

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



INDIA

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*In August 2016, the government of India shared the following update on progress toward achieving its Family Planning 2020 commitment during the 2015-2016 time period (commitment included below for reference).*

## POLICY & POLITICAL UPDATES

All family planning commodities in India, in the current basket of choice, are being manufactured indigenously and no donor support has been sought for the same.

- All the commodities are being procured centrally and being distributed to states. Annual forecasting is being done for commodity estimation in the country. In 2015-2016, family planning commodities worth Rs.179 crore (US \$26.7 million) were budgeted. The country also has indigenous capacity for manufacturing the injectable contraceptive (DMPA). The new contraceptive Centchroman was developed in India by CDRI, Lucknow.

All Family Planning services are being provided free of cost at the public health facilities and accredited private health facilities in India.

- FP services are being rendered by 0.18 million primary level public health facilities, more than 6,000 secondary level facilities and 755 tertiary level facilities in addition to a large pool of accredited private health facilities.
- The country has a pool of 0.9 million community health workers (ASHA), acting as depot holders for contraceptives at the village level; 0.64 million villages across 670 districts are being covered under the scheme. ASHAs act as an important source for accessing contraceptives in rural areas by eligible couples in the privacy of their homes. Another scheme has been designed for high-fertility states and is operational in 26 states covering 0.5 million villages; 0.6 million community health workers (ASHA) are involved in counseling the beneficiaries on the advantages of spacing, delaying the first birth by two years, and maintaining the birth interval of at least three years between the two children. More than 1,600 positions of RMNCH+A counselors were created in 2015 to ensure counseling for family planning at high caseload facilities.
- In 2015, many new initiatives were taken to address both supply and demand, including:
  - **Introduction of new contraceptive methods:** Injectable Contraceptive DMPA, Centchroman (Non-Steroidal oral contraceptive pill), and Progesterone only pills.
  - **New contraceptive packaging:** In order to augment contraceptive demand, the packaging for condoms and pills has been revised.
  - **New media campaign:** A brand new campaign has been launched for family planning to increase the demand for contraceptives.
  - **Social franchising scheme:** To augment private-sector participation, a social franchising scheme has been conceived for two major states in India.
- The country has witnessed an increase of 16% from 2012 to 2015 in secondary and tertiary care public health infrastructure.
  - More than 6,500 new primary level facilities, 600 secondary level facilities and 41 tertiary level facilities were created from 2012-13 to 2015-16. Of these, 1617 new primary level facilities, 33 secondary level and 8 tertiary level public health facilities were created in 2015-16. More than 10,000 female and more than 4,000 male health work force was added in the same period. A new cadre of RMNCH+A counselors were recruited in all the states to ensure counseling services in high caseload facilities. To ensure skill building of the providers, certain innovative steps were taken recently which included onsite training model, especially for the high focus states which have huge human resource crunch. Another strategy

includes mobile teams for provision of family planning services. The team is equipped with a necessary logistics, medical, and paramedical staff.

- To improve private sector participation and to address the service delivery gaps as well as demand generation a social franchising scheme has been conceived for two major states of India.
- Every year the states are being supported through central and state budgets for procuring equipment and drugs. All drugs are provided free of cost in all public health facilities across the country. Few states have already operationalized the logistic management software for family planning supply chain management. The national government is advocating other states for the same (the guidelines have already been shared with states). The government is now working on developing an integrated logistic software for all Indian states.
- Additionally for strengthening service delivery, free service to drop clients back to their homes is being provided to all the sterilization clients after the provision of the procedure in public health facilities.
- Programmatically there is a focus on increasing birth spacing and discouraging teenage marriages. RSKS strategy was launched in 2013-14 to address the needs of adolescents, including the reproductive health. ASHAs are being utilized for providing field-level counseling in the community for these issues.

## FINANCIAL UPDATES

- 17.3 million eligible couples in India have been provided with modern contraceptives in 2015 (4.1 million with sterilization, 5.5 million with IUCD insertions, 4.4 million with condom users, and 3.3 million with oral contraceptive pills).
- India has already developed indigenous capacity, in public and private sector, to manufacture the entire range of family planning commodities in use under the national program. The procurement is done through federal funds. Commodities worth Rs. 179 crore (26.7 million USD) has been procured in 2015. The total financial outlay for family planning (excluding the state budget) in 2015-2016 is around Rs. 2446 crore (US \$365 million).
- Each year, the financial outlay under NHM amounts to approx. Rs. 20000 crore (US \$3 billion). The country allocates a differential share for high focus and non-high focus states. States have now developed the in-house capacity for training of providers and fund allocation. Under NHM rational deployment of human resource is one of the key conditionality for fund allocation, the government states.
- The process of resource and budget allocation under NHM is a structured whereby the states are provided the platform to discuss their budget with the national officials.
- 2015-2016 was a challenging year in terms of planning and budgeting for new contraceptive and new media campaign roll out. States and districts were supported by the national family planning team so that states could secure budget for new initiatives. In 2015-2016, the government of India has also developed and piloted the program implementation plan software (PIP). PIP software is based on the principle of decentralized planning and offers a platform for all the districts to put in their priorities in the annual costed action plans.

