

**FAMILY
PLANNING**

Chapter

6

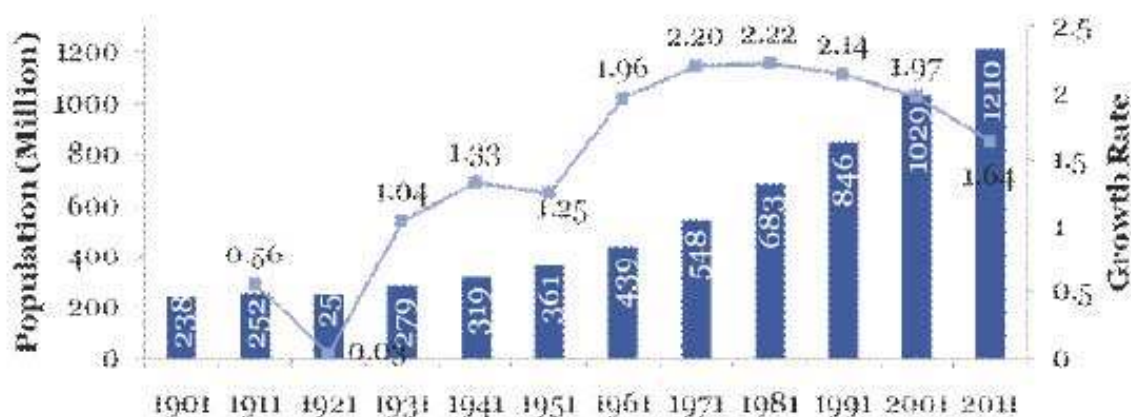
6.1 INTRODUCTION

India was the first country in the world to launch a National Programme for Family Planning in 1952. Following its historic initiation, the family planning programme has undergone transformation in terms of policy and actual programme implementation. There occurred a gradual shift from clinical approach to the reproductive child health approach and further the National Population Policy (NPP) in 2000 brought in a holistic and a target free approach which helped in reduction of fertility.

Over the years, the programme has been expanded to reach every nook and corner of the country and is available at PHCs and SCs level in rural areas as well as the Urban Family Welfare Centers and Post-partum Centers in urban areas. Even the community health workers (ASHA) carry contraceptives in their kits for door to door distribution. Technological advances, improved quality and coverage for health care have resulted in rapid fall in the crude birth rate (CBR), total fertility rate and growth rate. (2011 Census showed the steepest decline in the decadal growth rate)



Trend of TFR and CBR



Population increase and growth rate

The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2002, and NRHM: National Rural Health Mission)

and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, Sustainable Development Goals-SDG, FP2020 Summit and others).

1. Some facts on Family Planning and related matters

Expected increase of population of 15.7% in fifteen years	<ul style="list-style-type: none"> ● From 1210 million in 2011 to 1400 million in 2026.
Decline in TFR	<ul style="list-style-type: none"> ● Helps to stabilize India's population growth which in turn spurs the economic and social progress
Greater investments in family planning	<ul style="list-style-type: none"> ● Helps to mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies ● Reduce maternal mortality by 25-35% ● Reduce infant mortality and abortions significantly
Govt. of India's commitment	<ul style="list-style-type: none"> ● Maternal Mortality Ratio (MMR) to 100/100,000 ● Infant Mortality Rate (IMR) to 30/1000 live births ● Total Fertility Rate (TFR) to 2.1 by 2017

2. Factors that influence Population Growth

Unmet need of Family Planning	<ul style="list-style-type: none"> ● 21.3% as per DLHS-III (2007-08)
Age at Marriage and first childbirth	<ul style="list-style-type: none"> ● 22.1% of the girls get married below the age of 18 years ● Out of the total deliveries 6.1% are among teenagers i.e. 15-19 years (SRS 2014)
Spacing between birth	<ul style="list-style-type: none"> ● Spacing between two childbirths is less than the recommended period of 3 years in 43.1% of births (SRS 2014) ● 47% of women have spacing less than 30 months
15-24 age group (women)	<ul style="list-style-type: none"> ● 48.5% contribution in total fertility (SRS 2014) ● 41% contribution in maternal mortality (SRS 2011-13)

3. Current Demographic Scenario in the country (CENSUS 2011)

2.4% of world's land mass	<ul style="list-style-type: none"> ● 17.5% of the world's population
1.21 billion	<ul style="list-style-type: none"> ● India's population as per Census-2011 ● Equal to the combined population of U.S.A., Indonesia, Brazil, Pakistan, Bangladesh and Japan put together (1214.3 million).
200 million	<ul style="list-style-type: none"> ● Population of Uttar Pradesh - more than the population of Brazil

Ratio of Growth of Population in India

Census Year	Population (In Crores)	Decadal Growth (%)	Average Annual Exponential Growth (%)
1971	54.82	24.80	2.20
1981	68.33	24.66	2.22
1991	84.64	23.87	2.16
2001	102.87	21.54	1.97
2011	121.02	17.64	1.64

Perceptible decline (in last 5 decades)	<ul style="list-style-type: none"> ● Maternal Mortality Ratio - 556 in 1990 to 167 in 2011-13 ● Crude birth rate - 40.8 per 1000 in 1951 to 21 in 2014. ● Infant Mortality Rate - from 146 in 1951-61 to 39 in 2014. ● Total Fertility Rate - from 6.0 in 1951 to 2.3 in 2014 (Ref: Annexure-I). ● Steepest decline in growth rate between 2001 and 2011 from 21.54% to 17.64%. ● Decline in 0-6 population by 3.08% compared to 2001
Population added	<ul style="list-style-type: none"> ● Lesser than the previous decade, 18.14 crores added during 2001-2011 compared to 18.23 crores during 1991-2011.
Significant decline	<ul style="list-style-type: none"> ● There is a 4.1 percentage point fall from 24.99% in 2001 to 20.92% in 2011 in the growth rate of population in the EAG States (U.P, Bihar, Jharkhand, M.P, Chhattisgarh, Rajasthan, Odisha and Uttarakhand) after decades of stagnation.

4. Progress in TFR:

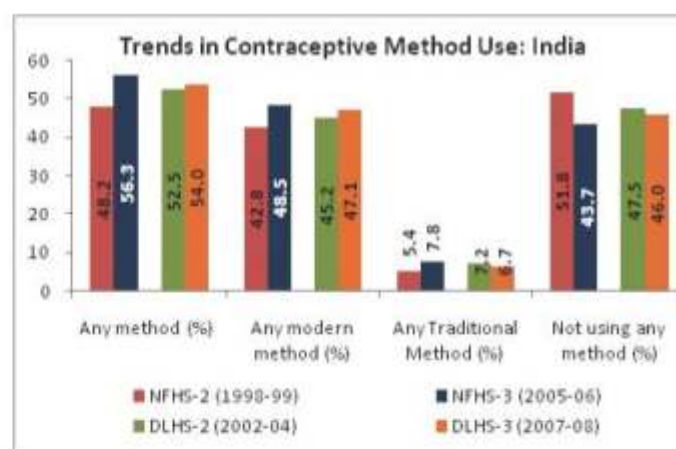
TFR decline	<ul style="list-style-type: none"> ● From 2.9 in 2005 to 2.3 in 2014. ● Decline more significant in High Focus States.
TFR of 2.1 or less	● 24 States and Union Territories
TFR 2.2-3.0	● 10 states -Haryana-2.3, Gujarat-2.3, Arunachal Pradesh-2.3, Assam-2.3, Chhattisgarh-2.6, Jharkhand-2.8, Rajasthan-2.8, Madhya Pradesh-2.8, Meghalaya-2.9 and Dadra & Nagar Haveli-2.9
TFR above 3.0	● 2 states - Bihar-3.2 and Uttar Pradesh-3.2 (SRS 2014)

Note : refer Annexure – I for details.

