

Introduction

In 1952, India launched the world's first national program emphasizing family planning to the extent necessary for reducing birth rates *"to stabilize the population at a level consistent with the requirement of national economy"*. Since then, the family planning program has evolved and the program is currently being repositioned to not only achieve **population stabilization** but also to promote **reproductive health** and reduce **maternal, infant & child mortality and morbidity**.

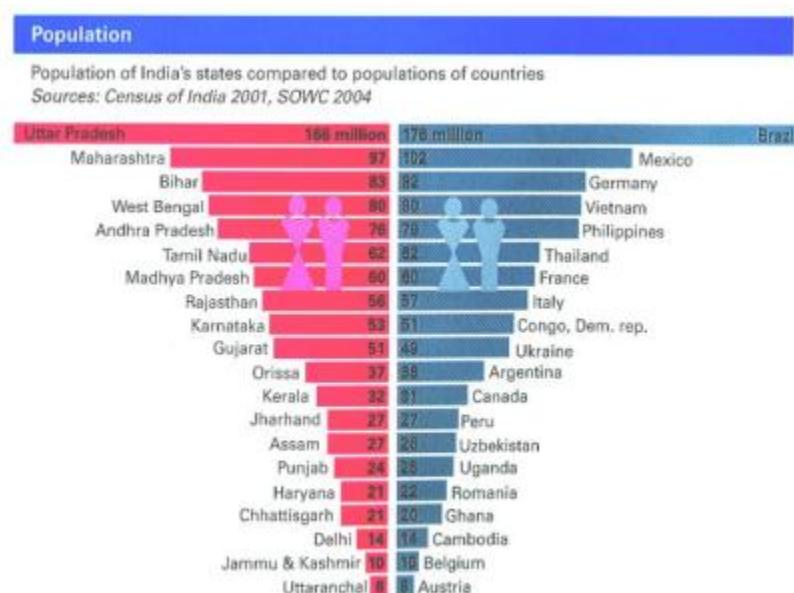
Table.1. Stated goals in recent National Population and Health Policies related to Family Welfare and their current status

Program/ Policy	X Five Year Plan (by 2007)	NPP (by 2010)	NRHM (by 2012)	MDG (by 2015)	Current Status (Reference Year)
Goals					
Infant Mortality Rate	45	<30	30	27	53 (2008)
Maternal Mortality Ratio	200	<100	100	100	254 (2005)
Total Fertility Rate	NA	2.1	2.1	NA	2.6 (2008)

The objectives, strategies and activities of the Family Planning division are designed and operated 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) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals and others) (see Table 1).

1. Current scenario of population and family planning in India

1.1. Demographic Scenario:



Comparative picture of population of different Indian states vis-à-vis population of selected countries

India's population as per 2001 census was 1.028 billion, second only to China in the world. India which accounts for 2.4% of the land area is already supporting around 17% of the world population

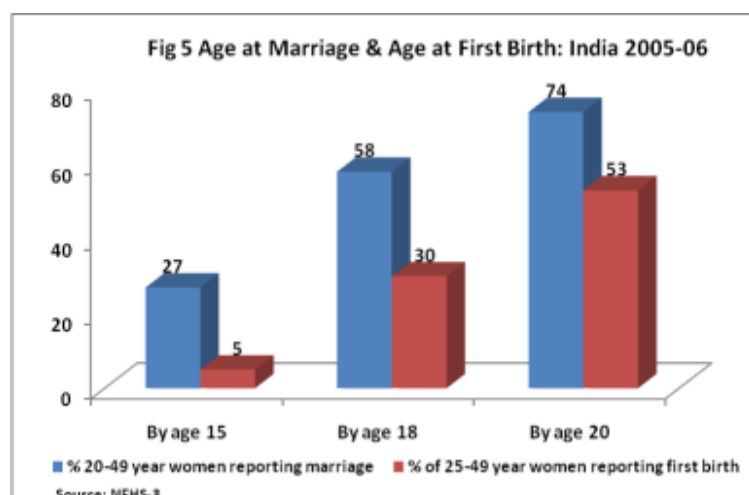
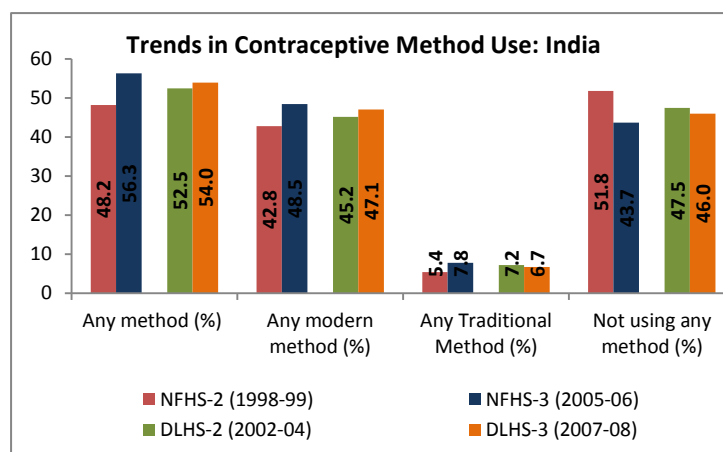
Even a cursory look at following figure will give a broad idea of the demographic scenario of India, where population of each state is equivalent to one major country in the world. India has been showing a slow but steady decline in population growth. India's annual population growth rate

during 1991-2001 decade was 1.93%, a decrease of over 15% from the previous decade. Similarly, Total Fertility Rate (TFR) in the country has recorded a steady decline to the current levels of 2.6 (SRS 2008), a 42% decline from mid-1960s.

