CHAPTER 06

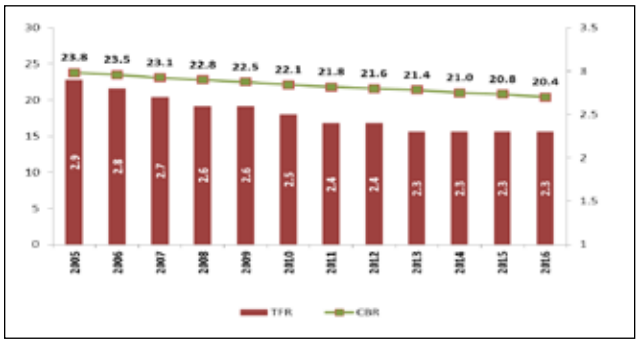
Family Planning

6.1 INTRODUCTION

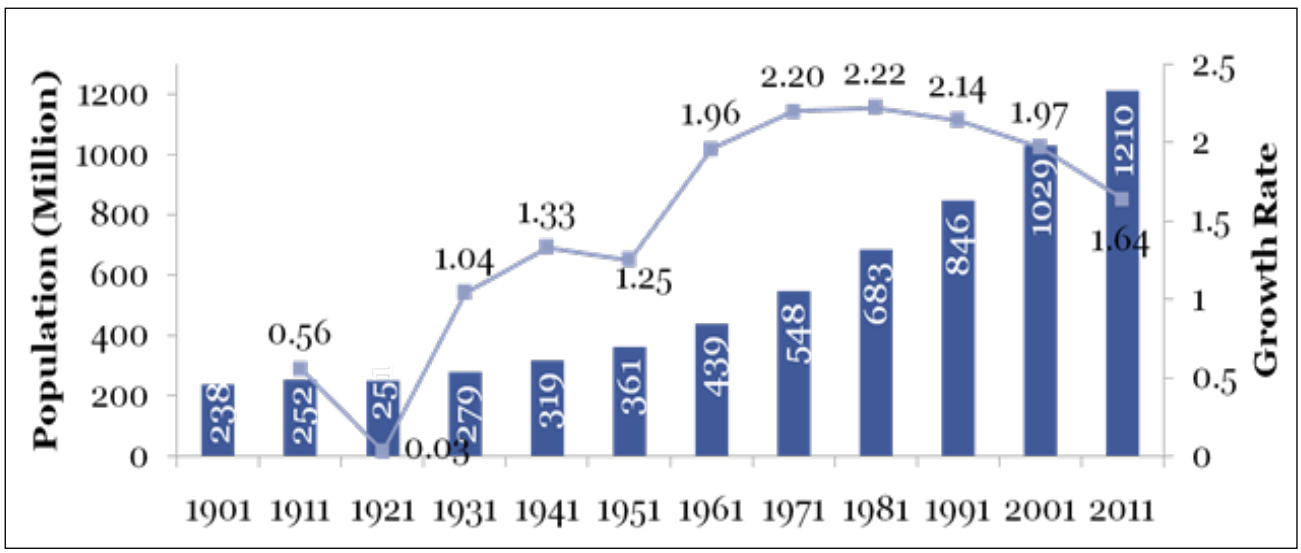
India was the first country in the world to launch a National Programme for Family Planning in 1952. Following its historic initiation, the Family Planning program has undergone many transformations in terms of policy and actual program implementation. Post International Conference on Population and Development (ICPD) 1994 held in Cairo, there was a de-emphasis on Family Planning globally with the donors substantially reducing the funding for Family Planning (FP) programmes. However subsequently it was realized that without increasing use and access to contraceptives, it would be difficult to impact the high maternal, infant and child mortality. Thereafter a gradual shift occurred from clinical approach to the reproductive child health approach. The National Population Policy (NPP) in 2000 brought about a holistic and a target free approach which accelerated the reduction of fertility.

Over the years, the program has expanded to reach every nook and corner of the country and is available up to Primary Health Centres (PHCs) and Sub Centres(SCs) in rural areas as well as the Urban Family Welfare Centres and Postpartum Centres in urban areas. There is also extensive engagement of the community health workers (ASHA) who distribute contraceptives and pregnancy testing kits to desirous beneficiaries at their doorsteps.

Technological advances and enhanced quality of services have also resulted in a rapid fall in the Crude Birth Rate (CBR), Total Fertility Rate (TFR) 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 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) as well as 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).

I. Some facts on Family Planning and related matters

15.7 % expected increase of population in fifteen years	• From 1210 million in 2011 to 1400 million in 2026. Population Projection Report, 2006.
Decline in TFR	• Helps to stabilize India's population growth which in turn spurs the economic and social progress
Greater investments in family planning	• 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
Government of India's commitment	• Maternal Mortality Ratio (MMR) to 100/100,000 live births
	• Infant Mortality Rate (IMR) to 30/1000 live births
	• Total Fertility Rate (TFR) to 2.1 by 2017 as per 12th Five Year Plan

II. Factors that influence Population Growth

Unmet need of Family Planning	• 12.9% as per NFHS-4 (2015-16)
Age at Marriage and first childbirth	• 26.8% of the girls get married below the age of 18 years as per NFHS (2015-2016)
	• Out of the total births, 10.7% are among teenagers i.e. 15-19 years (SRS 2016)
Spacing between Births:	• Spacing between two childbirths is less than the recommended period of 3 years in 48.1% of births (SRS 2016)
15-24 age group (women)	• 36.5% contribution in total fertility (SRS 2016)
	• 41% contribution in maternal mortality (SRS 2011-13)

III. Current Demographic Scenario in the Country (CENSUS 2011)

2.4% of world's land mass	• 17.5% of the world's population
1.21 billion	• 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	• 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)	• Maternal Mortality ratio – 556 in 1990 to 167 in 2011-13 • Crude birth rate – 40.8 per 1000 in 1951 to 20.4 in 2016. • Infant mortality rate – from 146 in 1951-61 to 34 in 2016. • Total Fertility rate – from 6.0 in 1951 to 2.3 in 2016 • 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	• Lesser than the previous decade, 18.14 crores added during 2001-2011 compared to 18.23 crores during 1991-2011.
Significant decline	• 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, Orissa and Uttaranchal) after decades of stagnation. • The Birth rate has declined from 23.8 in 2005 to the current 20.4 in 2016.

