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स्वास्थ्य एवं परिवार कल्याण मंत्रालय

स्वास्थ्य एवं परिवार कल्याण विभाग

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Department of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. N. 11023/2/2016 – FP

10th November, 2016

Subject: “Mission Parivar Vikas” for improved access to contraceptives and family planning services in 145 High Fertility Districts in 7 states.

Family Planning is one of the most crucial interventions to address maternal and infant morbidities and mortalities. Currently, there are 145 High Fertility Districts spanning over seven high focus states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) with TFR of 3 and above. These districts further constitute approximately 28% of India's population, and contribute to around 30% of maternal deaths and almost 50% of infant deaths.

Considering this, the Government has conceived 'Mission Parivar Vikas' with a stratified approach for substantially increasing the access to contraceptives and family planning services in these districts, which will also have a positive impact on the overall development parameters of these districts and consequently the states.

A five pronged strategy has, thus, been developed, which comprises :

1. Delivering assured services:
2. Building additional Capacity / HRD for enhanced service delivery:
3. Ensuring commodity security:
4. Implementing new 'Promotional Schemes':
5. Creating Enabling Environment:

The detailed guidelines on the modified and additional schemes, roles and responsibilities of various personnel and monitoring modalities are placed at Annexure I.

The States may propose the activities enlisted in the guidelines in their supplementary PIPs of 2016-17 for approval so that it can be accorded against resource envelope available or from savings available against approved activities in the PIP. From 2017-18 onwards, the states may propose the activities in their annual PIPs.

All the schemes under Mission Parivar Vikas would be operational from the date of issue of this letter.

Yours sincerely,



(Arun K Panda)

Principal Secretary/ Secretary (Health and Family Welfare)
(All States / UTs)

Copy to:

- Mission Directors (all states)
- Director, Family Welfare (all states)
- Regional Directors (HFW), Govt. of India
- Executive Director, NHSRC


(Arun K Panda)

Annexure 1:

Guidelines- 'Mission Parivar Vikas'

District Covered:

State wise number of districts segregated based on TFR

	UP	Bihar	MP	Rajasthan	Jharkhand	Chhattisgarh	Assam	Total
TFR: > = 4.0	11	8	2	2	0	0	0	23
TFR: 3.5-3.9	19	9	6	6	3	1	1	46
TFR: 3.0-3.5	27	19	17	6	6	1	1	76
Total	57	36	25	14	9	2	2	145

(List of districts covered is placed at Annexure 1.1 below)

Monitoring Structure:

The details are placed at Annexure 1.2

Background:

Key Strategic Actions:

1. Delivering assured services:

- Roll out of Injectable Contraceptive DMPA (Antara) at one go till Sub centre level
- Augmentation of PPIUCD Services to all delivery points
- Augmentation of Sterilization services through HFD compensation scheme
- Condom Boxes at strategic locations (like Health Facilities, Gram Panchayat Bhavan etc)
- Social Marketing of condoms and pills: Social Marketers under the government's scheme
- 'Mission Parivar Vikas' Campaigns: (4 per year)

2. Promotional Schemes:

- "NAYI PAHEL" – an FP KIT for "Newly Weds"
- Saas Bahu Sammelan
- SAARTHI - Awareness on Wheels
- Local Radio Spots with messages from local actors.

3. Ensuring commodity security:

- A management information system to be operationalized to track the supplies and consumption to different facilities,
- A designated FP logistic manager would be placed in all the 7 HFS

4. Capacity Building/ HRD for enhanced service delivery:

These districts have **severe crunch of trained providers** and the high demand generated would be satisfied with improved service provision

- Approx. 47,600 providers (MOs and Nurses) would be trained for Injectables (Antara Program)
- Approx. 9500 providers would be trained for PPIUCD/ IUCD (30% MO /70% Nurse)

5. Creating Enabling Environment:

Advocacy and Inter-sectoral Convergence to reduce TFR for a healthy mother and child:

- a. **National Level:** Meeting under HFM with CMs, State HFMs and PS (HFW) of 7 states.
- b. **State level:** Meeting under CM with State HFMs, local MPs/MLAs, PS (HFW) with DMs/ Collectors and CMOs of HFDs and stake holders.
- c. **District level:** Meeting under DM with CMO and BMOs/ BDOs, and line functionaries.
- d. **Block level:** meeting under BMO/ BDO with all MOs, Nurses, and Sarpanch & Patwaris, Nehru Yuvak Kendra volunteers and National Service Scheme volunteers)

Expected Outcome:

It is expected that the augmented efforts will result in:

1) Enhanced Service Provision: (for the first three years and to be reassessed thereafter)

- a) Number of **Sterilization**: **10%** annual increase in each district
- b) Number of **IUCD** insertions: **10%** annual increase in each district
- c) **PPIUCD** acceptance rate to be enhanced to-
Districts with acceptance rate of <10%: **25%** annual increase in the acceptance rate
Districts with acceptance rate of 10%-20%: **15%** annual increase in the acceptance rate
Districts with acceptance rate of >20%: **10%** annual increase in the acceptance rate
- d) Facilities operationalized for **Injectables**-
Year 1- 50% of the total facilities
Year 2- 70% of the total facilities
Year 3- 90% of the total facilities