1.2. Family Planning Scenario:

Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 1.9: NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men: NFHS-3). Both NFHS and DLHS surveys showed that contraceptive use is generally rising (see adjoining figure). Contraceptive use among married women

(aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2)



while corresponding increase between DLHS-2 & 3 is relatively lesser (from 52.5% to 54.0%). The proximate determinants of fertility like age at first marriage and age at first childbirth (which are societal preferences) are also showing good improvements at the national level and adjoining figure indicates the current position of social determinants of fertility in the country.

2. Current family planning efforts:

The Family Planning (FP) division is involved in the development, implementation and monitoring of strategic interventions for fulfilling the twin objectives of population stabilization and promoting reproductive health within the wider context of sustainable development. The interventions, activities and performance in the arena of family planning over the year 2010-11 are as follows:

2.1. Contraceptive services under the national family welfare program:

The public sector provides a wide range of contraceptive services for limiting and spacing of births at various levels of health system as described in Table 2:

Table 2: Family Planning Services in Public Health Sector

Family Planning Method	Service Provider	Service Location	Service Strategy* & Promotional Schemes
LIMITING METHODS			
Minilap	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels	<ul style="list-style-type: none">• FDS: Fixed Day Static Approach• Camp Approach• Revised Compensation Scheme• National Family Planning Insurance Scheme
Laparoscopic Sterilization	Trained & certified Specialist Doctors (OBG & General Surgeons)	Usually CHC & higher levels	
NSV: No Scalpel Vasectomy	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels	
SPACING METHODS			
IUD 380 A	Trained & certified ANMs, LHV's, SNs and doctors	Subcentre & higher levels	<ul style="list-style-type: none">• On demand• Camp Approach• Revised Compensation Scheme
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level Subcentre & higher levels	<ul style="list-style-type: none">• On demand• VHNDs: Village Health Nutrition Days
Condoms	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level Subcentre & higher levels	<ul style="list-style-type: none">• On demand• VHNDs
EMERGENCY CONTRACEPTION			
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHV's, SNs and doctors	Village level Subcentre & higher levels	<ul style="list-style-type: none">• On demand• VHNDs

Legends: ANM: Auxiliary Nurse Midwife; LHV: Lady Health Visitor; SN: Staff Nurse; ASHA: Accredited Social Health Activist

Note: * extensive IEC is key component of all the strategies of Family Planning Programme

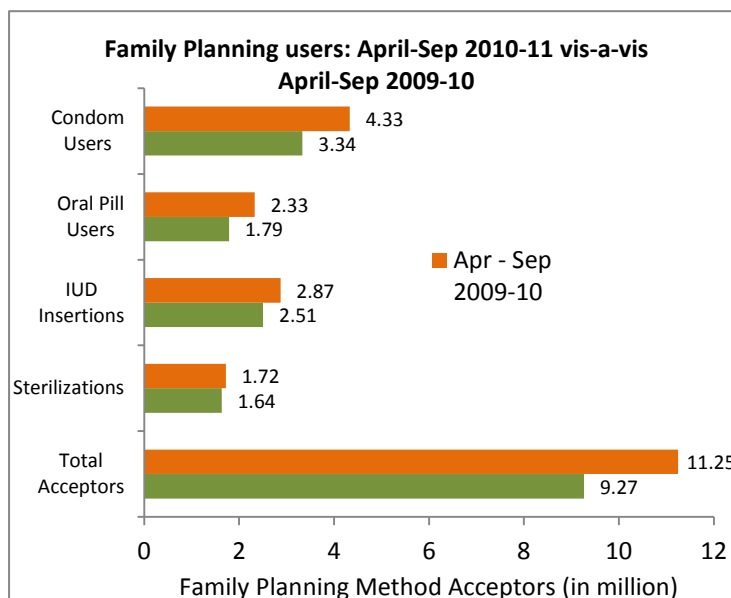
The salient features of the family planning services are as follows:

- Counselling, access to and provision of good quality services and follow-up care.
- 'Fixed Day Static Services' (FDS) approach in sterilization services to increase access.
- Continuation of sterilization camps in the states with high fertility till the time FDS is implemented effectively.
- Revised compensation scheme for sterilization acceptors.
- 'National Family Planning Insurance Scheme' (NFPIS) to cover service providers in both public and accredited private facilities, where the clients are insured in the eventualities of deaths, complications and failures in sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
- 'Quality Assurance Committees' (QACs) have been constituted at state and district levels.
- The division has repositioned IUD as short and long term spacing method.
- Guidelines have been developed and disseminated regarding use of Emergency Contraception Pills (ECPs).

Actions taken and achievements in 2010-11:

The performances of family planning services are showing a marginal decline in all methods (refer Annex-1 for details) for the year 2010-11 compared to the corresponding period in 2009-10.

This decline could be because of incomplete data uploaded by most states and it is assumed that once complete data is entered an improved performance would be reflected. However, anecdotal evidences suggest that another reason for declining performance could be attributed to better quality of data entered in HMIS web portal.



Source: Report from HMIS web portal as on 25th November 2010

2.2. Increasing male participation in Planned Parenthood, including ‘No Scalpel Vasectomy’ (NSV):

- Increasing male participation in ‘Planned Parenthood’ is one of the major strategic themes of NPP-2000.
- Promotion of NSV acceptance is one of the most important & visible component of increasing male participation in RCH towards addressing the gender equity issues.
- The No Scalpel Vasectomy (NSV), a modified male sterilization technique, was introduced in 1997.
- Camp approach for male sterilization was adopted initially to re-popularize male sterilization method. Based on the experiential lessons from male sterilization camps in certain states a strategy on advocacy and community mobilization for increasing NSV acceptance through camps was introduced in 2005.
- Human resource development with a three pronged strategy for training surgical faculty from Medical colleges, district NSV trainers and service providers is in place.