6.1.1 Impact of High Focus Approach

Govt of India has categorized states as per the TFR level into very high-focus (more than or equal to 3.0), high-focus (more than 2.1 and less than 3.0) and non-high focus (less than or equal to 2.1) States.

In 2 very high focus states, Uttar Pradesh has shown an increase of 0.1 point while Bihar has shown a decline of 0.2 points recently (between 2013 & 2014). Among the high focus states, Jharkhand and Haryana have shown a 0.1 point increase while Madhya Pradesh has shown a decline by 0.1 point. In the remaining states of Rajasthan, Chhattisgarh, Assam, Gujarat and Odisha the fertility level has not shown any change.



Category	State	SRS 2010	SRS 2011	SRS 2012	SRS 2013	SRS 2014	Point Change (2013-14)
Very High Focus states for FP	Bihar	3.7	3.6	3.5	3.4	3.2	-0.2
	Uttar Pradesh	3.5	3.4	3.3	3.1	3.2	0.1
High Focus States for FP	Madhya Pradesh	3.2	3.1	2.9	2.9	2.8	-0.1
	Rajasthan	3.1	3.0	2.9	2.8	2.8	0.0
	Jharkhand	3.0	2.9	2.8	2.7	2.8	0.1
	Chhattisgarh	2.8	2.7	2.7	2.6	2.6	0.0
	Assam	2.5	2.4	2.4	2.3	2.3	0.0
	Gujarat	2.5	2.4	2.3	2.3	2.3	0.0
	Haryana	2.3	2.3	2.3	2.2	2.3	0.1
Odisha	2.3	2.2	2.1	2.1	2.1	0.0	

6.2 FAMILY PLANNING SCENARIO (NFHS, DLHS AND AHS)

The last All-India survey figures available are from NFHS-3 (2005-06) and DLHS-3 (2007-08), which are being used for describing current family planning situation in India. Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 1.9 (NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men (NFHS-3). Both NFHS and DLHS surveys showed that contraceptive use is generally rising (see adjoining figure).

Contraceptive use among married women (aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2) while corresponding increase between DLHS-2 & 3 is relatively lesser (from 52.5% to 54.0%). The proximate determinants of fertility like, age at marriage and age at first childbirth (which are societal preferences) are also showing good improvement at the national level.

AHS survey was conducted in 9 states (8 EAG states + Assam) which indicated that:

- Contraceptive use has been static in almost all AHS states except Bihar which has shown a

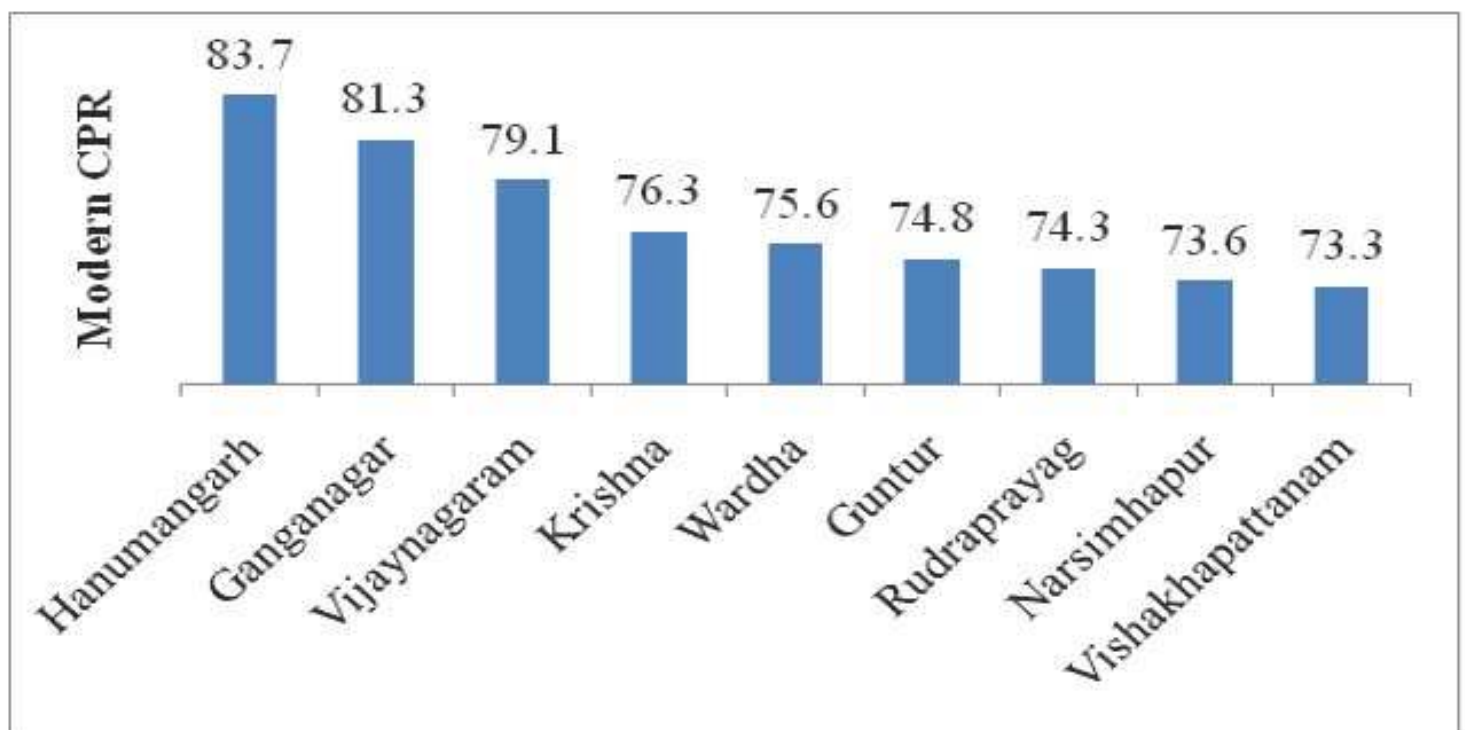
decrease in use of modern contraceptives. Rajasthan and Chhattisgarh have shown a substantial increase in modern contraceptive usage.

- The unmet need has declined in all states except Madhya Pradesh where it has remained static.