2) TFR Decline:

- Category I states (TFR \geq 4): :TFR **decline** of **0.3 points/year**
- Category II states (TFR 4.0-3.5): :TFR **decline** of **0.2 points/year**
- Category III states (TFR 3.5-3.0): :TFR **decline** of **0.1 points/year**

TFR to reach replacement level of 2.1 by 2025 in these states

STRATEGIC ACTION 1: DELIVERING ASSURED SERVICES

a) Roll out of Injectable Contraceptive MPA (Antara Program) at one go till Sub centre level

Date of onset of this activity: 10th Nov 2016.

The incentive scheme for ASHA and beneficiary to be notified from 1st Apr 2017

Coverage: The scheme will be applicable for all 145 High fertility districts (both rural and urban areas) as mentioned in Annexure 1.1. In urban areas the incentive scheme will be applicable for Link workers or equivalent working in these areas.

Key Activities:

In 145 HFDs Injectable contraceptive (under Antara Program) and Centchroman (Chhaya) will be rolled out upto Subcenter level.

Following sets of activity are proposed for HFDs (High TFR districts):

- 1) Identification and training of doctors and Staff Nurses, ANM.
- 2) Onsite and whole site orientation of staff on new contraceptives.
- 3) Commodity supply to these facilities with trained staff.
- 4) IEC and BCC activity by district IEC cell and ASHAs after orientation.
- 5) Service Provision for new contraceptive choices.
- 6) Post Training Follow up

Financial Package:

- Incentivizing ASHAs @ Rs. 100/dose/ASHA.
- Incentivizing beneficiary @ Rs. 100/ dose received.

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. For 2016-17 the training budget to be utilized from approved NHM flexipool. The additional requirement if any under this component may be proposed in the supplementary PIP.

The budget for incentive to be proposed from 2017-18 NHM PIP onwards.

All the payments to be made through DBT in lines with letter DO No. Y11013/1/2016-FP dated 29th Jan, 2016

b) Augmentation of PPIUCD Services to all delivery points

Key Activities:

- Following sets of activity are proposed for HFDs (High Fertility districts):
- All delivery points to be mandatorily saturated for provision of PPIUCD services.
- In this regards district to identify and further train and empanel doctors, staff Nurses and ANMs for provision of PPIUCD services.
- Availability of PPIUCD and IUCD service delivery and follow up register (DO.- N.11012/10/2013-FP, Dated 12th Aug 2013) in all facilities providing services.
- Quality protocols to be followed as per GoI guidelines.
- **Extension of PPIUCD incentive scheme to include incentive for beneficiaries**

Guidelines for Extended PPIUCD incentive Scheme

Date of Notification: 10th Nov 2016

Coverage: The scheme will be applicable for all 145 High fertility districts (both rural and urban areas) as mentioned in Annexure 1.1.

Financial Package:

- a) **Package for service provider** per insertion and ASHA per client- **Rs. 150** (DO. Letter No. Y.11012/01/2013-FP, dated 27th Dec 2013)
- b) **Rs. 300 may be paid to the acceptors** of PPIUCD to cover their incidental cost and the travel cost for two follow up visits

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. For 2016-17 state may utilize the budget under A.3.2.3 for beneficiary incentive. The additional requirement if any under this component may be proposed in the supplementary PIP.

All the payments to be made through DBT in lines with letter DO No. Y11013/1/2016-FP dated 29th Jan, 2016

Rest of the guidelines remains same as per the DO. Letter No. Y.11012/01/2013-FP, dated 27th Dec 2013

c) Augmentation of Sterilization services through HFD compensation scheme

The new compensation scheme will be called as **HFD Compensation Scheme**.

Date of Notification: 10th Nov 2016

Coverage: The scheme will be applicable for all 145 High fertility districts (both rural and urban areas) as mentioned in Annexure 1.1. In urban areas the incentive scheme will be applicable for Link workers or equivalent working these urban areas.

Financial Package:

The financial package is as follows:

A. Public (Government) Facilities: (all amounts in Rupees)

	Tubectomy (Interval and Post Abortion)		Post-Partum Sterilization		Vasectomy	
	Existing	New	Existing	New	Existing	New
Acceptor	1400	2000	2200	3000	2000	3000
Motivator	200	300	300	400	300	400
Drugs/Dressing/IP Supplies	100	100	100	100	50	50
Surgeon's Compensation	150	200	250	325	250	400
Anaesthetist	50	50	50	75	-	-
Nurse	30	40	50	50	30	40
OT Technician	30	40	50	50	30	40
Clerks/documentation	20	30	-	-	20	30
Refreshment	10	20	-	-	10	20
Miscellaneous	10	20	-	-	10	20
Total	2000	2800	3000	4000	2700	4000

B. Accredited Private/NGO Facilities: (all amounts in Rupees)

	Tubectomy (Interval and Post Abortion)		PPS (Post-partum Sterilization)		Vasectomy	
	Existing	New	Existing	New	Existing	New
Facility	2000	2500	2000	3000	2000	2500
Client	1000	1000	1000	1000	1000	1000
Total	3000	3500	3000	4000	3000	3500

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. For 2016-17 the funds for increased compensation package could be utilized from the existing sterilization compensation head under A.3. The additional requirement if any under this component may be proposed in the supplementary PIP.