Actions taken and achievements in 2010-11:

- The camp approach was continued in most states across India (http://mohfw.nic.in/NRHM/FP/Revised_Budget_Guidelines_CSS.pdf)
- Training in NSV, was continued on a priority basis. As on September 2010:
 - As per the latest report (HMIS) there are 9239 facilities in the country with trained NSV providers.
 - Most districts in the country have district NSV trainer/s.

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- Surgical faculty training is being continued in 2010-11 across five regional training centres and funds for the same are being disbursed.
- The annual 'National NSV Review Workshop' was held in September 2009 to review states' performance in NSV, and top three performing states for the year 2008-09 (West Bengal, Punjab & Maharashtra) were felicitated.
- NSV performance has continued its positive trend and has shown an increase in 2009-10:

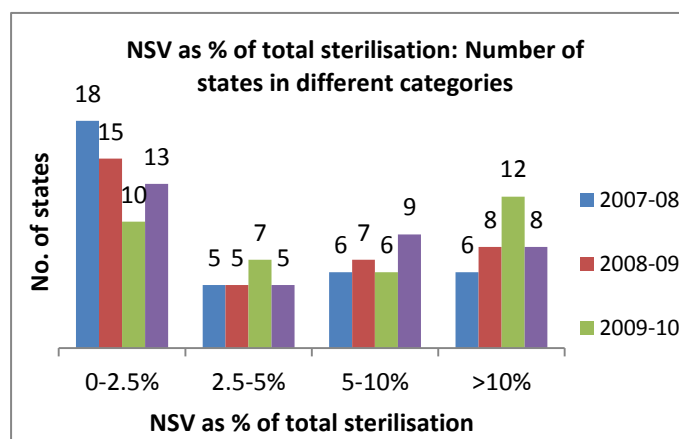
Table 3: Achievements in Male Sterilization, Nationwide

Contraception	Period	April – March*			April-September^
		2008-09 (lakhs)	2009-10 (lakhs)	Annual Change (%)	2010-11 (lakhs)
Male Sterilizations		2.52	2.74	8.7	0.77
Male Sterilization as % of Total Sterilization		5.2	5.5		4.7

Source: * MIS for NRHM as on November 2010

^ HMIS RCH Reports accessed on 25th November 2010

- Male sterilization as a percentage of total sterilization had reached a low of 1.89% in 1999 and was hovering around 2.5% until 2006 without much improvement. As a result of intensive efforts to increase male participation, the proportion of male sterilization rose to 4.3% in 2007-08 and 5.5% in the year 2008-09 and it has further improved to 5.6% in 2009-10. Reported number of NSVs is 4.7% for the period ending September 2010-11.



Source: 2006-2009: MIS for NRHM as on 30th April 200
2009-10 & 2010-11: HMIS Standard RCH Reports

- From above figure, it is evident that NSV as a percentage of total sterilization is increasing across the country and more and more states are moving in the positive direction.

2.3. Promotion of IUDs as a short & long term spacing method:

In 2006, GOI launched "Repositioning IUCD in National Family Welfare Program" (http://mohfw.nic.in/NRHM/FP/Repositioning_IUCD.pdf) 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.

“**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. It was started in twelve districts across twelve states of India on a pilot basis and based on the success of the pilot phase and lessons learned it was expanded to cover the entire country in 2008-09.

Actions taken and achievements in 2010-11:

- **As on September 2010:**
 - GOI has trained state trainers from all the states at the National level
 - Anatomical simulator pelvic models have been distributed to all the districts
 - All the states have started district trainers’ and service providers’ trainings.
 - Approximately 35,000 service providers (MOs, SNs, LHV’s, & ANMs) have been trained till date.
- **Rapid assessment** of the IUCD training is almost complete (final report awaited).
- In order to increase basket of contraceptives in spacing methods, decision to introduce **Multi Load Copper 375** has been taken and an **operations research study** has been completed in 6 states. The report/ recommendations of the study is awaited. Requirement for **Multi Load IUD** to be launched in the programme is being worked out.

2.4. Addressing the unmet need in contraception through assured delivery of family planning services:

2.4.a. Fixed Day Static Services in Sterilisation at facility level:

- Operationalization of FDS has following objectives (http://mohfw.nic.in/NRHM/FP/Fixed_Day_Static_Guidelines.pdf):
 - To make a conscious shift from camp approach to a 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.

Table 4: FDS Guidelines for sterilization services	
Health Facility	Minimum frequency of sterilization services
District Hospital	Weekly
Sub District Hospital	Weekly
CHC / Block PHC	Fortnightly
24x7 PHC / PHC	Monthly

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

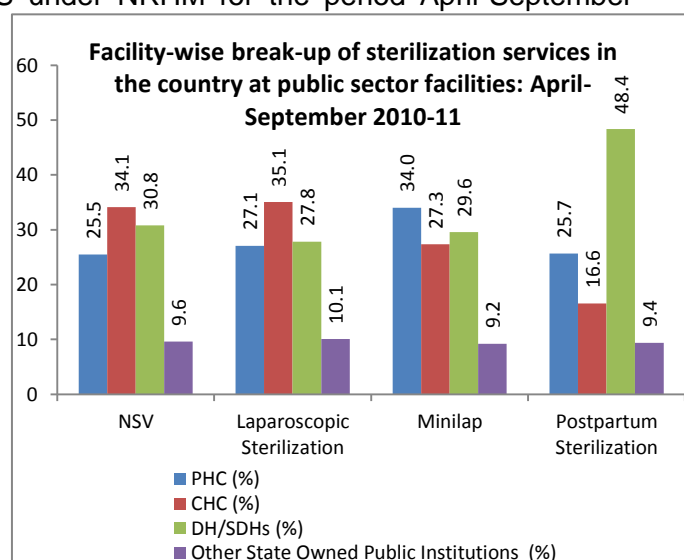
2.4.b. *Camp approach for sterilization services* is continued in those states where operation of regular fixed day static services in sterilization takes longer time duration.