S. No.	States	TFR			mCPR			Unmet Need		
		2010	2011	2012	2010	2011	2012	2010	2011	2012
1	Uttarakhand	2.3	2.1	2.1	55.4	54.1	54.3	23.2	18.1	15.3
2	Odisha	2.3	2.3	2.2	44	46.8	46.3	23.2	19.1	18.9
3	Assam	2.6	2.4	2.4	35.7	37.9	38.1	24	15.9	13.1
4	Chhattisgarh	2.9	2.8	2.7	49.5	55.4	57.2	26.4	24.8	24.4
5	Jharkhand	3.1	2.9	2.7	38.0	43.9	43.7	30.5	22.6	22.3
6	Rajasthan	3.2	3.1	2.9	58.8	59.4	62.4	19.6	12.6	13.0
7	Madhya Pradesh	3.1	3.1	3.0	57.0	59.3	59.4	22.4	21.6	21.6
8	UP	3.6	3.4	3.3	31.8	37.3	37.6	29.7	24.1	20.7
9	Bihar	3.7	3.6	3.5	33.9	38.2	36.5	39.2	33.5	31.5

6.2.1 District wise contraceptive prevalence:

- The graph shows the districts with the highest contraceptive prevalence



The NFHS IV survey (2015-16) was conducted in 18 states. The survey indicators are as follows:

s. No.	States	TFR		mCPR		Unmet Need	
		NFHS 3 (2005-06)	NFHS 4 (2015-16)	NFHS 3 (2005-06)	NFHS 4 (2015-16)	NFHS 3 (2005-06)	NFHS 4 (2015-16)
1	Andaman & Nicobar	1.5	1.5	48.3	53.7	15.5	13
2	Andhra Pradesh	1.8	1.8	67	69	5	5
3	Assam	2.4	2.2	27	37	12.2	14.2
4	Bihar	4	3.4	28.9	23.3	10.4	9.4
5	Goa	1.8	1.7	37.2	24.8	15.2	17.5
6	Haryana	2.7	2.1	58.3	59.4	9.5	9.3
7	Karnataka	2.1	1.7	62.5	47.1	10.1	12.6
8	Maharashtra	2.1	1.9	64.9	62.62	10	9.7
9	Meghalaya	3.8	3	18.5	21.9	35.8	21.2
10	Manipur	2.8	2.6	23.6	12.7	15.6	30.1
11	Madhya Pradesh	3.1	2.3	52.8	49.6	55.5	12.1
12	Puducherry	NA	1.7	NA	61.2	NA	8.3
13	Sikkim	2	1.2	48.7	45.9	20.4	21.7
14	Telangana	NA	1.8	NA	56.9	NA	49.3
15	Tamil Nadu	1.8	1.7	60	52.6	10.2	10.1
16	Tripura	2.2	1.7	44.9	42.8	12.4	10.7
17	Uttarakhand	2.6	2.1	55.5	49.3	12.6	15.5
18	West Bengal	2.3	1.8	50	57	8	8

- The contraceptive use has increased in the states of Andhra Pradesh, Assam, Haryana, Meghalaya, Puducherry and West Bengal.
- The unmet need has increased in Assam, Goa, Karnataka, Manipur, Sikkim and Uttarakhand

6.3 BASKET OF CHOICES UNDER FAMILY PLANNING

Family planning has undergone a paradigm shift and emerged as one of the interventions to reduce maternal and infant mortalities and morbidities. It is well-established that the states with high contraceptive prevalence rate have lower maternal and infant mortalities.

6.3.1 National Family Welfare Programme

The methods available currently in India are broadly

divided into two categories, spacing methods and permanent methods. An additional method available is the emergency contraceptive pill which is to be used in cases of emergency.

6.3.1.a. Spacing Method- These the reversible methods of contraception to be used by couples who wish to have children in future. These include :

- Injectable Contraceptive DMPA under the 'Antara' programme**
- Oral contraceptive pills- Mala N and Centchroman "Chhaya"**
- Condoms**
- Intrauterine contraceptive devices (IUCD) - Two types:**

- CuIUCD380A(10 yrs)
- CuIUCD375(5 yrs)

New approach of method delivery- postpartum IUCD(PPIUCD) insertion by specially trained providers to tap the opportunities offered by institutional deliveries.

6.3.1.b Permanent Methods-These methods may be adopted by any member of the couple and are generally considered irreversible.

A. Female Sterilisation-There are two techniques:

- Minilap
- Laparoscopic

B. Male Sterilisation : Two techniques being used in India:

- Conventional
- Non- scalpel vasectomy

6.3.1.c Emergency Contraceptive PILL- To be consumed in cases of emergency arising out of unplanned/unprotected intercourse.

6.3.2 Key Initiatives & Service Delivery Under Family Planning Programme :

The performance of family planning services (in lakhs) since the last three years till date is provided below (Source: HMIS):

- Number of IUCD insertions has shown a marginal

increase while sterilisations have decreased. There is a need to sustain momentum to reach the replacement level fertility.

- Considering the current efforts to focus on spacing, it is expected that IUCD performance, especially PPIUCD, would increase in near future.
- State wise sterilisation and IUCD achievements is provided at Annexure-II.

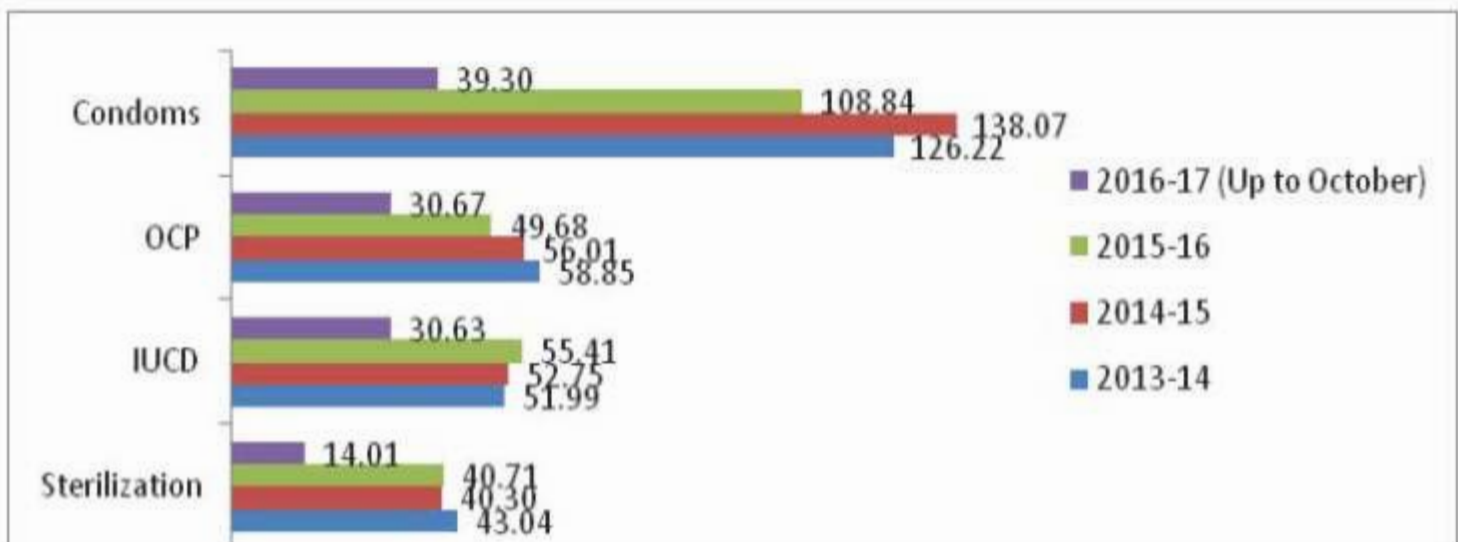
A. On-going interventions:

- **Emphasis on Fixed Day Services (FDS) for IUCD Insertion:** States are facilitated to ensure fixed days IUCD insertion services at the level of SC and PHC (at least 2 days in a week).
- **Emphasis on Fixed Day Static Services in Sterilisation at facility level:** The operationalization of FDS has the following objectives:

‡ To make a conscious shift from camp approach to regular routine services.

‡ To make health facilities self sufficient in provision of sterilization services.

‡ To enable clients to avail sterilization services on any given day at their designated health facility.

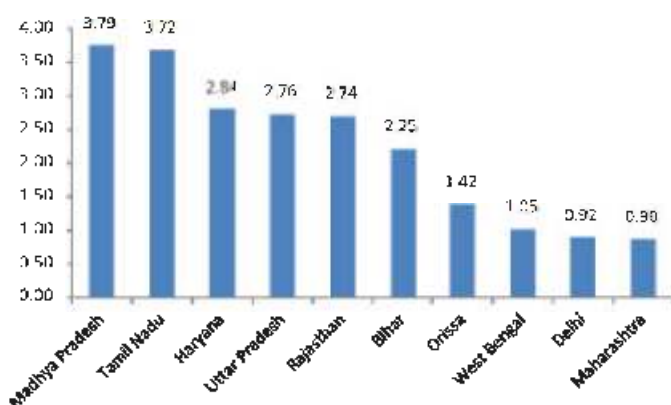


FDS Guidelines for sterilization services	
Health Facility	Minimum frequency
District Hospital	Twice a week
Sub District Hospital	Weekly
CHC / Block PHC	Fortnightly
24x7 PHC / PHC	Monthly

Note: Those facilities providing more frequent services already must continue to do so.

As per the Hon'ble Supreme Court guidelines traditional camp approach for sterilisation services will be phased out over the next 3 years. There is emphasis on the rational placement of trained providers at the peripheral facilities for provision of regular family planning services.

- **Emphasis on spacing methods:** There is emphasis on provision of IUCD services and AYUSH doctors, except Yoga and Naturopathy practitioners, are allowed to perform IUCD insertions at public health facilities after undergoing stipulated training. In addition to the existing IUCD (CU IUCD 380 A and 375), the current emphasis is on provision of PPIUCD services. PPIUCD incentive for service providers and ASHAs is also provided.



A total number of **27,43,577** PPIUCDs have been inserted across the country since the initiation of the PPIUCD programme. Approximately **6,64,359** PPIUCD insertions have taken place in 2014-15 and **10,65,433** in 2015-16. In 2016-17, up till October there have been **7,86,313** PPIUCD insertions.

- **Emphasis on post-partum family planning-**In order to capitalize the opportunity being provided

by increased institutional deliveries, the Government of India is focusing on strengthening post-partum FP services. PPPP services are not being offered uniformly at all levels of health system across different states of India resulting in missed opportunities.

B Scheme of delivery of contraceptives by ASHAs at doorstep of beneficiaries : The scheme was launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The scheme is operational in the entire country. ASHA is charging a nominal amount from beneficiaries for her effort to deliver contraceptives at doorstep i.e. Re 1 for a pack of 3 condoms, Re 1 for a cycle of OCPs and Rs 2 for a pack of one tablet of ECP. Under HDC schemes ASHAs are distributing condoms, OCPs and ECPs in all States of India except Tamil Nadu, Puducherry and Himachal Pradesh where ASHA structure is non-existent. Contraceptive distribution in these three states is being done by Anganwadi Workers and ANMs.

C Scheme for Ensuring Spacing at Births : Under this scheme, the services of ASHAs are utilized for counselling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child. ASHA are paid the following incentives under the scheme:

- Rs. 500/- to ASHA for delaying first child birth by 2 years after marriage.
- Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child
- Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only
- The scheme was initially conceived for 18 states - 8 EAG, 8 NE, Gujarat and Haryana but in later years the spacing component of the scheme was rolled out in few other states like Karnataka, West Bengal, Maharashtra, Andhra Pradesh, Punjab, Telangana and Daman Diu. Dadra and Nagar Haveli has also initiated the implementation of the scheme (both spacing and limiting components).

D Pregnancy Testing Kits : Nishchay-Home based pregnancy test kits (PTKs) was launched under NRHM in 2008 across the country and was anchored with the Family Planning Division on 24th January, 2012. It helps to detect pregnancy as early as one

week after the missed period, providing an early opportunity for medical termination of pregnancy and thus saving lives lost due to unsafe abortions. The PTKs have been made available at the sub centers and to the ASHAs. The PTKs facilitate early detection and decision making for the outcome of pregnancy.

E Quality assurance in Family Planning : Quality assurance in family planning services is the decisive factor in acceptance and continuation of contraceptive methods and services. The Hon'ble Supreme Court of India in its Order dated 1.3.2005 in Civil Writ Petition No. 209/2003 (Ramakant Rai V/s Union of India) has, inter alia, directed the Union of India and the States/UTs for ensuring enforcement of Union Government's Guidelines for conducting sterilization procedures and norms for bringing out uniformity with regard to sterilization procedures by:

- o Creation of panel of Doctors/health facilities for conducting sterilization procedures and laying down of criteria for empanelment of doctors for conducting sterilization procedures.
- o Laying down of checklist to be followed by every doctor before carrying out sterilization procedure.
- o Laying down of uniform proforma for obtaining of consent from the person undergoing sterilization.
- o Setting up of Quality Assurance Committee for ensuring enforcement of pre and post-operative guidelines regarding sterilization procedures.
- o Bringing into effect an insurance policy uniformly in all the States for acceptors of sterilizations etc.

The Hon'ble Supreme Court has recently given specific directions in its Order dated 14.9.2016, to be strictly followed by the Government of India, the State Governments and Union Territories for delivering quality family planning services in the country. The key strategic actions to be undertaken under each of the above directives along with the timeline have been shared with all states and are as follows:

- o Uploading the list of empanelled sterilization providers and Quality Assurance Committee members with their names and full particulars in the State/UT website is to be linked to the website of MoHFW.
- o Ensuring translation of the updated consent forms

and post-operative instruction cards in the local language and clients are explained about the procedure so that an informed consent is obtained from them as per Government of India guidelines.