All the payments to be made through DBT in lines with letter DO No. Y11013/1/2016-FP dated 29th Jan, 2016

Rest of the guidelines remains same as per the DO. Letter No. Y.11026/11/2014-FP, dated 20th Oct 2014

d) Condom Boxes at strategic locations in Health Facilities

Date of onset of this activity: 10th Nov 2016

Coverage: The scheme will be applicable for all 145 High fertility districts (both rural and urban areas) as mentioned in Annexure 1.1.

Key Activities:

- Meeting of the district/block authorities/ health volunteers/local leaders to identify places for placing condoms boxes.
- Introducing Condom Boxes at strategic locations. Number of condom boxes may vary from facility to facility based on the strategic locations in the facility, demand and eligible couple catered by the facility.
- Condom boxes should be made from the available resources.
- Each condom box in the facility to be mandatorily tagged and should be given a unique number (For eg: Condom Box-1; Condom Box-2 etc.)
- **Replenishment System:** Each condom box to be replenished at least monthly or as soon as warranted based on the consumption. **Condom boxes should be replenished by 'free supply'.**

Monitoring Mechanism:

- Each facility to maintain a separate register for condom box replenishment and consumption. The suggestive format is as mentioned below:

Facility Name:

Month:

	Condom Box-1	Condom Box-2	Condom Box-3
Balance from previous month (in pieces)			
Date of Refilling			
Amount Refilled (in pieces)			
Date of Refilling			
Amount Refilled (in pieces)			
Total Amount Refilled (in pieces) in month			
Balance Quantity left (in pieces) at the end of month			
Total amount consumed/distributed (in pieces) in the month			

Flow of Reporting:

Facility will report to the concerned block which will in-turn report to the concerned districts in the format below:

	Monthly Status
Total Amount Refilled (in pieces) in month	
Balance Quantity left (in pieces) at the end of month	
Total amount consumed/distributed (in pieces) in the month	

The above figures shall be included entered in the HMIS.

e) Social Marketing of condoms and pills: Social Marketers under the government's scheme

As per the existing structure

f) 'Mission Parivar Vikas' Campaigns: (4 per year)

HFD districts may organize **Mission Parivar Vikas Campaign in April, July, October and January** (11th to 25th of the designated months). In July and October the activity will be clubbed with WPD and Vasectomy Fortnight.

For April and January the activity is proposed to be divided into- 7 days- preparatory work and client mobilization activities; 7 days- service delivery.

Date of onset of this activity: 10th Nov 2016

Coverage: The scheme will be applicable for all 145 High fertility districts (both rural and urban areas) as mentioned in Annexure 1.1. In urban areas the incentive may be given to Link workers or equivalent working in urban areas.

Key Activity:

State and District Level activities

- State level meeting- At least one meeting before commencement of the fortnight and subsequent meeting following completion of each round to review service delivery data, monitoring feedback and any other issues and plan for the next round.
District Level Meeting-at least one meeting within two days of State meeting to review progress in planning and implementation
- State to provide technical guidance, including funding and operational guidelines, and fix timelines for districts to plan and implement service delivery rounds which will further guide blocks.
- Ensure involvement of other relevant departments including ICDS, PRI and key Family Planning partners, RMNCH+A lead partners and other organizations at state and district levels. Civil society organizations (CSOs), including professional bodies such as Indian Medical Association (IMA) and FOGSI may be involved.
- Ensure identification of nodal officer for urban areas in each district. He/she will facilitate micro-planning in urban areas of the district.
- State to ensure adequate number of IEC materials (as per prototypes) and updated planning and reporting formats are printed and disseminated to districts in time. Ensure that these materials are printed in local languages if necessary.
- Deploy senior state-level health officials to high TFR districts for monitoring and ensuring accountability framework.
- State to track districts for adherence to timelines, including micro-planning, indenting of FP logistics and review each round of Mission Parivar Vikas campaign and guide corrective actions.
- State/District to ensure availability of required Family Planning Commodities.

- District to track blocks and urban areas for adherence to timelines, including micro-planning, indenting of FP Commodities and logistics

Block level activities

- Orientation of frontline workers/ANMs/LHVs/health supervisors - to be conducted by Block Medical Officer. The participants would be Health workers (ANMs, LHVs, health supervisors etc.) and social mobilizers (ASHAs, AWWs and link workers)
- ASHAs to be oriented on eligible couple survey for estimation of beneficiaries and will be expected to conduct this survey in their assigned area, and if required, outside their area as well. Financial support will be provided for conducting this exercise @ Rs 150/ASHA/round.

