
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 range and reach of contraceptive options by 2020 through roll out of new contraceptives and exploring the introduction of new LARCs along with delivering quality assured and full range of FP services at all levels.

India will strengthen supply chain through roll out of Family Planning Logistic Management Information System (FP-LMIS). The country will increase FP awareness and generate demand through 360degree media campaign in all states and continue to provide FP services and supplies free of cost to all eligible couples and adolescents through 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 by 2020 for family planning program. India has renewed its commitment and now promises that it will invest $3 billion by 2020. The country will continue implementation of costed plans for RMNCHA including FP at national and sub-national levels.

Objectives

- Modern Contraceptive Usage: An annual increase of 0.4% will be achieved in mCPR so as to attain the mCPR of 54.3%.
- Increase demand satisfied by modern contraceptives to 74% by 2020

Commitments

- Overarching FP2020 goals for India are to drive access, choice, and quality of family planning services so as to increase the modern contraceptive usage from 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.
- Expanding range and reach of contraceptive options by 2020 by
  - The rolling-out of injectable contraceptives, Progesterone only Pills (POPs) and Ormeloxifene (non-hormonal weekly pill: Centchroman – Indian brand) in the public health system
  - Exploring introduction of new LARCs
- Delivering quality assured services to the hardest-to-reach in rural and urban areas—providing a full-service package at all levels in all 146 Mission Parivar Districts (MPV)
- Strengthening supply chain and commodity tracking in all states of India
- Increased awareness and demand through 360-degree communications campaign rolled out across all states of India
- Expanded role for the private sector for ensuring family planning services.
- Enabling young people to access sexual and reproductive health information and services
Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake of services through civil society organizations, plus providing services

The following is a recording of C.K. Mishra, the Minister of Health of India, summarizing the Government of India’s FP2020 commitment at the 2017 Family Planning Summit:

The following text is the commitment made by the Ms. Anuradha Gupta on behalf of the Government of India at the London Summit on Family Planning on July 11, 2012.

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.