- o Preparation of the biannual report and QACs are also required to prepare an annual report card, depicting statistical as well as non-statistical information like meetings held, enquiries conducted, remedial steps taken and achievement for the year and upload the same on State/UT website to be linked to the website of MoHFW.
- o Phasing out sterilization camps over a period of three years and provide services on fixed day mode by strengthening Primary Health Care Centres appropriately.

6.3.3 Other promotional schemes

6.3.3.a Compensation scheme for acceptors of sterilization : Government has been implementing a Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the medical facility for undergoing sterilization. This compensation scheme for acceptors of sterilization services was revised with effect from 31.10.2006 and has been further improved with effect from 07.09.2007. In the light of the rise in the cost of living, the ever increasing transport cost which enables a client to travel from his residence/village to the nearest service centre, the prevalent high wage compensation for the days requiring recuperation as well as other incidental cost, Government of India has approved an enhancement in the current compensation package for the 11 high focus States- Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Odisha, Uttarakhand, Assam, Haryana and Gujarat.

6.3.3.b Compensation scheme in Public Facilities (In Rs.)

Type of Operatio	Type of Operatio	Acceptor	ASHA/ Health Worker	Other	Total
11 High focus states (UP, BH, MP, RJ, CG, JH, OD, UK, AS, HR, GI)	VASECTOMY	2000	300	400	2700
	TUBECTOMY	1400	200	400	2000
Other High focus states (NE states, J&K, IIP)	VASECTOMY	1100	200	200	1500
	TUBECTOMY	600	150	250	1000
Non High focus states	VASECTOMY	1100	200	250	1500
	TUBECTOMY (BPL + SC/ ST only)	600	150	2560	1000
	TUBECTOMY (APL)	250	150	250	650

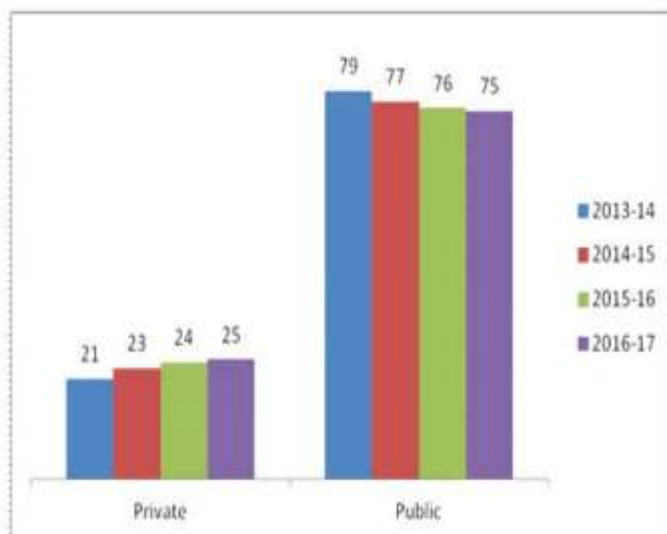
6.3.3.c Compensation scheme in Private Accredited Facilities (In Rs.)

Type of Operatio	Type of Operatio	Acceptor	Facility	Other/ Acceptor	Total
11 High focus states (UP, BE, MP, RJ, CG, JH, OD, UK, AS, HR, GJ)	VASECTOMY (ALL)	2000	2000	1000	3000
	TUBECTOMY (ALL)	1400	2000	1000	3000
Other High focus states (NE states, J&K, HP)	VASECTOMY (ALL)	1100	1300	20	1500
	TUBECTOMY (ALL)	600	1350	150	1500
Non High focus states	VASECTOMY (ALL)	1100	1300	200	1500
	TUBECTOMY (ALL)	600	1350	1050	1500

6.3.3.d National Family Planning Indemnity Scheme (NFPIS): With effect from 01.04.2013, it has been decided that the States/UTs would process and make payment of claims to accepters of sterilization in the event of death/failures/complications/indemnity cover to doctors/health facilities. The States/UTs would make suitable budget provisions for implementation of the scheme through their respective State/UT Program Implementation Plans (PIPs) under the National Rural Health Mission (NRHM) and the scheme is renamed as "Family Planning Indemnity Scheme".

Claims arising out of Sterilization Operation	Amount (Rs.)
A Death at hospital/ within seven days of discharge	2,00,000
B Death following Sterilization (8th - 30th day from discharge)	50,000
C Expenses for treatment of Medical Complications	25,000
D Failure of Sterilization	30,000
E Doctors/facilities covered for litigations up to 4 cases per year including defense cost	2,00,00 (per case)

6.3.3.e Public Private Partnership (PPPs) : PPP in Family Planning services are intended to utilize the



reach of private sector in increasing the access to Family Planning services. In order to promote PPP in family planning services, accredited private facilities and empanelled private healthcare providers are covered under revised compensation scheme for sterilization and NFPIS.

6.3.3.f Celebration of World Population Day & fortnight (July 11 - 24, 2016) : The event was observed over a month long period, split into an initial fortnight of mobilization/ sensitization followed by a fortnight of assured family planning service delivery.



World Population Day 2016

- **June 27 to July 10, 2016: "Dampati Sampark Pakhwada" or "Mobilisation Fortnight"** was organised.
- **July 11 to July 24, 2016 "Jansankhya Sthirtha Pakhwada" or "Population Stabilisation Fortnight"** was organised.

At the National level, a workshop was organised jointly by the JansankhyaSthirataKosh and Ministry of Health and Family Welfare. The workshop in VigyanBhavan on "ZimmedariNibhao, Plan Banao" was presided over by the Minister of Health & Family Welfare, Shri J.P.Nadda and the Ministers of State, Shri Faggan Singh Kulaste and Smt. Anupriya Patel. The theme of the national workshop was in line with the recently launched media campaign which focuses on being responsible and making a plan to ensure the well-being of families.

The inaugural session of the workshop also witnessed prize distribution by the Ministers to school children who brought laurels to their schools by winning prizes in the painting competition organized by Jansankhya Sthirata Kosh.

6.3.4 Overall Performance:

- Overall performance from 2013 to 2016 is as follows :

S.No.	Method	2013	2014	2015	2016*
1	Female Sterilisation	1,57,431	1,49,262	1,42,372	1,45,372
2	Male Sterilisation	8130	5085	6035	7101
	Total Sterilisation	1,65,561	1,54,347	1,48,407	1,52,106
3	Total IUCD Insertion	3,50,642	3,93,276	3,51,444	3,74,880
	PPIUCD Insertion	-	-	43,829	72,433

* Performance is during fortnight (11th to 24th July, 2016)

- Some States such as Assam, Bihar, Madhya Pradesh, Jharkhand have extended their fortnights. Bihar has extended their fortnight till 31st July. M.P and Jharkhand has extended the celebrations till 11th August.
- The total sterilizations which took place during the 2016 fortnight were **1.52 lakhs** (1.45 lakhs female sterilizations and 7101 Male Sterilizations). There has been an increase in the number of IUCD insertions this year as compared to the previous year. The most substantial increase is noted in the acceptance of PPIUCD which has nearly doubled.
- In female sterilization, Bihar reported the highest performance** with total female sterilizations at 23,972 followed by West Bengal (16,117) and Odisha (15,621). Assam (1276) reported the highest male sterilizations followed by Uttar Pradesh (1253) and West Bengal (620).
- The total IUCDs (Interval & PPIUCD) inserted were **3.74 lakhs**, comprising of 81% of interval IUCD and 19% PPIUCD. The **highest interval IUCD insertions were in Uttar Pradesh** (74,686) followed by West Bengal (51,593) and Odisha (38,664), whereas for PPIUCD insertions Uttar Pradesh was the highest (15,205), followed by Bihar (9689) and Rajasthan (7306).