Service Delivery during Parivar Vikas Abhiyan-

- Fixed day services for Family Planning to be organized in high delivery case load facilities with sufficient infrastructure.
- Extensive mobilization for FP services at least 5 days prior to the service delivery activity.
- Team of doctors may be from medical college, district hospitals, SDH, CHC, private facilities or NGO/Trust. In case the district does not have service providers the same can be mobilized from nearby districts
- FP provision providing all range of FP services.
- TA/DA to doctor per day for these service fortnight Rs. 1000/- (the amount is in addition to the compensation scheme)(subject to performance of minimum number of 10 cases/day/provider)
- In addition to above Sub centers to be activated for provision of IUCD services

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. From 2017-18 onwards the funds may be proposed under A.3.

STRATEGIC ACTION 2: PROMOTIONAL SCHEMES:

a) "NAYI PAHEL" – an FP KIT for "Newly Weds"

A family planning kit would be given to the newly-wed couple by the ASHA.

Date of onset of this activity: 10th Nov 2016

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. From 2017-18 onwards the funds may be proposed under A.3.

Coverage of Scheme: The scheme will be applicable for all 145 High fertility districts (only for rural areas) as mentioned in Annexure 1.1.

Key Activity:

- District to calculate tentative estimation of the Kits
- Printing of Information Leaflets & Forms
- Provision of contraceptives for the kit (from the ASHA supply)
- Orientation of ASHA on provision of Nayi Pahal kit
- The distribution of ASHA Nayi Pahl kits can be at the CHC/Block PHC/PHC or SC level. In initial phases ASHA may be given 2 kits/ASHA. Later the disbursement can be on demand basis.

Financial Package:

- **Permissible cost per kit:** Rs. 220/Nayi Pahal kit
- **ASHA Incentive:** ASHA will be incentivized @ Rs. 100/ASHA/Nayi Pahal kit distributed.

Proposed Content:

"Nayi Pahal Kit for Newlyweds" (proposed contents are as follows):

Item	Units	Remarks
Jute Bag	1	Attractive and usable Jute Bag (with MoHFW/FP logo on the inner flap)
Marriage Registration form	1	
Pamphlet	1	Information on use of family planning methods to delay birth of 1st child and maintain spacing between children, use of Pregnancy testing kit, what to do,/ whom to reach once pregnancy is confirmed, ASHA schemes like Home Delivery of Contraceptives.
Pack of 3 condoms(Nirodh)	2	
Oral Contraceptive pills (Mala N)	2	

cycles		
Emergency contraceptive pill (E pill)	3	
Grooming/hygiene bag	1	A small vanity pouch comprising of a towel set, comb, nail cutter, a pack of bindis, a set of two handkerchiefs, and a small vanity mirror.
Pregnancy testing kit	2	
Information card		A blank card to be filled with contact information of the respective ASHA and nearest ANM who can be contacted by the newly wed to seek further information on contraception.

Note- The states have the flexibility to add or remove items as per existing and prevalent social norms provided the cost of the Nayi Pahel kit does not exceed INR 220/-.

Monitoring and data reporting mechanism:

- The ASHA will maintain the record of Nayi Pahel kits received and distributed (beneficiary wise) in ASHA diary and submit it to ANM of Subcenter.
- At facility level (CHC/Block PHC/PHC or SC level), where the Nayi Pahel kits are being disbursed to ASHA, the record of kits disbursement to ASHA should be maintained as per the format below:

SNo.	Name of ASHA	Name of Sub-center	Mobile number of ASHA	Number of Nayi Pahel Kits disbursed to ASHA	Date of disbursement

- The ANM to submit monthly report of the same to block in format 1.
- The blocks to collate the monthly reports and submit it to district in format 2.
- The district to prepare monthly report in format 3 for onward submission to state.
- State will further submit the quarterly MPV report to GoI in format 4.
- The Block in-charge/block community mobilizer/block manager will validate 5% distribution data in their catchment area every quarter. This data should be submitted to district. The district should regularly validate the block data.

b) Saas Bahu Sammelan

Saas Bahu Sammelan is aimed to facilitate improved communication between mothers-in-law and daughters-in-law through interactive games and exercises and building on their experiences it can be scaled up for other states so as to bring about changes in their attitudes and beliefs about reproductive and sexual health.

Date of onset of this activity: 10th Nov 2016

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. From 2017-18 onwards the funds may be proposed under A.3.

Coverage of Scheme: The scheme will be applicable for all 145 High fertility districts (only for rural areas) as mentioned in Annexure 1.1.

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. The budget may be proposed in NHM state PIP from 2017-18 onwards.
- Districts to estimate the cost per sub center (Rs. 1500/sammellan) and release the same to Sub center.
- Subcenter ANM will further utilize this fund to organize the sammellan along with ASHA.
- The expenditure details will be maintained by ANM in subcenter, which should further be verified regularly by PHC/Block account officer in the same manner as the other NHM funds.
- The expenditure details should be regularly audited.