IV. Progress in TFR:

TFR		Data Source
TFR decline	• From 2.9 in 2005 to 2.3 in 2016 • Decline more significant in High Focus States.	SRS 2016 and NFHS IV
TFR of 2.1 or less	• 24 States and Union Territories – Sikkim-1.2, Andaman and Nicobar-1.5, Chandigarh-1.6, Delhi-1.6, Tamil Nadu-1.6, West Bengal-1.6, Andhra Pradesh-1.7, Daman and Diu-1.7, Goa-1.7, Himachal Pradesh-1.7, Jammu and Kashmir-1.7, Puducherry-1.7, Punjab-1.7, Telangana-1.7, Tripura-1.7, Karnataka-1.8, Kerala-1.8, Lakshadweep-1.8, Maharashtra-1.8, Uttrakhand-1.9, Odisha-2.0, Gujarat-2.0, Haryana-2.1, Arunachal Pradesh 2.1	
TFR 2.2-3.0	• 9 States and Union Territories – Assam-2.3, Dadra & Nagar Haveli-2.3, Mizoram-2.3, Chhattisgarh-2.5, Jharkhand-2.6, Manipur-2.6, Rajasthan-2.7, Nagaland-2.7, Madhya Pradesh-2.8	
TFR more than or equal to 3.0	• 3 States - Bihar-3.3, Uttar Pradesh-3.1 and Meghalaya-3.0	

Impact of High Focus Approach of the Government of India

Government 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) categories.

There are three States in the very high focus category - Bihar, Uttar Pradesh and Meghalaya. As per recent SRS figures, Bihar has shown an increase by 0.1 point from 2015 to 2016 while, the TFR in Uttar Pradesh has remained constant. Meghalaya on the other hand (not covered under SRS) shows a 0.8 point decline from NFHS III (2005-06) to NFHS IV (2015-16).

Category	State	SRS 2015	SRS 2016
Very High Focus States for FP	Bihar	3.2	3.3
	Uttar Pradesh	3.1	3.1
High Focus States for FP	Meghalaya	3.8*	3.0#
	Madhya Pradesh	2.8	2.8
	Nagaland	3.7*	2.7#
	Rajasthan	2.7	2.7
	Manipur	2.8*	2.6#
	Jharkhand	2.7	2.6
	Chhattisgarh	2.5	2.5
	Mizoram	2.9*	2.3#
	Dadar & Nagar Haveli	-	2.3#
	Assam	2.3	2.3

*Source: *NFHS III and #NFHS IV*

6.2 CURRENT FAMILY PLANNING EFFORTS

Family planning has undergone a paradigm shift and emerged as a key intervention 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.

Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induce abortion and eliminate most of these deaths.

6.2.1 Contraceptive services under the National Family Welfare Program

The methods available currently in India can be 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.

6.2.2 Spacing Methods- these are the reversible methods of contraception to be used by couples who wish to have children in future. These include:

A. Injectable Contraceptive MPA under the 'Antara' programme – which has been recently introduced in the current basket of choices.

B. Oral contraceptive pills (OCP)

- These are hormonal pills which have to be taken daily by a woman, preferably at a fixed time. The strip also contains additional iron pills to be consumed during the hormonal pill free days. The method may be used by majority of women after screening by a trained provider.
- At present, there is a scheme for delivery of OCPs at the doorstep of beneficiaries by ASHA with a minimal charge. The brand "MALA-N" is available free of cost at all public healthcare facilities.
- Centchroman "Chhaya"- The once a week non-steroidal oral pill has also been recently introduced in the current basket of choices.

C. Condoms

- These are barrier methods of contraception which offer the dual protection of preventing unwanted pregnancies as well as transmission of RTI/STI including HIV. The brand "Nirodh"

is available free of cost at government health facilities and supplied at doorstep by ASHAs at minimal cost.

D. Intra-Uterine Contraceptive Devices (IUCD)

- Copper containing IUCDs are a highly effective method for long term birth spacing.
- Should not be used by women with uterine anomalies or women with active PID or those who are at increased risk of STI/RTI (women with multiple partners).
- The acceptor needs to return for follow up visit after 1, 3 and 6 months of IUCD insertion as the expulsion rate is highest in this duration.
- Two types:
  - Cu IUCD 380A (10 yrs)
  - Cu IUCD 375 (5 yrs)
- New approach of method delivery- postpartum IUCD (PPIUCD) insertion by specially trained providers to tap the opportunities offered by institutional deliveries.
- Post Abortion IUCD (PAIUCD) – Repeated unintended pregnancies and unwanted births or abortions contributes to increase morbidity and mortality among mothers and newborns. The provision of effective post abortion services helps in decreasing maternal morbidities by averting unwanted pregnancies.