6.3.5 Celebration of World Vasectomy Day & Service Delivery Fortnight (November 21 - December 4, 2016):

With a view to improve male participation in family planning and revitalise the NSV programme, the World Vasectomy Day and Service Delivery Fortnight (21st November to 4th December) was celebrated throughout the country at all blocks, districts and state headquarters level.

The theme of the Vasectomy Fortnight was "*Parivar Niyojanmeinsajhedari, abhogipurush-okisakriyabhagedari*". The vasectomy fortnight was divided into a:

- Mobilisation Phase (Nov 21 to Nov 27, 2016): and service delivery phase
- Mobilisation Phase (Nov 28 to Dec 24, 2016):

A national workshop on promotion of male participation in Family Planning was held on 16th November, 2016 at New Delhi. The theme of this workshop was in line with the theme of the NSV Fortnight. Various experts from the field of family planning highlighted the need for increased focus on male participation in family planning and spoke on various topics such as the need for improved advocacy and awareness generation and strategies for ensuring male participation. The states also highlighted key initiatives undertaken to promote male participation in family planning. The felicitation of health providers and ASHAs actively involved in promoting male participation, was also done during the workshop.

6.3.6 Appointing dedicated counsellors at high case load health centres :

- RMNCH+A counsellors are being appointed at all high case load facilities to provide counselling services in following areas:
 - Post-partum Family Planning (IUCD and Sterilisation)
 - Other family planning methods such as condoms, pills etc.
 - Ensuring healthy timing and spacing of pregnancy
 - Mother & baby care
 - Early initiation of breastfeeding
 - Immunization
 - Child nutrition
- The posts of 1585 RMNCH+A counselors have been approved across the country (as per the State projections) in financial year 2016-17. Of these 879 positions are filled and counselors are in place.

6.4 NEW INTERVENTIONS TO IMPROVE ACCESS TO CONTRACEPTION:

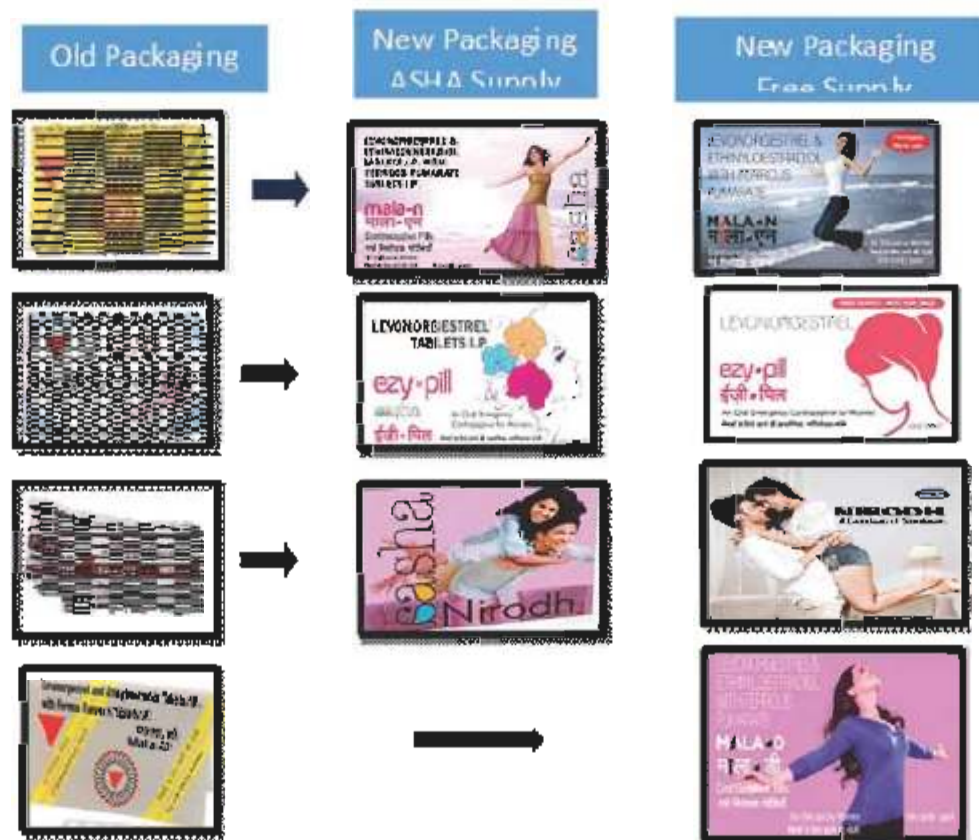
- **Mission Parivar Vikas** - The Government has launched Mission Parivar Vikas for substantially increasing the access to contraceptives and family planning services in the high fertility districts of seven high focus states with TFR of 3 and above. These 145 districts are from the seven high focus, High TFR states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) that itself constitutes 44% of the country's population. A five pronged strategy has been developed under the Mission ParivarVikas which comprises of:
 - a. Delivering assured services
 - b. Building additional capacity/Human resource development for enhanced service delivery
 - c. Ensuring commodity security
 - d. Implementing new 'promotional schemes'

e. Creating an enabling environment

- **Expansion of Basket of Choice** - The current basket of FP choices has been expanded to include new contraceptives namely Injectable DMPA under Antaraprogamme, POP and Centchroman (Chhaya)



- **Improved Contraceptive Packaging:** The packaging for contraceptives available in the FP programme - Condoms, OCP and ECP - have been upgraded and re-packaged in attractive packages bringing it at par with current standards and aim to increase the uptake among current beneficiaries.



- * A new 360 degree media campaign (including films, print and outdoor) prioritizing family planning has been launched with Shri Amitabh Bacchan as the brand ambassador



- The Social Franchising Scheme for involving the private sector in providing quality FP services will be implemented in the states of Uttar Pradesh and Bihar through JSK.
- All the guidelines related to Family Planning programme are available at <http://nhm.gov.in/nrhm-components/rmch-a/family-planning/guidelines.html>

6.5 CONTRACEPTIVES PROCUREMENT & SUPPLY

The Department of Health and Family Welfare is responsible for implementation of the National Family Welfare Programme by, inter alia, encouraging the utilization of contraceptives and distribution of the same to the States/UTs through Free Supply Scheme and Public-Private Partnership (PPP) under Social Marketing Scheme. Under Free Supply Scheme, contraceptives, namely, Condoms, Oral Contraceptive Pills, Intra Uterine Device (Cu-T), Emergency Contraceptive Pills and Tubal Rings are procured and supplied free to the States/UTs.