Financial Package:

SNo.	Activity Name	Cost @ 1 meeting
1.	Incentive to ASHA to mobilize Saas Bahu for the Sammelan	100
2.	Organization of Sammelan	500
3.	Token Gifts for Participants (Max. Rs 20/-participant)	1000 (as per actuals)
Total		1600

- **Cost per Sammelan:** Rs. 1600/meeting (Rs. 1500-for organizing sammellan and token gifts (maximum permissible limit); Rs. 100 for ASHA incentive)

Key Activity-

- ANM to develop a microplan for Saas Bahu Sammelan in each village in the format below:

SNo.	Name of the Village	Name of ASHA	Population of Village	Date/Day of Sammellan	Tentative number of participants

The above microplan should be updated regularly.

- ASHA to prepare list of eligible couples and mother in law in their area.
- ASHA, AWW to motivate Saas Bahu pairs to come for the event. A minimum of 10 Saas Bahu pairs should be present for the sammellan involving marginalized sections of the village.
- ANM to support ASHA and AWW for the same and be a part of these sammellan. This can be done on rotational basis so that all the villages/sammellans of her catchment area are covered in a year.
- Identify champion mothers in law who have provided support to her Bahus for using family planning methods
- Invite Gram Panchayat members/Community influential for the event.
- Plan the event with games, communication exercises and other activities
- Coverage of these Sammelans in district media.

Monitoring and data reporting mechanism:

- The ASHA will maintain the record of Sammelans conducted in ASHA diary. In this regards following information to be captured-
 - Date of sammellan
 - Timing of sammellan
 - Number of participants (Saas-bahu) attended sammellan
 - Key issues identified and discussed during sammellan
 - Name of any other official/PRI member attending the sammellan
- The ANM to submit monthly report of the same to block in format 1.
- The blocks to collate the monthly reports and submit it to district in format 2.
- The district to prepare monthly report in format 3 for onward submission to state.
- State will further submit the quarterly MPV report in format 4 to GoI.

c) SAARTHI - Awareness on Wheels

A smartly designed bus/van equipped with interactive communication devices, IEC material and FP commodities shall be operationalized in the HFDs during Mission parivar vikas fortnight (April, July, October and January (11th to 25th of the designated months)) to sensitize and disseminate FP messages in the far flung areas.

Date of onset of this activity: 10th Nov 2016

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. From 2017-18 onwards the funds may be proposed under A.3.

- The expenditure details should be regularly audited.

Coverage of Scheme: The scheme will be applicable for all 145 High fertility districts (both for rural and urban areas) as mentioned in Annexure 1.1.

Financial Package: Estimated Cost per district= Rs. 12.23 lakh

SNo.	Activity		1 st MPV Fortnight	2 nd MPV Fortnight	3 rd MPV Fortnight	4 th MPV Fortnight
1	Hiring of the Bus/Van	Rs 5000/day	75000	75000	75000	75000
2	DA of the Counsellor/health educator	Rs 300/day	4500	4500	4500	4500
3	Printing of IEC Panels		100000	35000	35000	35000
4	Printing of IEC posters/handbills		50000	50000	50000	50000
5	State/District Launch		50000	50000	50000	50000
6	Advertisement		50000	50000	50000	50000
7	Miscellaneous		25000	25000	25000	25000
Total			354500	289500	289500	289500

MPV: Mission Parivar Vikas

Key Activity:

- District wise mapping of the route plan of 'Saarthi' vehicle.
- The 'Saarthi' vehicle should be equipped with interactive communication devices, IEC material and FP commodities and entire district should be covered through this bus during the span of 15 days.
- District should identify dedicated human resource for 'Saarthi' vehicle.
- Preparation of IEC panels for 'Saarthi' vehicle
- Procurement and printing of IEC material and estimating the FP commodity requirement for the entire activity
- Identifications of locations where 'Saarthi' vehicle will be stationed for display

- Signing Campaign by prominent persons in the district (Collector , MLA, MPs and other prominent district personalities)

Monitoring and Reporting:

- District to prepare a route map for the ‘Saarathi’ vehicle (covering all the blocks)
- The driver should maintain a log book in the prescribed format (State/district may add columns to the format for capturing more data as per their requirement)

Sno.	Date	Start Time	End Time	Start Place	End Place	Opening kilometer	Closing Kilometer	Name of areas and facility covered	Signature of counsellor/health educator (on duty in the bus)	Verification signature by the block/ facility authority

The log book will be validated by the district account officer before clearing the payments.