6.2.3 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 - Minilaparotomy involves making a small incision in the abdomen. The fallopian tubes are brought to the incision to be cut or blocked. Can be performed by a trained MBBS doctor.
  - Laparoscopic - Laparoscopy involves inserting a long thin tube with a lens in it into the abdomen through a small incision. This laparoscope enables the doctor to see and block or cut the fallopian tubes in the abdomen. Can be done only by trained and certified MBBS doctor or specialist.
  - Post Abortion Sterilisation - This refers to the sterilization done within 7 days of a complete abortion.

B. Male Sterilisation

- Through a puncture or small incision in the scrotum, the provider locates each of the 2 tubes that carries sperm to the penis (vas deferens) and cuts or blocks it by cutting and tying it closed or by applying heat or electricity (cautery). The procedure is performed by MBBS doctors trained in these. However, the couple needs to use an alternative method of contraception for first three months after sterilization till no sperms are detected in semen.
- Two techniques being used in India:
  - Conventional
  - Non- scalpel vasectomy – no incision, only puncture and hence no stiches.

6.2.4 Emergency Contraceptive Pill

- To be consumed in cases of emergency arising out of unplanned/unprotected intercourse.
- The pill should be consumed within 72 hours of the sexual act and should never be considered a replacement for a regular contraceptive.

6.2.5 Other Commodities - Pregnancy testing kits

- Helps to detect pregnancy as early as one week after the missed period, thus proving an early opportunity for medical termination of pregnancy, thus saving lives lost to unsafe abortions.
- These are available at the sub Centre level and also carried by ASHA.

6.2.6 Service Delivery Points

- All the spacing methods, viz. IUCDs, OCPs and condoms are available at the public health facilities beginning from the Sub-Centre level. Additionally, OCPs condoms, and emergency contraceptive pills (since are not skill based services) are available at the village level also through trained ASHAs.
- Permanent methods are generally available at Primary Health Centre level or above. They are provided by MBBS doctors who have been trained to provide these services. Laparoscopic sterilization is being offered at CHCs and above level by a specialist gynecologist/surgeon only.
- These services are provided to around 20 crores eligible couples. Details of services provided at different levels of facilities are as follows:

Family Planning Method	Service Provider	Service Location
LIMITING METHODS		
Minilap	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
Laparoscopic Sterilization	Trained & certified MBBS doctors & Specialist Doctors	Usually CHC & higher levels
NSV(No Scalpel Vasectomy)	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
SPACING METHODS		
Interval IUCD	Trained & certified ANMs, LHVs, SNs and doctors	Sub Centre & higher levels
Post-Partum IUCD	Trained & certified nurses and doctors	Currently PHC and higher levels (Delivery Points)
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub Centre & higher levels
Condoms	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub Centre & higher levels
Injectable Contraceptive MPA	Trained doctors, SNs, LHVs an d ANMs	Medical Colleges and District Hospital (In MPV districts at all levels up to Sub-Centre)
EMERGENCY CONTRACEPTION		
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub Centre & higher levels

Note: Contraceptives like OCPs, Condoms are also provided through Social Marketing Organizations.

6.3 SALIENT FEATURES OF THE FAMILY PLANNING PROGRAMME

A. On-going interventions

- More emphasis on Spacing methods like PPIUCD and IUCD.
- Availability of Fixed Day Static Services at all facilities.
- Emphasis on Minilap tubectomy services because of its logistical simplicity and associated with less failure and complication rates.
- A rational human resource development plan is in place for provision of IUCD, Minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion.
- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at State and district levels.
- Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
- Increasing male participation and promoting Non- scalpel Vasectomy.
- Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations. The compensation scheme has been enhanced in 11 high focus States from the year 2014.
- 'National Family Planning Indemnity Scheme' under which clients are indemnified in the eventualities of deaths, complications and failures following sterilization. The providers/ accredited institutions are indemnified against litigations in those eventualities.
- PPIUCD Incentive for service providers and ASHAs.
- MoHFW has introduced short term IUCD (5 years' effectivity), Cu IUCD 375 under the National Family Planning Programme.
- A new method of IUCD insertion (post-partum IUCD insertion) has been introduced by the Government. The current emphasis is on provision of PPIUCD services.
- Promoting Post-partum Family Planning services at district hospitals by providing for placement of dedicated Family Planning Counsellors and training of personnel.
- Home Delivery of Contraceptives (HDC):
  - 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.
- Ensuring Spacing at Birth (ESB):
  - 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. The scheme is operational in 18 States (EAG, North Eastern and Gujarat and Haryana). 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 spacing component of the scheme has been extended in a few other States where spacing is low - Karnataka, West Bengal, Maharashtra,

Andhra Pradesh, Punjab, Telangana and Daman & Diu. Dadra & Nagar Haveli also initiated the implementation of the ESB scheme (both spacing and limiting components).

- Pregnancy Testing Kits:
  - Nishchay - Home based Pregnancy Test Kits (PTKs) was launched under NRHM in 2008 across the country and anchored with the Family Planning Division on 24th January, 2012.
  - The PTKs have been made available at Sub Centers and to the ASHAs.
  - The PTKs facilitate the early detection and decision making for the outcomes of pregnancy.
- Improving contraceptives supply management up to peripheral facilities.
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities.
- To improve quality of services rendered, State and divisional level Family Planning reviews along with monitoring and comprehensive supportive supervision visits were undertaken.
- Strong political will and advocacy at the highest level, especially in States with high fertility rates.

6.4 NEW INTERVENTIONS TO IMPROVE ACCESS TO CONTRACEPTION

- **Mission Parivar Vikas** - The Government has conceived 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 146 districts are from the seven high focus, High TFR States (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) which constitutes 44% of the country's population.

  A five pronged strategy has been developed under the Mission Parivar Vikas 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 MPA under Antara Programme, POP and Centchroman (Chhaya).

