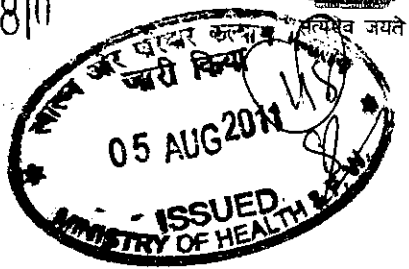




Pl. Issued  
R&T Section  
5/8/11



**Dr. S.K. Sikdar**  
MBBS, MD(CHA)  
Deputy Commissioner  
(Family Planning Division)  
Telefax : 23062427  
email : sikdarsk@gmail.com  
sk.sikdar@nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110108  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110108

BY SPEED POST/ REGD. POST

File No. N-11012/3/2010-FP  
Dated 4<sup>th</sup> August, 2011

To  
Secretary/ Principal Secretary  
Health and Family Welfare,  
(17 states only)

**Subject:** Home delivery of contraceptives (Condoms, OCPs, ECPs) by ASHA at the doorstep of beneficiaries.

Sir/Madam

The Government of India supplies contraceptives such as condoms, oral contraceptive pills, and emergency contraceptive pills to States as part of the free supply and social marketing schemes. However access to these contraceptives is reported to be low because of several causes including delay in making supplies available to sub district level downwards. As such, use of contraceptives in the country has been largely static. On the other hand, unmet need for spacing methods continues to be substantial.

To improve access to contraceptives by the eligible couples, it has been decided to utilize the services of ASHA to deliver contraceptives at the doorstep of households and incentivise her for the effort. To begin with, the initiative is being implemented on a pilot basis in 233 districts in 17 States. Details of the States & the districts are given at annexure I.

In the districts where distribution of contraceptives through ASHA is being introduced, the free supply of contraceptives at PHC and Sub-Centre level would stand withdrawn in the light of the new provision of home delivery of contraceptives by ASHA. However free supply of contraceptives at CHCs, Sub-Divisional and District level hospitals shall continue as before. In the districts and states which are not covered under the pilot, existing system of free supply of contraceptive at all centres shall similarly continue.

Contd. p/2

dc

c/c

**Healthy Village, Healthy Nation**



एड्स - जानकारी ही बचाव है  
Talking about AIDS is taking care of each other

The contraceptives meant for the pilot districts would be supplied by HLL directly to the District CMO or his authorized representative. The States should put in place a proper mechanism to ensure that the contraceptives are supplied from the district level to the PHCs/ Sub-Centres and then to ASHAs timely and regularly.

Supplies have already started and are expected to reach all the pilot districts by September. Necessary steps for further distribution to ASHA and implementation of the scheme may be taken on priority.

The detailed guidelines, roles and responsibilities of various personnel and monitoring modalities are given at Annexure II.

Yours faithfully



Dr. S. K. Sikdar

Deputy Commissioner (Family Planning)

Copy to

1. PS to Hon'ble HFM
2. PS to Secretary (HFW) <sup>SM</sup> <sub>STB</sub>
3. PS to SS & MD (NRHM) — (Pst 10)
4. PS to JS (AG)
5. Mission Director [Arunachal Pradesh, Assam, Bihar, , Chattishgarh, Gujarat, Haryana, HP, J&K, Jharkhand, M.P. Manipur, Meghalaya. Orissa, Rajashtan, Tripura, UP & Utrakhand]
6. Regional Directors (HFW), Govt. of India

d/L

## ANNEXE-I

State		SN		Districts
1	Arunachal Pradesh (3)	1	1	East Kameng
		2	2	Kurung Kumey
		3	3	Upper Subansiri
2	Assam (14)	1	4	Bongaigaon
		2	5	Cacher
		3	6	Darrang
		4	7	Dhemaji
		5	8	Dhubri
		6	9	Goalpara
		7	10	Hailakandi
		8	11	Jorhat
		9	12	Karbi Anglong
		10	13	Karimganj
		11	14	Kokrajhar
		12	15	Nagaon
		13	16	Nalbari
		14	17	North Cachar Hills
3	Bihar (36)	1	18	Arwal
		2	19	Araria
		3	20	Aurangabad
		4	21	Banka
		5	22	Begusarai
		6	23	Bhagalpur
		7	24	Bhojpur
		8	25	Buxar
		9	26	Darbhanga
		10	27	Gaya
		11	28	Gopalgunj
		12	29	Jamui
		13	30	Jehanabad
		14	31	Kaimur
		15	32	Katihar
		16	33	Khagaria
		17	34	Kishanganj
		18	35	Lakhisarai
		19	36	Madhepura
		20	37	Madhubani
		21	38	Muzaffarpur
		22	39	Nalanda
		23	40	Nawada
		24	41	Paschim Champaran
		25	42	Purab Champaran
		26	43	Purnia
		27	44	Rohtas
		28	45	Saharsa
		29	46	Samastipur
		30	47	Saran