- Report to be submitted for ‘Saarathi’ vehicle -

SNo.	Activity	Status
1	Number of Pamphlets Distributed	
2	Number of clients visited	
3	Number of clients counselled	
4	Number of condom pieces distributed	
5	Number of OCP cycles distributed	
6	Number of Centchroman cycles distributed	

Responsibility:

- District wise mapping of the route where ‘Saarathi’ vehicle is scheduled to run- **District Health Department**
- Identification of dedicated human resource for ‘Saarathi’ vehicle - **District Health Dept.(Establishment /NHM Cell)**
- Preparation of IEC panels in local language for ‘Saarathi’ vehicle - **State FP division/State IEC division/District IEC Cell.**
- Procurement and printing of IEC material and estimating the FP commodity requirement for the entire activity- **State FP division/State IEC division.**
- Provision of FP Commodities- **FP Division, MoHFW & CMSS & SSM Division**
- Identifications of places where ‘Saarathi’ vehicle will be stationed for display- **District / Block Level Authorities**
- Van Monitoring & Data reporting Mechanism- **District Health Authorities/Block Health Authorities/District Health Authorities**

STRATEGIC ACTION 3: ENSURING COMMODITY SECURITY:

A management information system to be operationalized to track the supplies and consumption to different facilities,

A designated FP logistic manager should be placed at state level in all the 7 HFS

Fund Flow:

The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. The budget may be proposed in NHM state PIP from 2017-18 onwards.

STRATEGIC ACTION 4: CAPACITY BUILDING:

Fund Flow:

The funds for trainings for new contraceptives would be sourced from NHM flexipool and routed through State PIPs.

STRATEGIC ACTION 5: CREATING ENABLING ENVIRONMENT:

Advocacy and Inter-sectoral Convergence to reduce TFR for a healthy mother and child:

- **State level (at least 1):** Meeting under CM with State HFM, local MPs/MLAs, PS (HFW) with DMs/ Collectors and CMOs of HFDs and stake holders.
- **District level (Bi annually):** Meeting under DM with CMO and BMOs/ BDOs, and line functionaries and other stakeholders working in the district.
- **Block level (Quarterly):** meeting under BMO/ BDO with all MOs, Nurses, and Sarpanch & Patwaris, Nehru Yuvak Kendra volunteers and National Service Scheme volunteers)

Fund Flow: The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. The budget may be proposed in NHM state PIP from 2017-18 onwards.

Annexure 1.1
List of districts for 'Mission Parivar Vikas'

S.no.	Name of State	Name of District
1	Assam	Karimganj
2	Assam	Hailakandi
3	Bihar	Sheohar
4	Bihar	Kishanganj
5	Bihar	Araria
6	Bihar	Saharsa
7	Bihar	Khagaria
8	Bihar	Purba Champaran
9	Bihar	Madhepura
10	Bihar	Pashchim Champaran
11	Bihar	Katihar
12	Bihar	Sitamarhi
13	Bihar	Darbhanga
14	Bihar	Samastipur
15	Bihar	Supaul
16	Bihar	Purnia
17	Bihar	Sheikhpura
18	Bihar	Gopalganj
19	Bihar	Siwan
20	Bihar	Madhubani
21	Bihar	Muzaffarpur
22	Bihar	Vaishali
23	Bihar	Begusarai
24	Bihar	Bhagalpur
25	Bihar	Rohtas
26	Bihar	Banka
27	Bihar	Buxar
28	Bihar	Kaimur (Bhabua)
29	Bihar	Munger
30	Bihar	Saran
31	Bihar	Aurangabad
32	Bihar	Jamui
33	Bihar	Jehanabad
34	Bihar	Nalanda
35	Bihar	Nawada
36	Bihar	Bhojpur
37	Bihar	Gaya
38	Bihar	Lakhisarai
39	Chhattisgarh	Kawardha
40	Chhattisgarh	Surguja
41	Jharkhand	Lohardaga
42	Jharkhand	Pakaur
43	Jharkhand	Gumla
44	Jharkhand	Pashchimi Singhbhum
45	Jharkhand	Chatra
46	Jharkhand	Dumka
47	Jharkhand	Garhwa