- **Family Planning Logistics Information System (FP-LMIS):** The FP-LMIS has been launched to manage the distribution of contraceptives and strengthen the supply-chain management system. It will serve as a decision-making tool for policy makers, programme managers and logistics personnel to monitor and manage the flow of contraceptive supplies, in order to reduce stock-outs and overstocks, and improve the programme's effectiveness and contraceptive security. The national trainings for the key stakeholders have been completed and the State and district trainings are underway. The ground stock entry for State warehouses and Government Medical Store Depots has been completed.

- **Clinical Outreach Team (COT) Scheme:** One of the main reasons for high fertility in the MPV districts is the scarcity of providers in public health facilities and a dearth of private sector facilities for provision of Family Planning services. In order to address this issue, the States have been engaging Clinical Outreach Teams (COT) comprising a mobile team of trained health care personnel and equipment, engaged through private accredited organizations/ NGOs, providing sterilization services in far-flung and underserved areas. In order to sustain the provision of the quality Family Planning services through the mechanism of COT, the Government has carved out an extension from the existing 'Compensation Scheme in Sterilisation', for Clinical Outreach Teams (COT) operated by accredited organizations in the 146 MPV districts.

- **Media Campaign Phase 2:** The second phase of the 360 degree media campaign was launched by the Hon'ble HFM, Shri J. P. Nadda at the celebration of the World Population Day 2017 in July 2017. A 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 the myths around it. The media campaign was set out in 3 different mediums.

State Fact Sheets released by Hon. Health Minister Shri J.P. Nadda on World Population Day held on 11th July, 2017 at New Delhi in the presence of Hon. MoS Smt. Anupriya Patel AS&DG Dr. R.K. Vats JS Smt. Gurnani and EA Smt. P. Nath

- Multi media campaign
  - **Television Spots/TVC:** Four television spots on various themes were finalized and developed. The same is being telecast on National Television and the audio versions of the spots are also being broadcasted on All India Radio and its primary channels.

The TVC's were based on the following themes:

- **Mardangi and Involvement of Men:** Responsibility of men in family planning is the true sign of masculinity and the importance of promoting male engagement in family planning.

o **Daadi:** Dispelling old notions and aims to mitigate the social pressures faced by newlyweds from elders and family members on bearing children immediately after marriage

o **Sangeet/Asha *didi*:** Introduction of new contraceptive injection MPA as an effective method of contraception for the newlyweds

o **Involvement of Men:** Promoting Involvement of man in family planning and preparing men to be ideal grooms & husbands

➢ **Posters and Hoardings:** A series of posters and hoardings were launched. The messages portrayed in these posters focused on the new contraceptive, involvement of men and family in family planning, spacing between children and delay in first child.

➢ **WhatsApp messages:** Video messages recorded by celebrities - Mr. Ravi Kishen and Ms. Mahi Gill - promoting new contraceptives and role of men in family planning were developed. These messages will be disseminated through the medium of WhatsApp.

➢ **Radio Chat Show:** "HUM DO" – a 52 week long show hosted by a couple RJ, air every Sunday, from 10 am to 10.30 am, on FM Rainbow and its primary channels. Each episode covers a topic relevant to Family

Planning in the context of a newly married couple who discuss their journey and experiences while embarking upon the use of contraceptives methods. It is an interactive show where listeners can call-in or message their queries. Additionally, the 1st Sunday of every month is dedicated to a National Expert appearing on the show who further enlightens the listeners on the wide array of FP choices as well as respond to individual queries of callers.

- **Website:** A dedicated website for Family Planning Division has been developed www.humdo.nhp.gov.in. The website is one stop solution for anybody wanting to access accurate information on family planning. It showcases all the current programmatic updates in a simple, consumer friendly manner. In a short period of 3 months, it has already garnered approximately 29,000 hits proving its popularity.

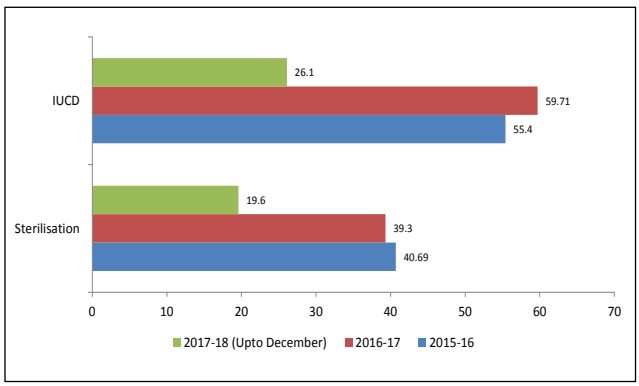
- **Dedicated Call Centre:** A toll free helpline number 1800 116 555 has been set up for young and married couples to call and find out about information on family planning and address queries. There has been a substantial increase in the number of callers from 200 to around 1500 per day seeking information about various aspects of family planning.

- 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.

6.5 PROGRESS MADE UNDER FAMILY PLANNING PROGRAMME

Service Delivery

The performance of family planning services (in lakhs) over the last three years till date is provided below.



- Against the backdrop of a continuously falling birth rate and total fertility rate, the performance in IUCD and sterilisation has been maintained.
- Considering the current efforts to focus on spacing, it is expected that IUCD performance, especially PPIUCD, would increase in near future.
- State wise sterilization and IUCD achievements is provided at Annexure-1.

6.5.1 Promotion of IUCDs as a short & long term spacing method

In 2006, Government of India launched "Repositioning IUCD in National Family Welfare Program" with an objective to improve the method mix in contraceptive services and has adopted diverse strategies including advocacy of IUCD at various levels; community mobilization for IUCD; capacity building of public health system staff starting from ANMs to provide quality IUCD services and intensive IEC activities to dispel myths about IUCD. Currently, increased emphasis is given to promotion of IUCD insertion as a key spacing method under Family Planning Programme.