	State	SN		Districts
		31	48	Sheikpura
		32	49	Sheohar
		33	50	Sitamarhi
		34	51	Siwan
		35	52	Supaul
		36	53	Vaishali
4	Chhattisgarh (16)	1	54	Bastar
		2	55	Bijapur
		3	56	Bilaspur
		4	57	Dantewada
		5	58	Dhamtari
		6	59	Janjgir-Champa
		7	60	Jashpur
		8	61	Kanker
		9	62	Kawardha
		10	63	Korba
		11	64	Koriya
		12	65	Mahasamund
		13	66	Narayanpur
		14	67	Raigarh
		15	68	Rajnandgaon
		16	69	Surguja
5	Gujarat (6)	1	70	Banas Kantha
		2	71	Dahod
		3	72	Dangs
		4	73	Narmada
		5	74	Navsari
		6	75	Valsad
6	Haryana (1)	1	76	Mewat
7	Himachal Pradesh (3)	1	77	Chamba
		2	78	Kinnaur
		3	79	Lahul & Spiti
8	Jammu & Kashmir (4)	1	80	Doda
		2	81	Poonch
		3	82	Rajauri
		4	83	Udhampur
9	Jharkhand (19)	1	84	Bokaro
		2	85	Chatra
		3	86	Deoghar
		4	87	Dumka
		5	88	East Singhbhum
		6	89	Garhwa
		7	90	Giridih
		8	91	Godda
		9	92	Gumla
		10	93	Hazaribagh
		11	94	Jamtara
		12	95	Kodarma
		13	96	Latehar
		14	97	Lohardaga

State		SN		Districts
10	Madhya Pradesh (34)	15	98	Pakaur
		16	99	Palamu
		17	100	Pashchimi Singhbhum
		18	101	Sahibganj
		19	102	Simdega
		1	103	Anuppur
		2	104	Balaghat
		3	105	Barwani
		4	106	Betul
		5	107	Bhind
		6	108	Chhatarpur
		7	109	Chhindwara
		8	110	Damoh
		9	111	Dewas
		10	112	Dhar
		11	113	Dindori
		12	114	East Nemar
		13	115	Guna
		14	116	Harda
		15	117	Hoshangabad
		16	118	Jhabua
		17	119	Katni
		18	120	Mandla
		19	121	Morena
		20	122	Panna
		21	123	Raisen
		22	124	Rajgarh
		23	125	Ratlam
		24	126	Rewa
		25	127	Satna
		26	128	Sehore
		27	129	Seoni
		28	130	Shahdol
		29	131	Sheopur
30	132	Shivpuri		
31	133	Sidhi		
32	134	Singrauli		
33	135	Tikamgarh		
34	136	Umari		
11	Manipur (4)	1	137	Chandel
		2	138	Churachandpur
		3	139	Tamenglong
		4	140	Ukhrul
12	Meghalaya (5)	1	141	East Garo Hills
		2	142	Jaintia Hills
		3	143	South Garo Hills
		4	144	West Garo Hills
		5	145	West Khasi Hills
13	Orissa (18)	1	146	Anugul
		2	147	Balangir