S.no.	Name of State	Name of District
48	Jharkhand	Godda
49	Jharkhand	Sahibganj
50	Madhya Pradesh	Panna
51	Madhya Pradesh	Shivpuri
52	Madhya Pradesh	Barwani
53	Madhya Pradesh	Vidisha
54	Madhya Pradesh	Chhatarpur
55	Madhya Pradesh	Satna
56	Madhya Pradesh	Damoh
57	Madhya Pradesh	Sehore
58	Madhya Pradesh	Dindori
59	Madhya Pradesh	Guna
60	Madhya Pradesh	Raisen
61	Madhya Pradesh	Rewa
62	Madhya Pradesh	Sidhi
63	Madhya Pradesh	Umaria
64	Madhya Pradesh	Sagar
65	Madhya Pradesh	Katni
66	Madhya Pradesh	Shajapur
67	Madhya Pradesh	Tikamgarh
68	Madhya Pradesh	Narsimhapur
69	Madhya Pradesh	Rajgarh
70	Madhya Pradesh	Ratlam
71	Madhya Pradesh	West Nimar
72	Madhya Pradesh	East Nimar
73	Madhya Pradesh	Morena
74	Madhya Pradesh	Seoni
75	Rajasthan	Barmer
76	Rajasthan	Dhauipur
77	Rajasthan	Banswara
78	Rajasthan	Karauli
79	Rajasthan	Jalor
80	Rajasthan	Sawai Madhopur
81	Rajasthan	Udaipur
82	Rajasthan	Dungarpur
83	Rajasthan	Rajsamand
84	Rajasthan	Jaisalmer
85	Rajasthan	Pali
86	Rajasthan	Sirohi
87	Rajasthan	Baran
88	Rajasthan	Bharatpur
89	Uttar Pradesh	Shrawasti
90	Uttar Pradesh	Balrampur
91	Uttar Pradesh	Bahraich
92	Uttar Pradesh	Siddharthnagar
93	Uttar Pradesh	Budaun
94	Uttar Pradesh	Sitapur
95	Uttar Pradesh	Hardoi
96	Uttar Pradesh	Shahjahanpur
97	Uttar Pradesh	Etah
98	Uttar Pradesh	Banda
99	Uttar Pradesh	Gonda
100	Uttar Pradesh	Kaushambi

S.no.	Name of State	Name of District
101	Uttar Pradesh	Kheri
102	Uttar Pradesh	Barabanki
103	Uttar Pradesh	Sant Kabir Nagar
104	Uttar Pradesh	Sonbhadra
105	Uttar Pradesh	Farrukhabad
106	Uttar Pradesh	Bareilly
107	Uttar Pradesh	Moradabad
108	Uttar Pradesh	Chitrakoot
109	Uttar Pradesh	Hamirpur
110	Uttar Pradesh	Firozabad
111	Uttar Pradesh	Pilibhit
112	Uttar Pradesh	Mahoba
113	Uttar Pradesh	Aligarh
114	Uttar Pradesh	J P Nagar
115	Uttar Pradesh	Rampur
116	Uttar Pradesh	Basti
117	Uttar Pradesh	Auraiya
118	Uttar Pradesh	Fatehpur
119	Uttar Pradesh	Bulandshahar
120	Uttar Pradesh	Lalitpur
121	Uttar Pradesh	Mainpuri
122	Uttar Pradesh	Kushinagar
123	Uttar Pradesh	Saharanpur
124	Uttar Pradesh	Rae Bareli
125	Uttar Pradesh	Chandauli
126	Uttar Pradesh	Kannauj
127	Uttar Pradesh	Maharajganj
128	Uttar Pradesh	Bijnor
129	Uttar Pradesh	Muzaffarnagar
130	Uttar Pradesh	Hathras
131	Uttar Pradesh	Allahabad
132	Uttar Pradesh	Azamgarh
133	Uttar Pradesh	Deoria
134	Uttar Pradesh	Jalaun
135	Uttar Pradesh	Unnao
136	Uttar Pradesh	Meerut
137	Uttar Pradesh	Etawah
138	Uttar Pradesh	Baghpat
139	Uttar Pradesh	Sultanpur
140	Uttar Pradesh	Ambedkar Nagar
141	Uttar Pradesh	Faizabad
142	Uttar Pradesh	Agra
143	Uttar Pradesh	Mathura
144	Uttar Pradesh	Ghazipur
145	Uttar Pradesh	Ballia

Annexure 1.2

Monitoring Mechanisms for Mission Parivar Vikas

State Program Implementation Body (SPIB):

List of Members

- Principal Secretary
- Mission Director, NHM
- Director, FP/State FP nodal person
- State IEC officer
- State store manager for FP or equivalent
- 1 Member from State training division (SIHFV)
- 1 Representative from ASHA Cell (SHSRC)/State ASHA Nodal Officer
- 2 Member from media/communication NGO
- 1 Member from IMA
- 2 Members from development partner

Periodicity of Meeting: Bi Monthly or sooner as warranted

Terms of Reference:

- Assess progress of implementation Mission Parivar Vikas at district level
- Address any challenge in implementation and take corrective actions.
- Review the demand generation activities in the states and districts and impact on FP uptake
- Review any adverse event report and adverse media publicity and take remedial actions for same.
- Review the service provision in the identified districts and suggest plan to enhance service delivery in the districts.
- Line listing of service providers and deputing the provider/recruit new provider.
- Ensure the availability of providers in the identified districts for each type of FP services
- Ensure development of training plan as per suggestive strategy and implementation of same
- Review the findings of monitoring visit submitted by Development partners.
- Take immediate corrective actions to ensure supply of commodities and fulfill any logistic requirement.
- Submit implementation status and progress report to GoI on quarterly basis.