Procurement procedures : Orders are placed on

HLL Lifecare Ltd. (a PSU under the Ministry) for procurement of contraceptives being manufactured by them as per Government instructions. For the remaining quantities, tenders are solicited from the firms through Advertised Tender Enquiries for concluding Rate Contracts. Rate Contracts are concluded with the manufacturers and Supply Orders are placed upon them as per their competitive rates and the capacity to manufacture the items.

Quality Assurance : Manufacturers do in-house testing of stores before offering them for inspection. At the time of acceptance of stores, random samples from all the batches are picked up and tested in certified lab and thereafter stores are supplied to the consignees.

6.5.1 Free Supply Scheme : Under Free Supply Scheme, contraceptives viz. Condoms, Oral Contraceptives pills (OCPs) (Mala-N), Intra Uterine Device (Copper-T), Tubal Rings, Emergency Contraceptive Pills (BCPs), Pregnancy Testing Kits (PTKs) are procured and supplied to the States with the objective of making them available free of cost to those who cannot afford to pay for it. These are

supplies free of cost to the users through dispensaries, hospitals, PHCs, Sub Centres etc.

The following quantities of condoms and Oral Contraceptive Pills (OCPs) were procured during 2015-16 and 2016-17:

Quantities supplied to States/UTs

Item	2016-17	2016-17 (up to Nov.2016)
Condoms (Free Supply) (In Million Pieces)	756	359.55
OCPs (Free Supply) (Lakh Cycles)	482	314

The quantities given to the States under Free Supply Scheme during the last two years and the current year (upto November, 2016) along with the budget utilized are given in the following tables:

Quantities supplied to States/UTs

Contraceptives	2015-16	2016-17 (up to Nov.2016)
Condoms (In million pieces)	394.00	350.90
Oral Pills (In lakh cycles)	361.24	551.32
IUDs (In lakh pieces)	60.42	88.244
Tubal Rings (In lakh pairs)	19.00	27.145
ECP (In lakh packs)	75.80	75.80
Pregnancy Test Kits(in lakhs)	100.14	122.40

Budget Utilization

(Rs. in Crore)

Contraceptives	2015-16	2016-17 (up to Nov.2016)
Condoms	77.15	95.44
Oral Pills	11.01	10.08
IUDs	6.58	9.13
Tubal Rings	1.05	1.98
ECP	0.73	0.14
Pregnancy Test Kits	7.60	4.03

6.5.2 Copper-T (IUD)

Under the National Family Welfare Programme, Cu-T-200B was being supplied to the States/UTs. From 2003-04, advanced version of Intra Uterine Device i.e.Cu-T-380-A has been introduced in the Programme. This Cu.-T has longer life of placement in the body and thus provides protection from pregnancy for a period of about 10 years. Now the advanced version of IUDs i.c.Cu-T-380A is being procured and supplied to the States/UTs. From the year 2012-13, IUD 380A and IUD 375 are procured by this Ministry.

The following quantities of Copper-T (IUD) were procured during the year 2015-16 & 2016-17 (upto November 2016).

Item	2015-16	2016-17 (up to Nov.2016)
Copper-T (in lakh Pairs) (IUD 380A, IUD 375)	70.31	33.59

6.5.3 Tubal Ring

The following quantities of Tubal Ring were procured during the year 2015-16 & 2016-17 (upto November 2016).

Item	2015-16	2016-17 (up to Nov.2016)
Tubal Ring (in lakh pairs)	19.94	9.92

6.5.4 Emergency Contraceptive Pills (ECP)

Department of Health & Family Welfare introduced 'Emergency Contraceptive Pills' (E- Pills) in the National Family Welfare Programme during the year 2012-13. This contraceptive is used within 72 hours of un-protected sex and is supplied free of cost to the State/UTs. The following quantities of E-pills were procured during the years 2015-16 & 2016-17 (upto November 2016).

Item	2015-16	2016-17 (up to Nov.2016)
ECP (in lakh pairs)	86.10	29.97

6.5.5 Pregnancy Test Kits (PTKs)

The pregnancy Test Kits are supplied free of cost for timely and early detection of pregnancy. The kits are home based and easy to use. The following quantities

of PTKs were procured during the year 2015-16 & 2016-17 (upto November 2016).

Item	2015-16	2016-17 (up to Nov.2016)
PT Kits (in lakh Kits)	199.89	170.47

6.5.6 Social Marketing Scheme

The National Family Welfare Programme initiated the Social Marketing Programme of Condoms in 1968 and that of Oral Pills in 1987. On the advice of Planning Commission (Now NITI Aayog) and Ministry of Finance, a study was conducted by UNFPA to evaluate the Social Marketing Scheme which submitted the report in December, 2015. The recommendations of UNFPA were examined in the Ministry and the Social Marketing Programme was rejuvenated. The price of the SMO brand contraceptives i.e Deluxe Nirodh (Govt. Brand) was revised from Rs. 3/- for a pack of 5 pieces to Rs.5/- for a pack of 5 pieces and SMO brand condoms from Rs.1.00 to Rs. 2.00 for one piece to a maximum of Rs. 3.33 per piece (Rs. 10.00 for a pack of 3 pieces). The price of the oral pills of Government Brand and SMO brand has also been revised i.e. Mala -D (Govt. Brand) from Rs.3.00 per cycle to Rs. 5.00 per cycle while the SMO brand price range was retained at a maximum price of Rs. 10.00 per cycle. SMOs have the flexibility to fix the price of branded condoms and OCPs within the range fixed by the Government. Condoms and Oral Pills are made available to the people at highly subsidized rates, through diverse outlets. Promotional and packaging incentives which were being reimbursed to the SMOs has been withdrawn after revision of prices of Condoms and Oral Contraceptive Pills (OCPs). The issue price of both condom and OCP has been retained at Rs.0.40 per condom and Rs.1.60 per cycle of OCPs which can be remitted by the SMOs by paying 35% at the time of placement of orders and balance 65% at the time of issue of release orders to reduce financial burden on SMOs. The agreements with the SMOs are now signed for a period of three years to facilitate to SMOs to plan their activities for a longer period. The extent of subsidy ranges from 70% to 85% depending upon the procurement price in a given year. Both these contraceptives are distributed through Social Marketing Organizations (SMOs).

Presently, one Government brand (Deluxe Nirodh) and twelve different SMO brands of condoms (i.e. Rakshak, Ustad, Josh, Mithun, Style, Thril, Kamagni, Sawan, Milan, Bliss, Ahsaas and KLY-MAX) are sold in the market through SMOs. Similarly for Oral Pills, one Government brand (Mala-D) and six SMO brands of Pills (i.e. Arpan, Pearl, Ecroz, Sunehri, Apsara and Khushi) are sold.

SMOs have sold the following quantities during 2015-16 and 2016-17:

Sale of Condoms

(Quantity in Mpcs.)