2.4.c. *Training of service providers* for full operationalization of FDS is continued across all the states for all sterilization services (NSV, minilap abdominal tubectomy and laparoscopic tubectomy) and IUD services.

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

Actions taken and achievements in 2010-11:

- FDS guidelines have been disseminated to all the states.
- Most states have operationalized FDS in sterilization at the district level and few states like Andhra Pradesh and Tamilnadu have operationalized FDS up to the PHC level.
- Guidelines for “Standard Operating Procedures for sterilization services in camps” were developed, printed and disseminated to all the states.
- “Guidelines for Clinical Skill Building Trainings in Male and Female Sterilization Services” was (http://mohfw.nic.in/NRHM/FP/Scan_Clinical_Skill_Building.pdf) developed and disseminated to all states.
- Analysis of the data available from HMIS under NRHM for the period April-September 2010-11 reveals that around 60% of NSV, Minilap and even laparoscopic sterilization (which requires specialist training and expensive instruments) procedures and approximately 42% of postpartum sterilizations are being conducted at PHC and CHC level, indicating that FDS approach in sterilization is taking root in the country (See figure).
- Expert committee meetings have been convened to standardize trainings in female and male sterilization services.



Source: Data accessed from HMIS on 25th November, 2010 and analyzed in-house

2.5. 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 guidelines for ‘Quality Assurance and Standards’ in place.

The Quality Assurance Committees (QACs) set up at the State and District level, following the Supreme Court directives. At the central level, these activities are monitored through reports and field visits.

Up-to-date guidelines on quality of services are now available for

- Male and female sterilization services:
(http://mohfw.nic.in/NRHM/FP/Quality_Assurance.pdf)
- Sterilization services in camps (http://mohfw.nic.in/NRHM/FP/SOP_Book.pdf)
- IUCD services(http://mohfw.nic.in/NRHM/FP/medical_officer.pdf &
<http://mohfw.nic.in/NRHM/FP/nursing.pdf>)
- ECP administration (http://mohfw.nic.in/NRHM/FP/ECP_Book_Final.pdf) The division has developed reference manuals on:
 - Minilap tubectomy
 - Post partum family planning
 - Immediate post partum insertion of IUCD
 - Guidelines for training in female sterilisation

Actions taken and achievements in 2010-11:

- Divisional workshops (5) on “Quality Assurance in Family Planning” were held in the high focus state of Uttar Pradesh.
- Another workshop was conducted in Bihar to orient the newly appointed district nodal officers of family planning.
- Almost all states have reported the constitution of the “SQACs” and of ‘DQACs’.

2.6. Postpartum Family Planning (PPFP) services:

- Institutional deliveries in India have increased significantly since the launch of NRHM which gives an opportunity to offer family planning counselling and contraceptive services.
- PPFP services are not being offered uniformly at all levels of health system across different states of India resulting in missed opportunities.

Actions taken and achievements in 2010-11:

- The division has undertaken advocacy for strengthening PPFP services, at all levels; further, it was ensured that PPFP is included in PIP for 2010-11 under NRHM.
- Training of Trainers for Immediate PPIUCD have been organised in medical colleges and district hospitals of 18 states.
- PPS is showing increasing trends at the National level. The proportion of PPS out of total female sterilization has recorded an impressive 8.1 percentage points increase for the period April-March 2009-10 (32.1%) compared to the period April-March 2008-09 (24%). Further, this remains static during the corresponding period of 2010-11 at 32.2%.
- Hand book on Post partum family planning has been developed.

2.7. Promotion of Emergency Contraceptive Pills (ECPs):

ECPs are effective for preventing conception due to unplanned/ unprotected sex. This helps to reduce unwanted pregnancy and associated abortions, maternal mortality and morbidity.

- ECPs have been included in National Family Welfare Program and efforts are being made to utilize them at all levels of public health system.
- ECP has been included in the ASHA kits to address the issue of unwanted pregnancy at the community level.

2.8. Assisted Reproductive Technologies (ART) for infertility:

As per WHO data, the incidence of infertility in various countries including India is around 10-15% which has created demand for assisted reproduction. In order to ensure quality in ART services and for regulating and supervising the functioning of ART clinics, the National Guidelines on ART has been developed by ICMR and National Academy of Medical Sciences for GOI.

Actions taken and achievements in 2010-11:

- The Draft bill on ART has been updated by incorporating comments from various stakeholders including the Law Commission and general public. The draft Bill has been sent to the Law Ministry for examination.

2.9. Introduction of newer contraceptive methods and contraceptive services:

It has been documented worldwide that introduction of a new contraceptive method increases the CPR by approximately 3%. The division is taking proactive approach to introduce new contraceptive methods and services in family welfare program.