State		SN		Districts		
		3	148	Bargarh		
		4	149	Boudh		
		5	150	Deogarh		
		6	151	Gajapati		
		7	152	Jharsuguda		
		8	153	Kalahandi		
		9	154	Kandhamal		
		10	155	Kenoujhar		
		11	156	Koraput		
		12	157	Malkangiri		
		13	158	Nabarangapur		
		14	159	Nayagarh		
		15	160	Nuapada		
		16	161	Rayagada		
		17	162	Sambalpur		
		18	163	Sundargarh		
		14	Rajasthan (19)	1	164	Alwar
				2	165	Banswara
3	166			Baran		
4	167			Barmer		
5	168			Bharatpur		
6	169			Bundi		
7	170			Chittaurgarh		
8	171			Churu		
9	172			Dausa		
10	173			Dhaulpur		
11	174			Dungarpur		
12	175			Jaisalmer		
13	176			Jhalawar		
14	177			Jodhpur		
15	178			Karauli		
16	179			Pali		
17	180			Sawai Madhopur		
18	181			Sirohi		
19	182			Udaipur		
15	Tripura (2)	1	183	Dhalai		
		2	184	South Tripura		
16	Uttar Pradesh (45)	1	185	Agra		
		2	186	Aligarh		
		3	187	Auraiya		
		4	188	Bahraich		
		5	189	Balrampur		
		6	190	Banda		
		7	191	Barabanki		
		8	192	Bareilly		
		9	193	Basti		
		10	194	Budaun		
		11	195	Chandauli		
		12	196	Chitrakoot		
		13	197	Etah		

State	SN		Districts	
	14	198	Etawah	
	15	199	Farrukhabad	
	16	200	Fatehpur	
	17	201	Firozabad	
	18	202	Gonda	
	19	203	Hardoi	
	20	204	Hathras (maha Maya Nagar)	
	21	205	Jalaun	
	22	206	Jyotiba Phule Nagar	
	23	207	Kannauj	
	24	208	Kanpur Dehat	
	25	209	Kaushambi	
	26	210	Kheri	
	27	211	Kushinagar	
	28	212	Lalitpur	
	29	213	Maharajganj	
	30	214	Mahoba	
	31	215	Mainpuri	
	32	216	Mathura	
	33	217	Mirzapur	
	34	218	Moradabad	
	35	219	Pilibhit	
	36	220	Rae Bareli	
	37	221	Rampur	
	38	222	Sant Kabir Nagar	
	39	223	Sant Ravidas Nagar	
	40	224	Shahjahanpur	
	41	225	Shrawasti	
	42	226	Siddharth Nagar	
	43	227	Sitapur	
	44	228	Sonbhadra	
	45	229	Unnao	
	17	1	230	Bageshwar
		2	231	Chamoli
		3	232	Pithoragarh
		4	233	Uttarkashi

**DETAILED GUIDELINES & MONITORING MODALITIES  
FOR THE PILOT SCHEME**

**THE SCHEME:**

1. The scheme is being implemented on a pilot basis in 233 districts of 17 States.
2. Under the scheme ASHA would do home delivery of the contraceptives at the doorstep of beneficiaries.
3. In the districts where distribution of contraceptives through ASHA is being introduced, the free supply of contraceptives at PHC and Sub-Centre level would stand withdrawn in the light of the new provision of home delivery of contraceptives by ASHA. The free supply of contraceptives at CHCs, Sub-Divisional and District level hospitals shall continue as before.
4. In the districts and states which are not covered under the pilot, existing system of free supply of contraceptive at all centres shall similarly continue.
5. The supplies for the scheme would continue to be made by the GOI, directly to the pilot districts where the consignee would be the district Chief Medical Officer or equivalent. The state would put in place a suitable mechanism to ensure supply of contraceptives to ASHA on a regular basis.
6. ASHA would make a list of all the eligible couples of her village mentioning the preferred type of contraception and share the data of users with the sub centre as well as the PHC as per proforma attached (Format A).
7. The ASHA shall collect the consignment/ replenish her stock every month from the Block PHC/ CHC / PHC as per the system put in place by the state. Monthly meetings could be one of the opportunities to give the required stock of contraceptives to ASHAs.
8. No transport cost for carrying the contraceptives is admissible as the monthly stock requirement per village would be small enough to be carried in a normal ASHA bag.
9. ASHA would charge Re 1/- for a pack of 3 condoms, Re 1/- for a cycle of OCP and Rs 2/- for a pack of one tablet of ECP, from the beneficiaries as an incentive for her efforts.
10. These packs would be marked:

*"Government of India supply,"  
"For home delivery by ASHA,"  
"Re 1/- for a pack of 3 condoms"  
"Re 1/- for a cycle of OCP"  
"Re 2/- for a pack of one tablet of ECP"*



### MONTHLY REQUIREMENT OF STOCK FOR ASHA:

A tentative monthly requirement of contraceptives needs to be calculated initially, Later on the requirement would be based on actual usage.