"Alternative Training Methodology in IUCD" using anatomical, simulator pelvic models incorporating adult learning principles and humanistic training technique was started in September, 2007 to train service providers in provision of quality IUCD services. A comprehensive review of IUCD training manual has also been undertaken to strengthen the IUCD service delivery.

6.5.2 Increasing provider base for IUCD (Multitasking: Through AYUSH Practitioners)

o In a policy change, the government allowed AYUSH doctors (except Yoga and Naturopathy practitioners) to perform IUCD insertions at public health facilities after a short refresher course/training.

6.5.3 Onsite training for IUCD services

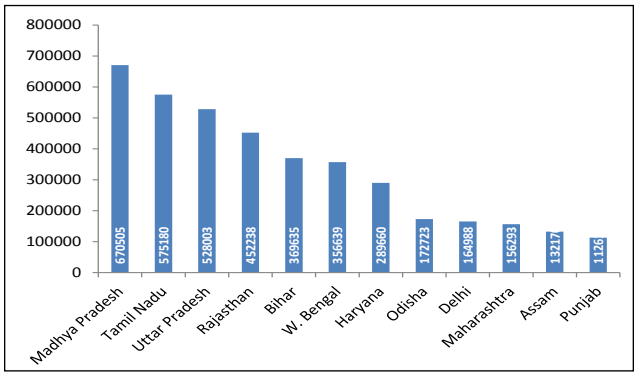
- Jhpiego, Engender Health and IPAS have been engaged for onsite training for IUCD services in all the high focus States as well as those States where spacing is an issue.
- To track the progress of training and for better post training follow up an IUCD tracking software has been designed and is operational now.

6.5.4 Emphasis on Postpartum Family Planning (PPFP) services

- In order to capitalize on the opportunity provided by increased institutional deliveries, the Government of India is focusing on strengthening post-partum FP services.
- PPFP services are not being offered uniformly at all levels of health system across different States of India resulting in missed opportunities.
- Insertion of IUCD during the post partum period, known as Postpartum Intrauterine Contraceptive Device (PPIUCD), is being focused upon to address the high unmet need of spacing during postpartum period.

6.5.5 Actions taken and achievements

- Strengthening Post-Partum IUCD (PPIUCD) services at high case load facilities:
    - o Currently the focus is on placement of trained providers for PPIUCD insertion at district and sub-district hospital level only, considering the high institutional delivery load at these facilities.



Top performing states as per total PPIUCD insertions (in lakhs)

- Total 44,07,982 PPIUCDs have been inserted all across the country since the initiation of the PPIUCD programme.
    - o The performance has been steadily increasing with 6, 64,359 PPIUCD insertions in 2014-15 followed by 10,65,433 insertions in 2015-16 (increase by 60% from 2014-15) and 16,90,155 insertions in 2016-17 (increase by 59% from 2015-16).
    - o In 2017-18, up till December, there have been 13,48,052 PPIUCD insertions
- **Appointing dedicated counsellors at high case load facilities:**
    - o 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 breast feeding
        - ➢ Immunization
        - ➢ Child nutrition

6.5.6 Assured delivery of family planning services:

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).

Fixed Day Static Services in Sterilisation at facility level:

- Operationalization of FDS has 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
24×7 PHC / PHC	Monthly

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

6.5.7 Phasing out Camps – As per the Hon'ble Supreme Court guidelines, traditional camp approach for sterilization services will be phased out over the next 3 years.

Rational placement of trained providers at the peripheral facilities for provision of regular family planning services.

6.5.8 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 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:

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

- 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, Government of India.
- 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.
- Preparation of the biannual report and QACs are also 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, Government of India.
- Phasing out sterilization camps over a period of three years and provide services on fixed day mode by strengthening Primary Health Care Centres appropriately.

6.5.9 Other promotional schemes

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 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 the Government in 2014 had further 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.
- The Government also launched the Mission Parivar Vikas for 146 high fertility districts where an attractive package was introduced.

Compensation scheme in Public Facilities

States	Type of Operation	Acceptor	ASHA/ Health Worker	Others	Total
11 High focus States (UP, BH, MP, RJ, CG, JH, OD, UK, AS, HR, GJ)	VASECTOMY	2000	300	400	2700
	TUBECTOMY	1400	200	400	2000
Mission Parivar Vikas Districts	VASECTOMY	3000	400	600	4000
	TUBECTOMY	2000	300	500	2800
	TUBECTOMY (PPS)	3000	400	600	4000
	VASECTOMY (COT)	3000	400	1600	5000
	TUBECTOMY (COT)	2000	300	2200	4500
Other High focus States (NE States, J&K, HP)	VASECTOMY	1100	200	200	1500
	TUBECTOMY	600	150	250	1000
Non High focus States	VASECTOMY	1100	200	200	1500
	TUBECTOMY (BPL + SC/ ST only)	600	150	250	1000
	TUBECTOMY(APL)	250	150	250	650

Compensation scheme in Private Accredited Facilities

States	Type of Operation	Facility	Others/ Acceptor	Total
11 High focus States (UP, BH, MP, RJ, CG, JH, OD, UK, AS, HR, GJ)	VASECTOMY (ALL)	2000	1000	3000
	TUBECTOMY (ALL)	2000	1000	3000
Mission Parivar Vikas Districts	VASECTOMY (All)	2500	1000	3500
	TUBECTOMY (All)	2500	1000	3500
	POST PARTUM STERILIZATION (PPS)	3000	1000	4000
Other High focus States (NE States, J&K, HP)	VASECTOMY (ALL)	1300	200	1500
	TUBECTOMY (ALL)	1350	150	1500
Non High focus States	VASECTOMY (ALL)	1300	200	1500
	TUBECTOMY (ALL)	1350	150	1500

6.6 NATIONAL FAMILY PLANNING INDEMNITY SCHEME (NFPIS)

With effect from, 01.04.2013, it has been decided that States/UTs would process and make payment of claims to acceptors 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 (8^{th} – 30^{th} 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	2,00,000 (per case)

The Hon'ble Supreme Court has given specific directions in its order dated 14.09.2016, whereby the quantum of compensation fixed under the FPIS has been doubled, with the balance being paid from the State health budget.