Actions taken and achievements in 2010-11:

- Post Partum IUCD (PPIUCD) has been introduced as a contraceptive technique in the programme. Training of service providers and trainers has been done in 18 states –. 32 Gynaecologists and 30 (as state trainers) have trained more than 100 Gynaecologists and nurses at the district level who will be further train medical officers from FRUs. 2000 anatomical pelvic models with postpartum uterus procured with the support of UNFPA and distributed to the states.
- Decision to introduce Multi Load Copper 375 has been taken and operation research study for the introduction of the same in National Family Welfare program has been completed and the final report/recommendation is awaited.
- Funds have been released to ICMR for Post Marketing Surveillance study in Centchroman (a non steroidal oral contraceptive developed indigenously by CDRI, Lucknow).
- RISUG is an indigenously developed intra-vasal male contraceptive. It is under Phase 3 clinical trial which is funded by the ministry.
- A 3 year pre-introductory study on Net-EN, Cyclofem and hormonal Implants is in progress. ICMR is conducting the research study in HRRCs and Medical Colleges prior to its introduction in the National Program.

2.10. Other promotional schemes:

2.10.a Revised compensation scheme for acceptors of sterilization:

1.1 GOI has been providing compensation to the acceptors of sterilization for their loss of wages for availing the services as per the revised rates since September 2007 and all the states are covered under this scheme. Funds in the scheme have also been earmarked for the compensation for sterilization in accredited private health facilities and empanelled private healthcare providers.

1.2 The detailed scheme is available on the ministry's website at

http://mohfw.nic.in/NRHM/FP/Revised_compensation.pdf .

2.10.b National Family Planning Insurance Scheme (NFPIS):

GOI launched the NFPIS Scheme in November 2005 to compensate for the acceptors of sterilization or his/her nominee in the unlikely event of failure or complications or his/ her death, following a sterilization operation. The scheme also provides for indemnity insurance cover to the medical officers and the health facilities for up to four cases of litigations per year that the healthcare provider or the facility may face as a consequence of performing sterilization operations.

- 2.1 The Insurance scheme has been renewed with the ICICI Lombard Insurance company for the year 2009-10
- 2.2 The manual for NFPIS is available on the ministry's website at http://mohfw.nic.in/NRHM/FP/FP_Manual_2008-Final.pdf

2.10.c Public Private Partnership (PPPs):

- PPP in family planning services are intended to utilize the reach of private sector in increasing the access to family planning services. In order to promote PPP in family planning services, accredited private facilities and empanelled private healthcare providers are covered under revised compensation scheme for sterilization and NFPIS.
- Accreditation and empanelment of private health facilities /healthcare providers is decentralized to districts.
- However, PPP in family planning has not been adequately promoted. The division is addressing this issue by increasing advocacy for PPP at all forums including Indian Medical Association (IMA). Nearly 100 workshops have been conducted for private practitioners through funding to IMA.

2.11. Some major activities during the year:

2.11.a National consultation on Repositioning Family Planning for Maternal & Child Health in Addition to Population Stabilisation (May 05, 2010):

- The consultation was inaugurated by the Honourable Minister of Health and the key note address was delivered by Honourable member of Parliament Shri M S Swaminathan
- Various experts from across the globe & from various international organisations like UNFPA, UNICEF, DFID, USAID, WHO, World Bank and representatives from lead NGOs participated in the consultation.

2.11.b Celebration of World Population Day & week (July 11 – 17, 2010):

- World Population Day was celebrated for the first time in all districts of the high focus states (304 districts) to generate awareness about population issues.
- At the central level the Honourable Union Minister of Health and Family Welfare Shri Ghulam Nabi Azad flagged off a 'Population Run' from Vijay Chowk to India Gate.. The gathering was also addressed by the Honourable Chief Minister of Delhi Smt. Sheila Dixit, guest of honour.
- Similar functions were also held not only in all the 9 high focus states' capital but also in all their districts. In all the states two days' district level *melas* were also held where stalls were set up for RCH services including counselling, IUD services, other spacing methods and enlisting for clients for sterilisation

Key findings:

- During the population week over 90,000 sterilisations were performed; this was a result of concerted IEC/BCC efforts and provision of quality services.
- With meticulous micro planning the available service providers could be judiciously distributed to make more facilities functional and thereby provide service to the clients nearer their place of residence. Further, it was observed that those states showed better performance where top bureaucratic leadership was actively involved.

2.11.c Debate on Population Stabilisation in Parliament (August 04, 2010):

- The Honourable Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, piloted a debate in Parliament – "That this house consider the issue of Population Stabilisation in the country"
- It was a historic debate as the subject was debated in Parliament after 33 long years. The debate lasted almost 7 hours and more than 34 members spoke in the debate. Cutting across party lines all members appreciated the gravity of the subject and urged the government to take all necessary steps to contain the rising population.

2.11.d Meeting of the National Commission on Population (October 21, 2010) :

- The second meeting of the National Commission on Population (NCP) chaired by Honourable Prime Minister, Shri Manmohan Singh was held on September 21, 2010.
- The meeting was attended by Chief Ministers of high focus states, health ministers of the states and members of the NCP.

3. Key challenges & opportunities:

3.1. Demographic challenges:

- It has been estimated that with current trends, the population in India will increase from 1.029 billion to 1.4 billion during the period 2001-2026, an increase of 36% in twenty-five years at the rate of 1.2% annually.
- There are substantial differences in TFR in between and within states and the national progress must be seen in the context of these striking differences e.g. Kerala, Tamil Nadu, Andhra Pradesh & Karnataka with TFR at or below replacement levels and states like Uttar Pradesh, Bihar, Madhya Pradesh, Chhattisgarh, Uttarakhand, Rajasthan, Jharkhand and Orissa, with an estimated combined TFR of 4.2 in 2000. Table 5 gives the estimated year by which some selected HFS will reach replacement fertility if the current trends continue and it will delay the attainment of replacement level of fertility in India until 2021:

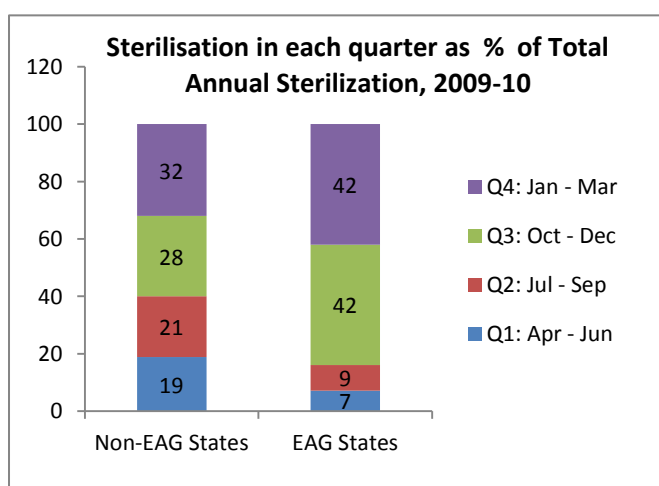
Table 5 Projected Year to reach Replacement-level Fertility

SI No.	Name of the State	Year
1	Uttar Pradesh	2027
2	Madhya Pradesh	2025
3	Chhattisgarh	2022
4	Uttarakhand	2022
5	Bihar	2021
6	Rajasthan	2021
7	Jharkhand	2018
	INDIA	2021

Source: Report of the technical group on population projections commissioned by the National Commission on Population, May 2006

3.2. Programmatic and service delivery challenges in family planning:

- Unavailability of regular sterilization services:** The access to sterilization services at sub-district levels is restricted due to poor implementation of FDS approach, especially so in high focus states with high TFR and high unmet need due to:
 - lack of trained service providers specially in minilap & NSV at the CHCs and PHCs
 - poor facility readiness

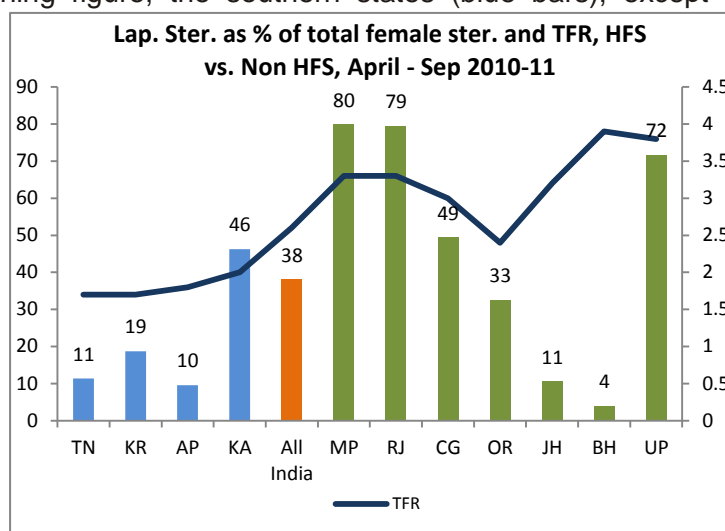


High **seasonal variation** in sterilisation services is evident in high focus states (84% sterilization in last 6 months and 42% in last three months) compared to a more uniform performance throughout the year in non-EAG states (see adjoining figure). This reflects the lack of regular service provision rather than the 'acceptors preference', as frequently claimed by many service providers.

Source: Data accessed as on November 25, 2010 from HMIS web

- **Heavy reliance on expensive, technically and logistically high-demanding laparoscopic sterilizations:** As evidenced by adjoining figure, the southern states (blue bars), except

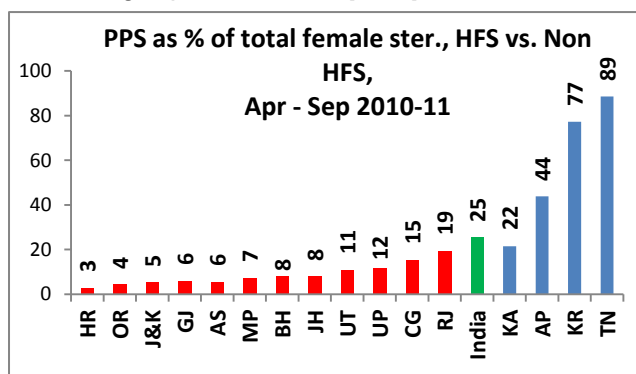
Karnataka, show a high proportion of minilap sterilizations (75 to 89% out of total female sterilization). However, in most of the high focus states (green bars), with the exception of Bihar and Jharkhand, laparoscopic female sterilization remains the predominant procedure. Laparoscopic sterilization services can be provided by trained gynaecologists/surgeons only; the



Source: Data accessed as on November 25, 2010 from HMIS web portal

procedure requires expensive instruments with high maintenance and sophisticated infrastructure including basic OT. Hence, heavy reliance on it would limit service provision in these states where the availability of specialists and facility readiness is still low. Promoting the simpler, safer and easy-to-provide minilap would be a better proposition for increasing the access to sterilization services and reduce the unmet need in limiting methods in high focus states.