## PROGRAM & SERVICE DELIVERY UPDATES

- The country has launched the RCH portal covering the full gamut of reproductive, maternal, and child health services. A one stop register (RCH Register) has been designed for subcenters. The same has also been piloted and is now being updated and modified for a national level roll out. The Mother and Child Tracking System (MCTS)—reported on to FP2020 in previous commitments—and the RCH portal have been linked to the Public Financial Management System software for all Janani Suraksha Yojana payments. The efforts are now ongoing to ensure family planning payments are made through the Direct Benefit Transfer utilizing RCH portal.
- The efforts on expanding the usability of the system through the use of General Packet Radio Service (GPRS) technology is still underway; however, the government has now introduced geographic information system (GIS) technology into its Health Management Information System.
- The government of India has made strong progress in providing PPIUCD services. The primary goal is to achieve healthy maternal, perinatal, newborn, infant and child health outcomes, including reduction of maternal and neonatal mortality. Further the PPIUCD services will also help in reducing the unmet need for family planning among post-partum women.
- PPIUCD services are being strengthened through closely monitored training and also post training follow-ups. The training was initially started in 19 states in 2012-13 and is now being implemented in all states. There has

been a three-fold increase in the PPIUCD performance from 2013 to 2015, with a 65% increase from 2014 to 2015. Approximately 2 million insertions have been reported since the inception of the program. The success can be corroborated to both increase in demand generation activities, utilizing ASHAs for counseling, RMNCH+A counselors at high delivery load facilities, and integrating PPFP with various MCH platforms. The district action plans specifically focuses on improving PPFP services. The concept of tasksharing by staff nurses has further helped in an effective roll out of the program.

- The country's pool of community health workers has increased and currently 0.9 million ASHAs are acting as depot holders for contraceptives at the village level. 0.64 million villages across 670 districts are being covered under the scheme. In 2015-2016, the government of India revised the packaging of condoms, oral pills, and emergency contraception. ASHAs input from the field reveals that the new packaging has augmented the demand for contraceptives. The government of India has also introduced the new contraceptive and Centchroman (Non hormonal oral contraceptive pill), which will now be a part of ASHA drug kit.

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



*The following text is the commitment made by the government of India at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/india>.*

India will include family planning as a central element of its efforts to achieve Universal Health Coverage. Through the largest public health programme in the world, the National Rural Health Mission and the upcoming National Urban Health Mission, addressing equity, ensuring quality, including adolescents and integration into the continuum of care are slated to be the cornerstones of the new strategy. The centre-piece of its strategy on family planning will be a shift from limiting to spacing methods, and an expansion of choice of methods, especially IUDs (Intrauterine devices). To enable women to delay and space their births, India will distribute contraceptives at the community level through 860,000 community health workers, train 200,000 health workers to provide IUDs, and shall substantially augment counselling services for women after childbirth. Expenditure on Family Planning alone out of the total Reproductive, Maternal, Newborn and Child Health and Adolescent Health (RMNCH+A) bouquet is expected to cross US \$2 billion from 2012 to 2020. This will ensure free services and commodities through public health facilities for 200 million couples of reproductive age group and adolescents seeking contraceptive services.

## **POLICY & POLITICAL COMMITMENTS**

India commits to continuing to develop indigenous public and private sector capacity to manufacture the entire range of FP commodities for domestic use and for export. The country will provide FP services and supplies free of cost to 200 million couples and 234 million adolescents, utilizing the extensive public health network in collaboration with CSO and the private sector. India will strengthen health systems including creation of physical infrastructure, augmentation of human resources at all levels, assured drugs, supplies and logistics, mobile medical units to take health services to remotest areas and increased attention to social determinants of health.

## **FINANCIAL COMMITMENTS**

Expenditure on FP alone out of the total RMNCH+A budget is expected to exceed US \$2 billion from 2012 to 2020. India will mobilize domestic resources without dependence on external aid and will invest increased resources in the National Rural Health Mission, the largest public health program in the world. India will implement the National Urban Health Mission, which has a special focus on the poor. The country will continue implementation of costed plans for RH and CH including FP national, sub-national, and district levels, with the goal of scaling up investments and service delivery in 264 districts with particularly weak public health indicators.

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

India commits to continuing to implement mother and child web-enabled tracking system to monitor timely delivery of full complement of services to pregnant women and children. More than 40 million pregnant women and children are already registered. The country will provide post-partum IUCD services and placing dedicated FP counselors in public health facilities with heavy caseloads of deliveries. 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.