6.6.1 Scheme of Home delivery of contraceptives by ASHAs at doorstep of beneficiaries

- Community based distribution of contraceptives by involving ASHAs and focused IEC/BCC efforts are undertaken for enhancing demand and creating awareness on family planning. To improve access to contraceptives by the eligible couples, services of ASHA are utilised to deliver contraceptives at the doorstep of beneficiaries. The scheme has been rolled out in all the districts of the country.
- Under HDC scheme, 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.

6.6.2 Scheme for Ensuring Spacing at births

- Under the scheme, services of ASHAs to be utilised 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 1^{st} child.
- The scheme was initially conceived for 18 States – 8 EAG, 8 North East, 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 have also initiated the implementation of the scheme (both spacing and limiting components).

6.6.3 Celebration of World Population Day & fortnight (July 11 – 24, 2017)

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.

- June 27 to July 10, 2017: "Dampati Sampark Pakhwada" or "Mobilisation Fortnight" was organised.
- July 11 to July 24, 2017: "Jansankhya Sthirtha Pakhwada" or "Population Stabilisation Fortnight" was organised.

The National level workshop on World Population Day was celebrated in collaboration with Jansankhya Sthirata Kosh (JSK) at Vigyan Bhavan. The workshop in Vigyan Bhavan on "Parivar Niyojan-Sashakt Samaj, Rashtra ka Vikas" was presided over by the Hon'ble Union Minister of Health & Family Welfare, Shri J.P.Nadda and Union Minister of State for Health & Family Welfare, Ms. Anupriya Patel.

The day marked a series of launches, with the family planning division endeavouring towards promoting good reproductive health practices of the masses.

- **Mission Parivar Vikas:** A programme launched in 146 high TFR districts to accelerate the use and awareness of family planning methods. State and district fact sheets were unveiled at the occasion. The fact sheets highlight the current indicators and trends in these districts and will act as the baseline and roadmap for future work in these districts.
- **New Contraceptives Launch:** The new contraceptive Injectable MPA under "Antara Programme" and Oral contraceptive pill Centchroman "CHHAYA" have been added to the existing contraceptive basket of choice thus providing users with new options.
- **Media Campaign Phase 2:** The Ministry of Health and Family Welfare launched the phase 2 of the media campaign. A multimedia campaign was designed with an objective to reaching out to people of all age groups, regions and strata of the society. The idea was to resonate with the culture of the target audience and bring about a positive change in the use of contraception and shattering the myths around it.
- **Family Planning Logistic Information System (FP-LMIS):** The new commodity tracking software called FP-LIMS was launched to ensure commodity tracking and a smooth delivery system. The software assures to solve any gap in the commodity delivery system and bridge in any gaps.

Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda distributing awards to children - winners of painting competition on World Population Day 2017

The inaugural session of the workshop also witnessed prize distribution by the Hon'ble Union Minister of Health & Family Welfare, Shri J. P. Nadda and Minister of State for Health & Family Welfare, Ms. Anupriya Patel to school children who brought laurels to their schools by winning prizes in the painting competition organized by Jansankhya Sthirata Kosh.

The inaugural session was followed by a panel discussion which was led by Dr R.K. Vats, AS and DG (CGHS). The panel comprised of experts – Dr. S.K. Sikdar, Dr. Rishma Dhillon Pai, Dr. J. K. Das, Mr. Diego Palacios (UNFPA), Mr. Alkesh Wadhwani (BMGF), Ms. Marietou Satin (USAID) and Ms. Preeti Nath – who presided over the discussion.

Services Rendered during World Population Fortnights

The overall performance during the fortnight (11th – 24th July, 2017) is as follows:

Sl. No.	Method	2015	2016	2017*
1	Female Sterilization	1,42,372	1,45,372	1,49,315
2	Male Sterilization	6,035	7,101	5,973
	Total Sterilization	1,48,407	1,52,106	1,55,288
3	IUCD Insertions	3,51,444	3,74,880	3,25,321
4	PPIUCD Insertions	43,829	72,433	85756

**Note: Andaman and Nicobar Island and Lakshadweep have not submitted the report.*

Some States extended their service provision days further. The States of Assam and Bihar extended their services till 31st July, 2017 and Jharkhand till 16th August. The total sterilizations that took place during the WPD fortnight are 1.55 lakhs of which female sterilizations account for 1.49 lakhs and there were 5973 male sterilizations. The increase in PPIUCD has been on the increasing side with 85,756 insertions being reported this year.

In female sterilization, Bihar reported the highest performance, with 22392 female sterilizations, followed by West Bengal (16892) and Odisha (12650). West Bengal (1135) reported the highest male sterilization followed by Chhattisgarh (994) and Assam (888).

The total IUCD's (Interval and PPIUCD) inserted were 391108 of which Interval IUCD insertions are 314545 and PPIUCD insertions are 76563.The highest Interval IUCD insertions were reported in West Bengal (61465) followed by Uttar Pradesh (44334) and Assam (34599). The PPIUCD insertions were reported to be the highest in Uttar Pradesh (15023), West Bengal (13245) and Bihar (10472).