Sl. No.	Social Marketing Organisation	2015-16	2016-17 Upto Sep. 2016.
1.	HLL Lifecare Ltd, Thiruvananthapuram	380.35	51.01
2.	Parivar Seva Sanstha, Delhi	10.30	0.015
3.	Janani, Patna	14.88	4.60
4.	Population Health services (T) Hyderabad	66.89	0.00
5.	PCPI, Kolkata	6.85	0.00
6.	World Health Partner	2.94	0.0364
Total		482.21	55.6614

Sale of Oral Contraceptive Pills

(Quantity in Lakh Cycles)

Sl. No.	Social Marketing Organization	2015-16	2016-17 Upto Sep. 2016.
1	HLL Lifecare Ltd., Thiruvananthapuram	51.87	5.29
2	Parivar Seva Sanstha, Delhi	17.49	4.90
3	Janani, Patna	13.99	4.60
4	Population Health services, Hyderabad	68.41	0.00
5	PCPL, Kolkata	Not reported	Not reported
6	World Health Partner, New Delhi	1.01	7.02
Total		152.80	21.81

6.5.7 Centchroman (Oral pills)

Since December 1995, a non-steroidal weekly Oral Contraceptive Pill, Centchroman (Popularly known as Saheli & Novex), to prevent pregnancy is also being subsidized under the Social Marketing Programme. The weekly Oral pill is the result of indigenous research of CDRL, Lucknow. The pill is now available in the market at Rs. 2.00 per tablet. The Government of India provides a subsidy of Rs.2.59 per tablet towards product and promotional subsidy.

6.5.8 Performance of Social Marketing Programme in the sale of contraceptives

Item	2015-16	2016-17 (Upto Nov. 2016)
Condoms (Million pieces)	482.21	55.66
Oral Pills(Social Marketing) (lakh cycles)	152.80	21.81*
SAHELI (in Lakh tablets)	311.17	1.94*

* Figures are provisional.

6.5.9 Central Medical Services Society (CMSS)

With a view to assure procurement and distribution of supplies in time, the Government has now set up an autonomous agency viz. Central Medical Services Society (CMSS) whose sole responsibility would be to ensure uninterrupted supplies of commodities in the states. This agency would be able to cut the proverbial bureaucratic tape by laying down a firm procurement and distribution system in the country, thereby transforming the committed goals into reality. The CMSS has procured the following quantity of contraceptives from private manufacturers for the year 2015-16. A statement showing the quantities of

contraceptives procured during 2015-16 alongwith the indent for 2016-17 is given below:

Sl. No.	Item	Quantity procured for 2015-16	Quantity indented for 2016-17
1.	Condoms (in Million Pieces)		
	Free Supply	359.55	106.047
	SMO brand	482.21	107.00
	Free supply for NACO	272.15	68.0379
2.	OCP (in Lakh Cycles)		
	Free Supply	314.16	140.77432
	SMO Brand	152.8	82.825
3.	Emergency Contraceptive Pills (ECPs) (in Lakh Packs)	29.97	25.7754
4.	IUCDs/Copper-T (in Lakh Pieces)	33.59	29.8296
5.	Tubal Rings (in Lakh Pairs)	9.92	9.918
6.	Pregnancy Test Kits (PTK) (in Lakh Pieces/Kits)	170.47	91.90962

Annexure-I*State-wise TFR*

State	Total Fertility Rate		
	SRS 2012	SRS 2013	SRS 2014
India	2.4	2.3	2.3
Andaman	1.6*	1.6*	1.6*
Andhra Pradesh	1.8	1.8	1.8
Arunachal Pradesh	2.3*	2.3*	2.3*
Assam	2.4	2.3	2.3
Bihar	3.5	3.4	3.2
Chandigarh	1.7*	1.7*	1.7*
Chhattisgarh	2.7	2.6	2.6
Dadra & Nagar Haveli	2.9*	2.9*	2.9*
Daman Diu	2.0*	2.0*	2.0*
Delhi	1.8	1.7	1.7
Goa	1.4*	1.4*	1.4*
Gujarat	2.3	2.3	2.3
Haryana	2.3	2.3	2.3
Himachal Pradesh	1.8	1.7	1.7
Jammu & Kashmir	1.9	1.9	1.9
Jharkhand	2.8	2.8	2.8
Karnataka	1.9	1.9	1.8
Kerala	1.8	1.8	1.9
Lakshadweep	1.6*	1.6*	1.6*
Madhya Pradesh	2.9	2.9	2.8
Maharashtra	1.8	1.8	1.8
Manipur	1.5*	1.5*	1.5*
Meghalaya	2.9*	2.9*	2.9*
Mizoram	1.7*	1.7*	1.7*
Nagaland	1.8*	1.8*	1.8*
Odisha	2.1	2.1	2.1
Puducherry	1.8*	1.8*	1.8*
Punjab	1.7	1.7	1.7
Rajasthan	2.9	2.9	2.8
Sikkim	1.7*	1.7*	1.7*
Tamil Nadu	1.7	1.7	1.7
Tripura	1.4*	1.4*	1.4*
Uttar Pradesh	3.3	3.3	3.2
Uttarakhand	2.1	2.1	2.1
West Bengal	1.7	1.7	1.6

*Source: *SRS 2010 estimates*

Annexure-II**Number Sterilisations and IUCDs by States: 2016-17 (Up to October)**

	Female Sterilization	Male Sterilization	IUCD
ALL INDIA	13,70,597	30,734	30,63,237
Bihar	1,15,637	1,127	2,49,207
Chhattisgarh	16,528	2,289	64,224
Himachal Pradesh	1,597	85	10,640
Jammu & Kashmir	4,044	140	11,234
Jharkhand	18,077	1,166	58,696
Madhya Pradesh	67,100	3,072	1,97,384
Odisha	32,400	638	1,11,588
Rajasthan	87,196	1,366	3,04,589
Uttar Pradesh	40,923	2,615	5,30,323
Uttarakhand	3,871	230	41,171
Arunachal Pradesh	531	4	1,549
Assam	18,773	2,441	64,894
Manipur	372	42	2,681
Meghalaya	1,441	12	2,489
Mizoram	666	0	1,180
Nagaland	1,118	11	2,788
Sikkim	54	9	556
Tripura	1,440	40	1,039
Andhra Pradesh	1,07,777	936	62,434
Goa	1,602	9	814
Gujarat	99,248	1,064	3,33,709
Haryana	32,097	1,329	1,11,305
Karnataka	1,65,599	546	1,01,106
Kerala	38,852	439	24,399
Maharashtra	1,79,630	4,929	2,01,268
Punjab	26,658	764	1,07,284
Telangana	79,197	1,471	21,073
Tamil Nadu	1,40,776	261	1,93,309
West Bengal	73,272	2,378	1,97,799
A & N Islands	417	330	204
Chandigarh	1,071	31	3,218
Dadra & Nagar Haveli	362	3	385
Daman & Diu	125	1	87
Delhi	7,570	911	46,436
Lakshadweep	18	0	3
Puducherry	3,699	2	1,597
M/o Defence	0	0	0
M/o Railways	859	43	575