- The huge potential for **postpartum contraception** offered by the increasing number of



Source: Data accessed as on November 25, 2010 from HMIS web portal

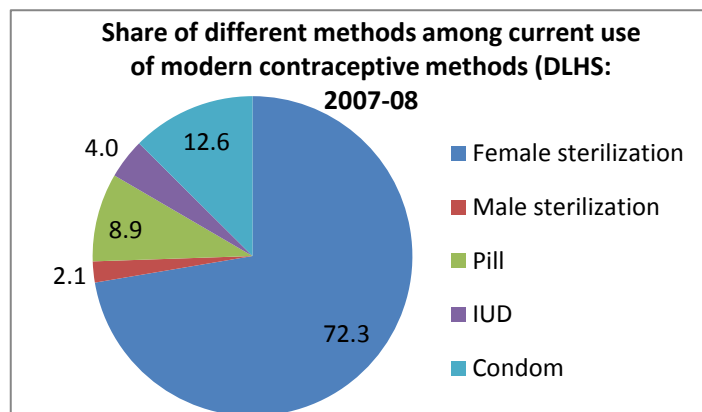
institutional deliveries has not been tapped adequately due to lack of planning, lack of trained postpartum family planning service providers and lack of infrastructure in most of the high focus states. This is evident from above figure which shows that that in high focus states like Uttar Pradesh, Bihar,

Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand and Orissa

postpartum sterilization accounts for a very lowly 3-19% of total female sterilization as compared to 75-90% in non-high focus states like Kerala and Tamil Nadu.

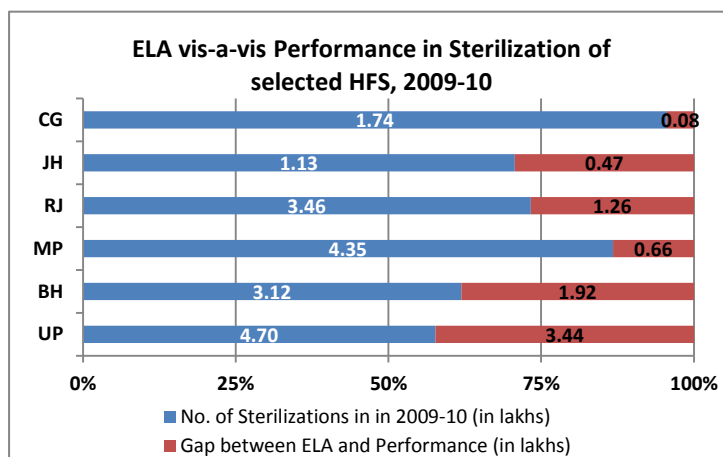
- **Human resource development** for minilap, laparoscopic sterilization & NSV to operationalize FDS in sterilization is picking up. However, the quality of training, post-training follow-up and support for adherence to standard service delivery protocols are poor. More importantly, there is a lack of rational human resource development plan in the states where selection of trainees, post-training placement and post-training infrastructure & logistic support are not given adequate importance leading to loss of trained service providers to the system and wasted resources.

- **Lack of regular contraceptive updates** at state/district level for all categories of service providers is limiting the service providers' knowledge level and skills to provide quality contraceptive services according to the latest service delivery protocols.

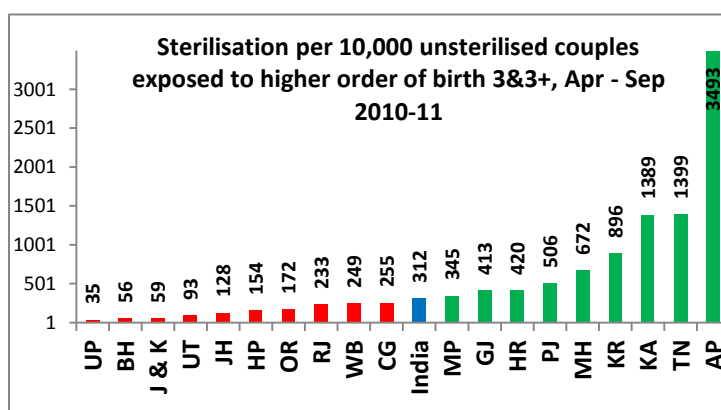


- **Inadequate attention to spacing methods** is evident by consistently low use of spacing methods across most states of India, despite high unmet need in spacing. According to DLHS 3, all the spacing methods together account for just around 25.5% of the current contraceptive use compared to 74.5% by female & male sterilizations put together as evidenced in adjoining pie chart.

- **Interstate variation in access to and use of family planning services:** The access to and use of family planning services shows wide interstate variations. The performance of HFS in family planning services, though improving, remains much below expected levels and needs to be stepped up considerably. Adjoining chart shows the gap between the ELA (Expected Level of Achievement) and actual performance in 2009-10 in sterilization services in select HFS and the gaps range from of 3.44 lakhs in UP



Source: Data accessed as on November 25, 2010 from HMIS web portal



and 1.92 lakhs in Bihar to 8 thousands in Chhattisgarh. The data on sterilizations per 10,000 unsterilized couples exposed to higher birth order of 3 and 3+ further highlights the poor performance of HFS. The sterilization rate for 10,000 unsterilized couples exposed to high birth order ranges from a lowly 35 in Uttar Pradesh, 56 in Bihar & 59 in J&K to a high of 1,399 in Tamil Nadu and 3,493 in Andhra Pradesh as shown in the figure.

- The demand from the states for contraceptives and survey findings on contraceptive use are in variance. To address this issue, the logistics of procurement **and supply** of contraceptives has to be rationalized to reflect the actual requirement and usage.
- **Public Private Partnership (PPP)** in family planning has not been adequately promoted across most states in India and there is a reluctance to accredit private providers at state/district level which is adversely affecting the widest possible access of family planning services to clients.
- **Community based family planning services** (including counselling, contraceptive distribution, referral services) utilizing ASHAs, VHNDs and VHSCs have not yet been operationalized effectively.