6.6.4 Observation of Vasectomy Fortnight (November 21 – December 4, 2017)

The Vasectomy Fortnight was observed for a fortnight across the country. The fortnight was split into two phases:

- "Mobilisation Phase" between 21st November to 27th November, 2017
- "Service Delivery Phase" between 28th November - 4th December, 2017

The theme for vasectomy fortnight this year was:

"Zimmedar Purush ki yehi hai Pehchan,
Parivar Niyojan mein jo de Yogdaan"

''जिम्मेदार पुरुष की यही है पहचान,
परिवार नियोजन में जो दे योगदान"

A National Workshop on promotion of male participation in Family Planning was held on 16th November, 2017 under the chairmanship of Ms. Vandana Gurnani, JS (RCH), with the aim to strengthen the advocacy on male engagement in family planning – wherein opportunities and strategies to engage men holistically as change makers, responsible partners, allies, torchbearers of transformation and gatekeepers of their families were deliberated upon with the active participation of close to 150 participants from various International agencies, Development Partners, Civil Society and officials and NSV surgeons from the State Government.

The Vasectomy fortnight was observed by all the States/UT for creating awareness on male participation under FP Programme, generating demand and providing Family Planning services. Mobility publicity vans were arranged at various levels for demand generation activities. Sensitization meetings were held at the district and block levels to generate awareness and address the myths and misconceptions related to vasectomy. Health centres were identified in the districts and dedicated team of doctors and nurses were present for the entire fortnight to render FP services. Private accredited providers were also roped in for service provision during the fortnight.



Services Rendered during Vasectomy Fortnight

The overall performance* during the fortnight (21st November - 4th December, 2017) is as follows:-

Sl.N.	Method	2016	2017
1	Number of facilities providing vasectomy services during the service delivery week	2623	3129
	Number of vasectomies conducted during the service delivery week	8083	10,804
2	Total number of condom boxes installed during the service delivery week	-	56,241
	Number of condom pieces distributed during the service delivery week	36,09,962	53,17,121

** Note: - Based on Reports received from 27 States.*

10,804 vasectomies were done during the NSV fortnight 2017, an increase of 30% over the last year's performance. Chhattisgarh recorded the maximum vasectomies with 2469 vasectomies, followed by Maharashtra (1968) and Assam (1350). 53,17,121 condom pieces were distributed during the vasectomy week 2017. West Bengal distributed the highest number of condom pieces at 12,99,244 followed by Maharashtra (7,15,138), Punjab (5,71,341) and Rajasthan (4,96,971).

Annexure - 1

Number Sterilisations and IUCDs by States 2017-18 (Up to December)

States	Female Sterilisation	Male Sterilisation	Total Sterilisation	IUCD
Bihar	2,28,980	1274	2,30,254	2,12,281
Chhattisgarh	30,920	5,988	36,908	69,794
Himachal Pradesh	3,140	172	3312	10,766
Jammu & Kashmir	6,601	140	6747	12,961
Jharkhand	27,455	859	28,314	57,019
Madhya Pradesh	1,73,307	1,973	1,75,280	1,72,720
Odisha	41,607	534	42,141	63,030
Rajasthan	31,379	642	30,737	24,290
Uttar Pradesh	1,22,090	3461	33,213	5,15,516
Uttarakhand	5,378	304	5,672	33,733
Arunachal Pradesh	680	1	679	1,708
Assam	24,447	2,264	26,711	65,014
Manipur	525	44	525	2,595
Meghalaya	1,806	8	1,814	2,587
Mizoram	595	0	595	975
Nagaland	1,214	5	1,219	3,223
Sikkim	81	4	85	446
Tripura	1,197	12	1197	747
Andhra Pradesh	1,34,790	986	1,35,776	55,080
Goa	1,565	4	1,569	670
Gujarat	1,67,332	1,653	1,68,985	3,83,801
Haryana	28,774	1,183	29,957	76,752
Karnataka	2,22,130	65	2,22,786	1,00,698
Kerala	23,264	29	23,557	17,897
Maharashtra	2,78,380	1,973	2,87,222	2,07,491
Punjab	26,965	819	27,784	91,246
Telangana	50,104	3101	53,205	14,339
Tamil Nadu	1,61,960	400	1,62,360	2,00,964
West Bengal	1,11,119	3,326	1,14,445	1,86,529
A & N Islands	215	0	215	70
Chandigarh	1,671	20	1,691	1,938
Dadra & Nagar Haveli	925	6	931	251
Daman & Diu	211	0	211	86
Delhi	10,591	335	10,926	25,405
Lakshadweep	31	0	31	7
Puducherry	4,761	4	4,765	871
TOTAL	**19,26,339**	**39,323**	**19,65,662**	**2613590**

Source: HMIS

6.7 PROCUREMENT AND SUPPLY OF CONTRACEPTIVES

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 under Free Supply Scheme and Public-Private Partnership (PPP) under Social Marketing Scheme. Under Free Supply Scheme, contraceptives such as Condoms, Oral Contraceptive Pills, Intra Uterine Device (Cu-T), Emergency Contraceptive Pills and Tubal Rings are procured and supplied free to the States/UTs. Injectable Contraceptive (Antara Programme) and Centchroman Contraceptive Pill viz. Chhaya have been introduced in 2016-17 in Free Supply Scheme.

Procurement procedures: Orders for 75% of the requirement in case of condoms and 55% of requirement for other contraceptives are placed on HLL Lifecare Ltd. (a PSU under the Ministry of Health & FW) for procurement of contraceptives being manufactured by them as per captive status awarded to them. For the remaining quantities, open tenders are advertised for procurement from private firms.

