

INDIA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage (<http://www.familyplanning2020.org/entities/76>) on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Chonghee Hwang on chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang on chwang@familyplanning2020.org OR Sarah Meyerhoff on smeyerhoff@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of India's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017-May 2018 period only.**

UPDATE QUESTIONNAIRE

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 has 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 current 53.1%

(2017-Track 20 estimate) to 54.3% by 2020 and ensure that 74% of the demand for modern contraceptives is satisfied by 2020

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

India has been steadily progressing towards achieving the FP2020 goals. The Government of India implemented a host of new initiatives in 2017-18. The focus was to strengthen the quality of service delivery for Family Planning, including the recently added new contraceptives viz. Injectable contraceptives MPA under Antara Program, non-hormonal pills Centchroman (*Chhaya*) and Progestin only pills.

The country continued to focus on strengthening post pregnancy contraception. In 2017-18, there were almost 2 million Post-partum IUCD insertions (covering 15% of the total public health deliveries) and 0.06 million Post abortion IUCD insertions (uptake of PAIUCD services in 6% of the total abortions in public health system).

India also operationalized the Family Planning Logistics Management and Information System which was implemented in 2017-18. Through a focused approach and in yet another unique initiative, India identified 146 high priority districts for providing augmented Family Planning services and implemented a special scheme, named Mission Parivar Vikas, across these districts.

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.

As per the TRACK20 report, the mCPR for India in 2018 is estimated at 54.1% which is 0.6% higher than the 2017 estimate of 53.5%. The goal of 74% demand satisfied for modern contraceptives has already been achieved.

- 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)

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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 are being pilot tested for a country wide introduction.

The Injectable MPA services was expanded across all states of India with 0.08 million doses administered in the public health sector in 2017-18 alone.

The uptake of Centchroman has also been encouraging, with almost 1.2 million strips being distributed in 2017-18, which translates into a client base of 0.13 million. All the services are available free of cost in all public health facilities. To ensure quality services the entire effort was 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 examining the possibility of introducing new LARCs in the contraceptive basket. In 2017-18, a health technology assessment has been proposed (at the highest levels of advocacy) for the same and based on the HTA, India will be working towards the addition of a new contraceptive in the National Health Program in the near future.

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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. The prime focus of this strategy was to improve quality of service delivery and demand generation.

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

- Preparing and targeting the newly-weds
- Addressing behavioural change through mother in law - daughter in law duos meetings
- Sarthi Van to generate awareness

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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 would help in averting not only an impending stock-out situation but also encourage a demand-pull approach.

An exceptional aspect of India's Family Planning program is the involvement of all the service providers as well as its huge workforce of 0.9 million ASHAs (Community Health Workers) for provision of services through a facility cum community-based model of distribution of contraceptives.

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

There has been continued emphasis on demand generation activities for Family Planning. A comprehensive 360-degree campaign was launched by the Ministry of Health & Family Welfare in two phases. In 2017-18, the second phase of the campaign was launched with the primary aim of increasing awareness and demand of modern contraceptives among the population. The second phase multimedia campaign was designed with the objective of reaching out to people of all age groups, regions and strata of the society to bring about a positive change in the use of contraception and shatter associated myths. It also incorporated additional learnings from Phase 1, resulting in a focused and refined campaign.

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

spots. Multiple posters, hoardings and pamphlets were also developed in the second phase. These posters were also translated in the local languages and disseminated in all the states.

A dedicated radio show “*Hum Do*” (comprising conversations between an RJ couple) was developed to promote inter-spousal communication and is aired on All India Radio and its primary channels.

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

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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 empanelled to provide sterilization services to the beneficiaries. The private sector participation is increasing in the country for both, provision of sterilization as well as IUCD services. Along with them, accredited NGOs and Advocating Reproductive Choices (ARC) play a significant role. ARC is a coalition of over 170 civil society organisations, development organisations and individuals that are committed to advocating for greater attention and focus on sexual and reproductive health issues and family planning services in India.

Government of India is implementing a special scheme in seven high focus states aimed at increasing the involvement of private providers for provision of sterilization services. India also came up with an innovative scheme of providing assured services through the mechanism of Clinical Outreach Teams 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.

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

India has one of the largest cohorts of young people in the world. Government of India initiated Rashtriya Kishor Swasthya Karyakaram (RKSK) and 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.

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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

The role of various civil societies is enumerated below:

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

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

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

India has come up with several key Family Planning initiatives in 2017-18 such as the expansion of contraceptive basket, Mission Parivar Vikas, FP-LMIS, and a 360-degree media campaign. All these new strategies, along with the increased focus on Family Planning have been commensurate with the increased allocation under FP. During 2012 to 2017, nearly 2.2 billion USD has been allocated for Family Planning.

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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

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 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 regular post training follow-ups. Approximately 5.7 million PPIUCD insertions have been reported since the inception of the program with 2 million PPIUCD insertions reported in 2017-18 itself, which is an increase of 21% as compared to the previous year. 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 six high focus states and closely monitored with the help of various partner agencies.

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. The country's pool of community health workers has increased and currently 0.9 million community health workers (ASHA) are acting as counselors and 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.

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.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

a. What challenges have you faced in working with these groups? (please give examples)

- Although we have drastically reduced teenage marriages by 20.6% and teenage pregnancies by 8.1% in the last decade, it continues to be a challenge while working with the younger people
- Finding the balance between expanding FP programs rapidly and accessing adolescents and hard to reach populations
- On account of the vastness of the country and more so because of the diversity, the pace of implementation vary from state to state and district to district.
- Creating a platform of understanding and aligning their goal with the goal of the government
- Capacity is not uniform across states and across districts.
- Maintaining the motivation level of the officers and staff posted in the hard to reach areas

b. How has this engagement supported reaching your FP2020 commitment?

- Development of specific communication strategy
- Strengthening Post Pregnancy Family Planning services

c. Please share successes and/or lessons learned from these engagements.

- The vision of FP 2020 has been percolated down to the district level with district specific planning
- Advocacy is being taken up at higher levels
- Roll out of FP LMIS
- Expansion of Contraceptive services

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

India envisages its path towards UHC based on assured range of comprehensive primary care through National Health Policy 2017 and schemes like 'Ayushman Bharat'. The mechanism through which Family Planning is integrated into them are:

- Health and Wellness centers providing primary care include family planning services
- Good quality universal coverage ensures quality in family planning services

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

a. If so, what insights were gained?

b. Were domestic expenditures 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, FP2020 focal points participated in India's 2018 data consensus meeting.

A. Insights from the meeting are:

1. Age pattern of sterilization of some states do not match in NFHS-3 and 4 Surveys.
2. Suitability of service statistics (HMIS) for FPET estimations

B. Yes, domestic expenditures data were reviewed as part of the 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, India strives to achieve its FP2020 goal of allocating 3 billion USD.

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

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