities 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, CHAI 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 government officials (especially in High TFR states) and development of IEC material for FP schemes.
- c. 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.

- d. Advocacy Organizations – Agencies such as ARC, PFI, PSI etc are actively engaged in advocacy for Family Planning.

Community advocacy Groups - A number of NGOs working in the area of family planning and reproductive health extend their expertise in various communitization processes and community level activities. These have been working in close coordination with the National Health Mission and these activities are now subsumed within the NHM

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Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

India has come up with several key 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 been commensurate with the increased allocation under FP.

From 2012 to 2018, nearly 2.5 billion USD have been allocated for Family Planning. It is projected that in next three years country will be allocating around 1 billion will be allocated to 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 X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The country has made tremendous progress in the provision of PPIUCD services. The primary goal is to achieve healthy maternal, perinatal, newborn, infant and child health outcomes as well as reduce maternal and neonatal mortality. Furthermore, PPIUCD services also helps in reducing the unmet need for Family Planning among post-partum women.

PPIUCD services are being strengthened through closely monitored training and regular post training follow-ups. Approximately 7.4 million PPIUCD insertions have been reported since the inception of the program with a little over 2 million PPIUCD insertions reported in 2018-19 itself. This can be attributed to the increase in demand generation activities, utilizing ASHA (community health workers) for counseling, presence of RMNCH+A counselors at high delivery load facilities 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 is being implemented in ten states by partner agencies and closely monitored by the Ministry.

10.1 A large pool of community health workers is distributing contraceptives at the doorstep of the beneficiaries. The program is being closely monitored both at the national and state level. Currently over 1 million community health workers (ASHA) are acting as depot holders for contraceptives at the village level. In the rural areas, ASHAs act as an important source for eligible couples wanting to access contraceptives within the privacy of their homes. It is also helping in reducing the gender differentials for contraceptive usage since both men and women beneficiaries can approach an ASHA easily and in a society with clear gender roles, the ASHAs themselves have reported lack of hindrances in distributing contraceptives to male beneficiaries.

Government of India lays emphasis on the scheme for improving healthy birth spacing between births. Considering the success of the scheme, the spacing component of the scheme has been expanded to 8 more states. Every year almost 35,000- 37,000 health workers are being trained for quality IUCD service provision. In addition to regular trainings, IUCD trainings are also being supported by various development partners.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 6 questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) **into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment?
Please also share successes and/or lessons learned from these engagements.

India's country engagement working group has 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.

In addition, at implementation level, under RKSK strategy peer educators have been identified for ensuring adolescent health services including sexual and reproductive health. 0.9 million ASHAs (community health workers) are helping to access Reproductive health services and information on Family Planning through awareness generation under ESB (Ensuring spacing at birth scheme) and doorstep delivery of contraceptives.

Due to the various interventions the country has witnessed a huge decline in the teenage birth rate which has halved from 16% to 8% and the under 18 marriage which has come down from 47.4% to 26% in the last five years.

It has been understood that finding the balance between expanding FP programs and accessing adolescents and hard to reach populations is important.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

2. **How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

India's 12th Five year plan identified universal health coverage as a key goal, allocating 70% of the health budget to Primary Health Care in pursuit of Universal Health coverage for India. To strengthen the primary health care, India's **National Health Policy 2017** recommended establishment of Health and Wellness Centers for delivery of universal comprehensive primary health care. Further **India plans to increase its spending on public health to 2.5 per cent of the GDP from present figure of 1.15 per cent of the GDP.**

As a part of Universal Health Coverage "Ayushman Bharat" was introduced which envisions to achieve comprehensive primary health care by providing platforms for services (Health and Wellness centers) and offering financial protection to 40% households for secondary and tertiary care (Pradhan Mantri Jan Arogya Yojna).

Under the first component of Ayushman Bharat, existing sub health centers covering 3000-5000 population are being converted to Health and Wellness Centers. Primary health centers are also being provided/ complemented through outreach services, home visits and community based interactions to ensure continuum of care. A total of Rs.1200 crore (approx. USD \$174.5 million) has been allocated for this flagship programme. The contribution of private sector through CSR and philanthropic institutions in adopting these centers is also envisaged.

Additional workforce is being deployed as Mid-Level Health Providers (**MLHP**) at **HWC-SC** to provide **expanded range of services** and maintaining continuum of care. **One of the services under the expanded range is Family Planning, contraceptive and reproductive health services.**

3. Has your Government organized the 2019 data consensus workshop?

a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

Yes, FP 2020 focal points participated in India's 2019 data consensus meeting. The discussion was helpful in strengthening data monitoring as well in addressing challenges and gaps in survey and service statistics. The variance between the standard CYP and CYP derived from service statistics (HMIS) for sterilization IUCD were also discussed.

b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Yes, domestic expenditures data were reviewed as a part of data consensus meeting. The challenges realized was gathering state allocation as health is a state subject in India. However even if the state allocation is not considered the country will achieve FP 2020 goal of allocating 3 billion USD

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

No

5. Have you worked to improve quality of care/rights based family planning in your programs?

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

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 equipped with RMNCH+A counsellors to provide comprehensive information on various contraceptive methods. Besides this an army of 0.9 million ASHA (community health workers) and 0.2 million ANMs (Auxillary Nurse Midwives) are also providing contraception information in all states of the country.

b. To ensure auser-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

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 feedbacks help the government to take appropriate decisions for enhancing the quality of healthcare delivery across public facilities. Till now almost 3 million feedbacks have been received.

c. Are your clinics open to improve accessibility and availability of services?

