Trends in TFR - Rajasthan Year Wise (SRS 2013)

2005 2006 2007 2008 2009 2010 2011 2012 2013
3.7 3.5 3.4 3.3 3.3 3.1 3.0 2.9 2.8

District Action Plan: Implementation Status

RAJASTHAN

Progress District Action Plan (DAP)

DISTRICT WISE CUMULATIVE SCORING (TFR, mCPR, UNMET NEED)

District Action Plan: Implementation Status

Family Planning Division
Ministry of Health and Family Welfare
Government of India

Indicators
Value
Population # 6.86 Cr.
mCPR* 62.4
Total Unmet Need* 13.0
Unmet Need Spacing * 7.3
Unmet Need Limiting* 5.7
IMR 55
MMR 208

Socio Demographic Indicators*
Value
% Married women >18 years 14.3
% Married women illiterate 48.7
Women Reporting Birth Order 3 & above 35.1
% of Birth Interval > 36 months 41.5

*AHS 2012, # Census 2011

TRAINING CENTRES
- Divisional Level Training Centers = 6
- District Training Centers = 31
- ANM Training Centers = 31

Contraceptive Usage in Rajasthan AHS 2012

- Female sterilization
- Male sterilization
- Pill
- IUD
- Condom
- Any traditional method

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IUCD services have remained static in the past four years. However PPIUCD have gained a momentum.

The program focus on PPIUCD has been depicted through the service data which shows 2.3 times increase in PPIUCD insertions from 2013-14 to 2014-15. (Physical Report 2014-15)

The current acceptance rate for PPIUCD is 7%. (Physical Report 2014-15)

The graph depicts that Laparoscopic sterilization forms major share of all female sterilization services in Rajasthan. NSV share in total sterilization is 1%. (Source : HMIS 2014-15)

50% RMNCH+A Counselors are currently in position against the total sanctioned counselors.

65.4% of the in-position counselors have undergone the mandatory 4-day training.

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PTK utilization in the year 2014-15 was 34.8%, majority of which was through ASHA (25.7%) and remaining through Sub Centers. (Physical Report 2014-15)
ENSURING AVAILABILITY OF OPERATIONALIZED STATIC SERVICES

**Minilap Sterilization Services**

The provision for minilap services was accentuated by operationalizing 4 DHs, 2 SDH and 12 CHCs in a static manner. However, PHCs are yet to be operationalized for minilap services. This accounts for 19% DH, 14% SDH and 2% CHCs operationalized against non-functional facilities at each level.

**Laparoscopic Sterilization Services**

Laparoscopic sterilization is a well-accepted and primary method of sterilization in Rajasthan. The service provision was further enhanced by operationalizing 1 DH (25% of the non-functional) and 42 CHCs (9% of the non-functional CHCs) in the state.

**Vasectomy Services**

Though NSV has not been seen as a preferred method in the state, the state accelerated its efforts to improve uptake of the method. As a result, 1 DH (20%), 2 SDH (100%) and 15 CHCs (3%) were operationalized out of the total non-functional facilities at each level. However, the PHCs in the state are yet to be operationalized for NSV services.
Family Planning Division
Ministry of Health & Family Welfare, FP 2020 District Action Plan (DAP) - Rajasthan

Interval IUCD Services

All the DH and SDHs were already providing IUCD services to the clients.

In 2014-15, all the non-functional CHCs were operationalized for provision of IUCD services.

Additionally, 180 PHCs (27% of the non-functional) and 299 sub centers (4% of non-functional) were operationalized for providing IUCD services to the clients.

For IUCD trainings, More nurses were trained than doctors (against planned in each category). Only exception to this was SDH where data reflects trainings of 11 doctors against 9 nurses.

PPIUCD Services

State has realized the focus of the program on PPIUCD and channelized the efforts in increasing service provision by operationalizing facilities at all levels.

While all DH were already operational, all the SDH, 167 CHCs and 84 PHCs which were non-functional were operationalized.

Additionally, 17 sub centers working as functional delivery points were also operationalized for providing PPIUCD services.

Trainings were prioritized at functional delivery points (more for nurses than doctors).

As a result, over 20 doctors were trained at DH and SDH level while the number of trained nurses shot up more than 50 because of other development partners undertaking trainings. At CHC and PHC level also, more nurses were trained than doctors (when seen against planned).

Highlights:
- The state took initiative to complete all 7 divisional level reviews for monitoring the DAP progress in Dec 14- Jan 15
- DAPs helped in identifying the facilities for onsite training through Engender Health
- The gap analysis done during the DAPs preparation guided the evidence based strategies incorporated in state PIP 2015-16