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 in receipt of ok reports, stores are supplied to the consignees.

6.7.1 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 (ECPs), Injectable Contraceptive, Centchroman Contraceptive Pill, 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 supplied free of cost to the users through dispensaries, hospitals, PHCs, Sub Centres etc.

The following quantities of contraceptives were procured for supply to States during 2016-17 (Including CMSS) and 2017-18:

Item	2016-17 (Including CMSS)		2017-18 * (up to Aug. 2017)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Condoms (Free Supply) (Million Pieces)	432.82	69.29	206.37	32.92
OCPs (Free Supply) (Lakh Cycles)	311.98	12.15	106.30	04.04

**Figures are Provisional*

Item	2016-17 (Including CMSS)		2017-18 * (up to Aug. 2017)	
	Quantity	Value (Rs. in Crore)	Quantity	Value (Rs. in Crore)
Copper – T (Lakh pcs.) (IUD 380A, IUD 375)	48.11	8.00	11.31	02.71
Tubal Ring (Lakh Pairs)	6.39	01.06	1.28	00.22
ECP (Lakh Packs)	60.83	00.89	12.33	00.27
Centchroman Contraceptive Pill (Lakh Strips)	7.13	1.78	19.00	04.56
Injectable Contraceptive (Lakh doses)	--	--	27.00	07.43
PT Kits (Lakh Kits)	124.60	5.00	44.25	01.77

**Figures are Provisional*

6.7.2 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. 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 Govt. 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. The SMOs are required to be remit 35% advance payment to the Government before placement of indent for the value of quantity of stock intended by them and the balance 65% payment shall be remitted in the form of bank guarantee at the time of remitting 35% payment. The balance 65% amount of the issue price of both Condom and Oral Contraceptive Pills for which bank guarantee was given by SMOs should be paid by the SMO to Government by Demand Draft at the time of issue of release orders to reduced financial burden on them. The agreements with the SMOs are now signed for a period of three years to facilitate 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). There are presently seven SMOs registered viz. HLL Lifecare Ltd., PHS(I), PCPL, Janani, PSS, World Health Partner and DKT (I) (Recently registered).

Presently, one Government brand (Deluxe Nirodh) and 12 different SMOs 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 seven SMOs brands of Pills (i.e. Arpan, Pearl, Ecroz, Sunehri, Apsara, Khushi and Smartt Cycle) are sold.

SMOs have sold the following quantities during 2016-17 & 2017-18 (upto June/Sept. 2017):

Sale of Condoms (Quantity in Mpcs.)

Sl. No.	Social Marketing Organization	2016-17	2017-18 (Provisional)
1.	HLL Lifecare Ltd, Thiruvananthapuram	354.00	37.97*
2.	Parivar Seva Sanstha, Delhi	00.00	00.00
3.	Janani, Patna	08.00	4.70*
4.	Population Health services (I) Hyderabad	35.00	7.60**
5.	PCPL, Kolkata	00.00	NR
6.	World Health Partner	2.00	NR
	Total	**399.00**	**50.27**

**Upto June, 2017*

***Upto September, 2017*

Sale of Oral Contraceptive Pills (Quantity in Lakh Cycles)

Sl. No.	Social Marketing Organisation	2016-17	2017-18 * (up to Aug. 2017)
1	HLL Lifecare Ltd., Thiruvananthapuram	139.61	15.78
2	Parivar Seva Sanstha, Delhi	5.52	NR
3	Janani, Patna	4.77	10.62
4	Population Health services, Hyderabad	41.00	6.00
5	PCPL, Kolkata	NR	NR
6	World Health Partner, New Delhi	3.38	NR
	Total	**194.28**	**32.40**

**Figures are Provisional*

6.7.3 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. 3.125 per tablet (Rs. 25/- per strip of 8 tablets). The Government of India provides a subsidy of Rs. 2.51 per tablet towards product and promotional subsidy.

Performance of Social Marketing Programme in the sale of contraceptives

Item	2016-17	2017-18 * (up to Aug. 2017)
Condoms (Million Pieces)	399.00	50.27
Oral Pills(Social Marketing) (Lakh Cycles)	194.28	32.40
SAHELI (Lakh Tablets)	321.76	0.04160

**: Figures are Provisional*

6.8 CENTRAL MEDICAL SUPPLIES 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 Supplies 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 a reality. A statement showing the quantities of contraceptives procured from private manufacturers during 2016-17 and 2017-18 (upto August, 2017) by CMSS alongwith the indent for 2017-18 is given below:

Sl. No.	Item	Quantity Procured in 2016-17	Quantity Indented for 2017-18	Quantity Procured in 2017-18 up to August, 2017*	Value (Rs. in Crore) for procurement upto August, 2017
1.	**Condoms (Million Pieces)**				
	Free Supply	155.13	137.58	114.11	18.22
	SMO Brand	113.50	277.75	314.13	47.06
	Free Supply for NACO	56.42	39.40	68.04	10.75
2.	**OCP (Lakh Cycles)**				
	Free Supply	139.21	115.96	141.39	05.37
	SMO Brand	36.90	147.60	82.83	03.42
3.	EC Pills (Lakh Packs)	56.64	20.18	25.78	00.57
4.	IUCDs/Copper–T (in Lakh Pieces)	44.34	18.50	--	--
5.	Tubal Rings (in Lakh Pairs)	6.39	2.09	9.92	01.72
6.	Pregnancy Test Kits (PTK) (in Lakh Pieces /Kits)	46.04	72.41	91.91	03.69

**Figures are Provisional*