Yes, all the public health facilities provide Family Planning services free of cost without any discrimination of gender, caste or creed. The higher facilities have walk in services for Family Planning. For hard to reach areas the services areas there is a provision of mobile teams and clinical outreach teams to provide Family Planning Services. Additionally the government also provides transport to the clients under the drop back scheme.

6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?

No

Please provide the following information for the Government's point of contact for this update

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- Date of Self-Report:

ANNEX. SUPPLEMENTARY INFORMATION

SECTION I.

Commitment 3:

Nayi Pehel Kit (page 5)

Scaling up community interventions to promote family planning services in Mission Parivar Vikas (MPV) districts

Problem Statement

Family Planning is one of the most crucial interventions to address maternal and infant morbidity and mortality. Under Mission Parivar Vikas (MPV), 146 high fertility districts with TFR more than 3 have been covered for improved access to contraceptives and family planning services. These districts are from the states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam that itself constitutes 44% of the country's population.

Women usually do not have the power to negotiate the use of contraception, or do not have the necessary means to do so. In their new homes, they do not know whom to reach out to in case they require any information or commodities. Traditionally, husbands consider family planning to be entirely wife's domain and responsibility. Social pressures like proving one's fertility after marriage and bearing a male child leave them with little option to plan their families. With a view to addressing these challenges, MPV aims to strengthen community awareness and improve spousal communication in order to generate demand for services. With this overarching goal, a number of innovative promotional schemes have been implemented. One such key scheme which has become a successful example of innovation in community outreach is the distribution of Nayi Pehel Kits to newlyweds by ASHA.

Program description

Nayi Pehel (a new beginning) Kit is an informative family planning kit for newlyweds which is given as a wedding gift by the ASHA (Community health worker) of the area. The Scheme was launched in November 2016 and was applicable to the 146 MPV districts. The Kit consists of a bag made of locally available material containing IEC material with information regarding use of family planning methods to delay birth of first child and maintain spacing between two children, and contact details of ASHA/ ANM (Auxiliary Nurse Midwife) of the area in case advice is needed or if pregnancy occurs. The Kit also contains Condoms, Oral contraceptive pills, Emergency contraceptive pills, Pregnancy testing kit and a small vanity kit consisting of usable items. Flexibility has been given to contextualize the Kits as per prevalent social norms.

Nayi Pehel Kit received the primacy that it deserved for its role in introducing newlyweds to the concept of family planning and promoting spousal dialogue around the same. The Government worked relentlessly with states and districts to resolve operational challenges and administrative clearances required for early and timely procurement of the kits. The Kits are aesthetically designed, and extra care is taken to ensure the quality of the material to retain the attraction that it held for the couple. States/ Districts procure and distribute Nayi Pehel Kits for distribution by ASHAs.

Program outcome

In 2018-19- 510,172 **Nayi Pehel Kits** have been distributed which is an increase of 6 times as compared to 2017-18.

The Kits have been widely welcomed by the community, and have been a successful model for generating awareness and reaching out to beneficiaries with a proactive approach. They have resulted in improved spousal communication and broken the hindrance to discuss important yet taboo issues like contraception among newlyweds. The strategy's success is exemplified by the improvement in the country's spacing indicators and reduction in family size.

Saas Bahu Sammelan (page 5)

Scaling up community interventions to promote family planning services in Mission Parivar Vikas (MPV) districts

Problem Statement

Community awareness and need for outreach lies at root of improved access to family planning services. The efforts to reach the community through investment in supply side has yielded positive results yet barriers ensuing from long held beliefs and practices are a major challenge faced in delivery of family planning services. Responding to and addressing long entrenched practices, such as preference for male child and need to prove fertility early in marriage interferes with women's ability to delay the first child, ensure spacing between two children and thereby plan small family size. The lack of women's ability to negotiate the use of contraception is well documented in India, therefore, any efforts to reverse the same requires involvement of other major stakeholders in decision making including mothers in law. Hence, the need to deliver context specific family planning messages to different types of the clients, appropriate to their context and circumstances requires a varied and cohesive multi-pronged communication intervention. The role of intensive and sustained community outreach efforts become indispensable in an otherwise supply driven programme environment.

Program description

The Family Planning programme in the country has largely been confined to the facility with limited focus on community outreach component except routine programme related activities by ASHA (Community health worker). Under Mission Parivar Vikas (MPV), 146 high fertility districts have been identified from the seven high focus states of India. These districts are from the states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam that itself constitutes 44% of the country's population.