4. Future strategies:

The ministry has set in motion new approaches to sustain the momentum gained in the sphere of family planning and population stabilization this year, some of which are as follows:

- **Advocacy for repositioning the Family Planning Program** at all levels, for achieving population stabilization and reducing the maternal, infant and child mortality and morbidity.
- Ensuring the **fixed day static services round the year**.
- Rolling out the **comprehensive training plan** for development of trained human resources in family planning services which has been an area of concern for a long time.
- **Promoting male participation**
- Increasing the thrust on **Postpartum Family Planning** services.
- Organizing **state Family Planning dissemination workshops** countrywide.
- State wide **dissemination of IEC/BCC and advocacy materials**.
- Increasing the **basket of choices** in contraceptives offering more options to the clients.
- Strengthening contraceptive logistics (**Decentralization of procurement**): allowing state/ districts to **procure NSV instruments** / IUD kits/ Laparoscopes through the flexi pool
- **Revised monitoring strategy** is being put in place with a clear road map for states to achieve dual goals of population stabilisation and better reproductive health:
 - a. Development of key performance indicators for input, process and output
 - b. Categorisation of states based on TFR
 - c. Analysing states' performance on the basis of information available through survey, HMIS, review mission reports etc.
 - d. Conducting visit to states to corroborate the findings of above analysis and analysing underlying causes for poor performance which would lead to the way forward.
 - e. Analysis of information with implication for follow-up action

Material For Annual Report 2010-11 – Family Planning

ANNEXURE 1: Number and percentage of family planning users, by states: 2010-11

State/UT/Agency	Total Sterilization acceptors during April to September		IUD Insertions during April to September		OCP Users during April to September		Condom Users during April to September	
	2010-11	% Change from 2009-10	2010-11	% Change from 2009-10	2010-11	% Change from 2009-10	2010-11	% Change from 2009-10
I. High Focus North-East								
Arunachal Pradesh	528	46.7	1,277	4.8	1317	20	679	57
Assam	28,544	32.5	18,664	14.5	65,821	25	52,680	44
Manipur	640	79.8	2,490	-6.5	3,904	103	2442	-8
Meghalaya	1,033	6.3	1,777	62.6	5,446	9	3,756	3
Mizoram	1,359	-2.2	1,625	56.6	6,909	17	4,801	26
Nagaland	643	-10.4	781	-32	575	-5	706	93
Sikkim	71	.	1,017	52.7	4,406	-1	2383	-36
Tripura	1,540	-15.3	822	-47.1	4,245	-70	6,770	-8
II. High Focus Non North-East								
Bihar	38,035	12.5	93,454	9.4	48,083	15	81,918	31
Chhattisgarh	28,077	5.3	50,659	1.4	98346	-16	159,055	-23
Himachal Pradesh	1,821	-10.8	10,140	-13.8	23,282	-19	81,908	-21
Jammu & Kashmir	3,287	-8.7	9,216	-14.4	16,338	24	25,921	7
Jharkhand	26,665	118.1	59,460	35.1	92560	7	134,974	-16
Madhya Pradesh	112060	77.8	175876	-24.7	400672	-16	664511	-33
Orissa	29,300	62.4	58,283	-5.1	136736	-25	178,024	-30
Rajasthan	86,725	-1.4	258264	3.8	700969	-19	1,326,489	-18
Uttar Pradesh	53,377	-25.6	575094	-25.3	249664	-66	580,930	-41
Uttarakhand	3,939	-26.7	31,907	-39.1	20,181	-58	38,591	-44
III. Non-High Focus Large								
Andhra Pradesh	391607	-8.4	177431	-11.2	301685	-9	701091	-12
Goa	1954	-18.2	1088	0.6	3903	17	1598	10
Gujarat	87879	-13	256110	-9.8	255353	-12	660135	-35
Haryana	37210	-3.6	85784	-5.6	54337	-38	132796	-56
Karnataka	166709	-16.4	113211	-17.6	117126	-28	227275	-2
Kerala	52544	4	29418	-4.2	10071	-61	83478	-24
Maharashtra	163432	-24.9	153529	-14.8	190143	-32	308440	-29
Punjab	43044	12.6	105769	-22.9	78100	-22	388956	-3
Tamil Nadu	169890	-2.5	172911	10.1	107647	-3	169734	3
West Bengal	88523	-11.6	34269	-15.7	586412	-4	516323	-6
IV. Non-High Focus Small & UTs								
A & N Islands	224	-43.1	80	-85.7	416	-76	203	-90
Chandigarh	1024	15.4	1,727	-11.6	699	-32	13,064	-9
Dadra & Nagar Haveli	250	-51.7	71	14.5	183	-16	1162	39
Daman & Diu	55	.	39	.	118	.	457	.
Delhi	8,522	3.3	21,680	41.7	16,540	17	106,266	6
Lakshadweep	14	366.7	10	-50	3	.	76	-35
Puducherry	5,604	11.9	1,143	-21	2,280	-11	9,006	-12
V. Other Agencies								
M/O Defence	1,279	-69.1	1,127	-59.2	1,128	-65	8,448	-69
M/O Railways	1,466	-14.2	1,123	-20.1	2,354	-30	17,584	-32
All India	1,638,874	-4.8	2,507,326	-12.8	3,607,952	-23.2	6,692,630	-23.2

Note: Collated from HMIS Periodic RCH Reports (accessed on 29th November 2010), Provisional Figures (Status as on: Oct 28, 2010)

ANNEXURE 2: PHOTOGRAPHS

WORLD POPULATION DAY (WEEK, July 11-17, 2010); CELEBRATED IN STATES:





NATIONAL CONSULTATION ON REPOSITIONING FAMILY PLANNING (May 05, 2010, Vigyan Bhavan, New Delhi)