District Program Implementation Body (DPIB)

List of Members (DHS can be the main body of District Program Implementation Body with addition of few members, if required)

- District Collector
- CMO and CS
- District FP nodal person
- DPM, DFO
- District IEC officer
- District Store Manager
- District ASHA Community Mobilizer

Periodicity of Meeting: Monthly or sooner as required

Terms of Reference:

- Assess progress of implementation of Mission Parivar Vikas in district
- Address any challenge in implementation and take corrective actions.
- Review the demand generation activities in the districts and impact on FP uptake
- Review any adverse event report and adverse media publicity and take remedial actions for same.
- Review the service provision in the identified facilities and develop plan to enhance service delivery in these facilities.
- Ensure the availability of providers in the identified facilities for each type of FP services
- Ensure implementation of training plan as per suggestive strategy and follow up.
- Review the findings of monitoring visit shared by Development partners and take corrective actions
- Take immediate corrective actions to ensure supply of commodities and fulfill any logistic requirement.
- Submit implementation status and progress report to SPIB on monthly basis.
- Review the audit reports of the activities under Mission Parivar Vikas

Monitoring Indicators:

A: Information and Communication:

SNo.	Indicator	Numerator	Denominator
1.	Percentage of districts implemented Saarthi as per plan	Number of districts implemented Saarthi as per plan	Total number of HFD
2.	Percentage of Saas Bahu sammelan conducted in the districts.	Number of Saas Bahu sammelan conducted in the districts.	Number of Saas Bahu sammelan planned.

B. Service Provision and Training:

SNo.	Indicator	Numerator	Denominator
1.	Percentage of identified facilities in the district providing sterilization services in static manner	Number of facilities providing sterilization services in static manner	Total number of facilities providing sterilization services in static and fixed day manner
2.	Percentage of identified facilities in the district providing IUCD services	Number of facilities providing IUCD services	Number of facilities identified for providing IUCD services
3.	Percentage of facilities operationalized for Injectable contraceptives (Antara program)	Number of facilities providing injectable contraceptive services	Number of facilities planned for injectable (Antara) roll out
4.	Percentage of Districts conducting Quarterly Mission Parivar Vikas Abhiyan	Number of Districts conducting Mission Parivar Vikas Abhiyan in a Quarter	Total number of HFD
5.	Number of sterilization and IUCD reported in Quarterly Mission Parivar Vikas Abhiyan	-	-
6.	Percentage of facilities with condom boxes	Number of facilities with operational condom boxes	Total number of facilities in a district
7.	<ul style="list-style-type: none"> • Percentage of EC adopted Condoms • Percentage of EC adopted IUCD • Percentage of EC adopted oral pills • Percentage of EC adopted injectable (Antara program) • Percentage of EC adopted sterilization 	Number of EC adopted specified method in HFDs	Total number of EC in HFDs
8.	<ul style="list-style-type: none"> • PPIUCD acceptance rate • PPS acceptance rate 	Number of EC adopted specified method in HFDs	Total institutional delivery in the district in HFDs

C. Supply:

SNo.	Indicator	Numerator	Denominator
1	Percentage of facilities reporting stock outs of FP Commodities for more than 15 days (by method)	Number of facilities reporting stock outs of specified method	Total number of facilities in HFDs
2	Percentage of facilities reporting stock out of IP supplies for more than a month (specifically bleaching solution/powder; cidex)	Number of facilities reporting stock outs of specified item	Total number of facilities

MPV FORMAT 4 (for State) (To be submitted to GoI)

Name of State		Quarter		
Name of District				
Total	Total	No. of DH		
	Facilities providing injectable	No. of CHC		
	Total	No. of PHC		
	Facilities providing injectable	No. of SC		
	Total			
	Facilities providing injectable			
	Total			
	Facilities providing injectable			
	Number of revenue villages			
	Number of District level meetings for FP-with BMOs/ BDOs, and line functionaries			
	Number of Block level meetings for FP in quarter			
	Opening balance in reporting quarter	Nayi Pehl- FP kits		
	Received in reporting quarter	Saas Bahu Sammelan		
	Distributed by ASHA in reporting quarter			
	Number of Saas bahu Sammelan conducted in quarter	Condom Boxes		
	Number of participants attended Saas bahu Sammelan			
	Total Number of facilities with condom boxes	Mission Parivar Vikas campaigns (to be filled for the month of Apr, Jul, Oct and Jan)		
	Total Amount Refilled (in pieces) in quarter (Total of all facilities where condom boxes are placed)			
	Balance Quantity left (in pieces) at the end of quarter (Total of all facilities where condom boxes are placed)		SAARTRI	
	Total amount consumed/distributed (in pieces) in the quarter (Total of all facilities where condom boxes are placed)			
	Number of Interval Female sterilization conducted during fortnight			
	Number of PPS conducted during fortnight			
	Number of Male sterilization conducted during fortnight			
	Number of Interval IUCD conducted during fortnight			
	Number of PPIUCD conducted during fortnight			
	Number of blocks covered			
	Number of Pamphlets Distributed			
	Number of clients visited			
	Number of clients counselled			
	Number of condom pieces distributed			
	Number of OCP cycles distributed			
	Number of Centchroman cycles distributed			