Promotional methods, envisaged in MPV, gave an opportunity to organize meaningful outreach and communication interventions to boost demand for Family Planning services. The country has made significant headway in implementation of proposed community interventions since roll out of MPV in November 2016.

Saas (mother-in-law) **Bahu** (daughter-in-law) **Samellan** (gathering) involves organizing informal interactive meetings between pairs of daughters-in-law and mothers-in-law, and is aimed to facilitate improved communication between them through interactive games and exercises. The Government has issued detailed operational guidelines and States have worked with districts, major stakeholders and partners for organizing **Saas Bahu Samellans**. The guidelines delineate the role of the ASHA /ANM(Auxiliary Nurse Midwife) /AWWs (Angan Wadi Worker) involved in organizing the activity and also contain interactive games for ensuring enthusiastic participation. Districts developed extensive microplans including name of the ASHA, name of the AWWs and dates of the meeting.

Program outcome

In 2018-19, 186,997 **Saas Bahu Samellans** have been conducted which is a 70 percent increase as compared to 2017-18.

All promotional methods/community interventions were received well in the community, reflecting a welcome need for such interventions and demonstrates its relevance and replicability. The sammellans have helped break barriers to meaningful communication, both within and outside the household and brought about changes in attitudes and beliefs regarding reproductive and sexual health. These subjects were hitherto considered taboo and not discussed openly. Consequently, there has been an improvement in contraceptive usage and spacing between births.

Operationalization of a mobile van in hard to reach areas (page 5)

Government of India (Gol) introduced COT scheme (Clinical Outreach Teams) in Mission Parivar Vikas Districts (High fertility districts) which is a mobile team of trained health care personnel and equipment, engaged through private accredited organizations/NGOs, provides family planning services specifically sterilization services in far-flung and underserved areas. Also Gol under Mission Parivar Vikas focused on demand generation through mobile vans *Saarathi* (meaning Charioteer) in high TFR districts. These vans are operated before the service fortnights four times in a year with an aim to generate awareness on family planning services provided and distribute contraceptives (condom, Oral pills) to the community. 2.1 million pieces of condoms, 2.3 million Combined Oral Contraceptive Pills (COC) cycles and 241 thousand Centchroman were distributed through Saarathi in 2018-19.

Costed implementation plans (page 5):

Costed Implementation Plans is also known as Program Implementation Plan (PIPs). PIP development is a decentralized process wherein every year district does gap and need assessment for their district and submits a District Health Action Plan (DHAP) to state. These DHAP are then consolidated to prepare State PIP. Government of India analyses the plan submitted, discusses with the state representatives and approve the activity along with the funds budgeted.

Commitment 4:

ASHAs' provision of FP commodities (page 6)

ASHAs deliver contraceptives at door step of beneficiaries under the scheme 'Home Delivery of Contraceptives' with an aim to improve access to contraceptives for eligible couples. Currently 0.9 million ASHAs are distributing contraceptives like condom (Nirodh), Combined Oral Contraceptive Pills (Mala N), Centchroman (Chhaya) to the beneficiaries as regular method of contraceptives. ASHAs are providing the pills to the clients who have been screened by providers and found medically eligible for the method. Additionally, emergency contraceptive pill (Ezy pill) are also made available with ASHA to provide couples an easy access to pills for an emergency contraception in the event of unsafe contact.

Contraceptive services provided by ASHAs are not limited to distributing contraceptives they also promote spacing and limiting methods by generating awareness on various options and escorting clients to the facilities for services as per the need of client. Therefore, in a way ASHAs are contributing in uptake of all contraceptive methods including IUCD, Injectable, Sterilization.

Commitment 7:

Adolescent Friendly Health Clinics (page 7-8)

AFHCs (Adolescent Friendly Health Clinics) is a facility based approach to provide whole gamut of clinical and counselling services on diverse adolescent health issues ranging from Sexual and Reproductive Health (SRH) to Nutrition, Substance abuse, Injuries and Violence (including Gender based violence, Non Communicable Diseases and Mental Health).

Counselors play a crucial role in operationalization of Adolescent Friendly Health Clinics (AFHCs). They inform, educate and counsel clients on adolescent health issues and refer clients to health facilities, or other service delivery points such as Integrated Counselling Testing Centre (ICTC), de-addiction centre, Non Communicable Disease clinics etc. Besides providing clinical and counselling services these centres also act as repository for Information, Education and Communication materials on adolescent health such as posters, banners, pamphlets, audio-video materials.

SECTION II.

Q1. India's country engagement Working Group (page 11)

India's country engagement Working Group meets annually or earlier if required.

Q2. Peer educators under RKSK strategy (page 11)

Community-based interventions in the Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme) are being implemented through Peer Educators who act as a catalyst for generating demand for adolescent health services and impart age appropriate knowledge on key adolescent health issues to their peer groups. Each Peer Educator is expected to form a group of 15-20 boys/ girls (separate groups of boys and girls) respectively from their community and conduct weekly sessions using Peer Educator kits. He/she participates in Adolescent health days, educates young people, informs parents and refers young people to AFHCs.