E.g.: for a population of 1000 in a village (covered by an ASHA), 17% are assumed to be eligible couples. Considering that the unmet need for spacing in rural areas is 23%, the tentative stock per ASHA comes to 234 pieces of condom per month, i.e. 78 packs of condoms. Additionally a stock of 10 OCPs and 10 ECPs should be given. Subsequent allocation of stocks would be guided by actual sale of contraceptives by ASHAs.

**Important Note: It must be kept in mind that OCPs should be given by ASHAs only after due screening and on advice of ANM/ MO I/C.**

### ROLES AND RESPONSIBILITIES:

#### STATE:

- The state would designate a nodal person to manage and monitor the scheme.
- The state would orient the CMOs of the districts where the scheme is being launched.
- CMOs of the pilot districts would further orient MOs as well as other district officials including the ANMs and ASHAs on the details of the scheme.
- Communication material comprising of banners, posters and leaflets etc. should be developed locally and displayed at all the PHCs and Sub-centers.

#### PHC I/C /ANM:

- MO I/C of PHC would certify ANMs, list of eligible couples and make corrections if necessary.
- Ensure all ASHAs collect supply from designated place.
- Verify ASHAs' performance on a monthly basis.
- Screen the couples for eligibility for OCPs.

#### ASHA:

- Counsel all the eligible couples in her area regarding various contraceptive choices.
- Get the clients screened by the MO/ ANM before selling OCPs to them.
- Prepare and update list of eligible couples in her village as per the following format (Format-A):

Format-A

Sn.	Date	Name of the Woman	Address with contact details	Age	No. of living children	Whether want any more children (yes/No)	Contraceptive usage			Name of ASHA
							Currently using any contraceptive methods (Yes/ No)	If Yes, mention type of contraceptive methods	If No, do they want to use any contraceptive method (yes/No)	

- Deliver contraceptives at door step of the beneficiaries.
- Regularly collect stock from Block/ CHC/ PHC (may vary from state to state based on their own supply chain system).
- Charge the beneficiary at the approved rate as an incentive for her efforts.

**MONITORING OF SCHEME:**

The scheme should be monitored closely at the PHC, CHC and higher levels.

**State Nodal Officer:**

State nodal officer for family planning programme would have the overall responsibility for smooth conduct of this new scheme. He/ She would be responsible for the following tasks:

- Conduct a meeting of all pilot districts and orient them on the new scheme.
- Designate a nodal person in each pilot district for monitoring of the scheme.
- Prepare a list of ASHAs in high focus districts where this scheme would be implemented and make a tentative calculation of yearly demand.
- Collect and compile monthly usage (of contraceptives) report from pilot districts and send a quarterly report to GoI as per the attached format (Format-D).

**District Nodal Officer:**

- Orient all the MOs, ANMs and ASHAs regarding the scheme.
- Ask ASHAs to update list of eligible couples and compile it at district level; this would help in calculating tentative demand.
- Distribute contraceptives (received from GoI) to ASHA as per state specific system.
- Monitor the usage of contraceptives through a format prepared for Block offices
- Send the monthly report to the state.

**MO I/C (Block PHC, CHC, Block Office etc):**

- MO I/C (Block PHC, CHC, Block Office etc.) would distribute contraceptives to ASHAs as per their demand (and also availability of supplies).
- He/she would keep a record (monthly) in prescribed format (Format-B) which would provide information such as stock received, items distributed, number of ASHAs received stock etc:

**Format-B**

Month:  
Block:  
District:

Contraceptives	Opening balance	Stock Received	Stock Distributed	Balance Available	Remarks
Condom					
OCP					
ECP					

This report must be sent to the districts every month which in turn would compile entire districts' data in similar format and send to state.

- Additionally MO I/Cs should keep a register in place which would have records of individual ASHA wise distribution of contraceptives (see format below; Format-C):

**Format-C**

Month:  
District:  
Block:

SN.	Name of ASHA	Address with contact details	Stock Provided			Stock Used			Balance Available			Signature
			CC	OCP	ECP	CC	OCP	ECP	CC	OCP	ECP	
1												
2												
3												
<b>Total</b>												

- Initially this information would be collected on the basis of these formats, later on, if feasible these elements would be added to web based HMIS.
- A quarterly report should be sent to GoI in the following format (Format-D) and information for this format would be taken from above sources available at district and block level:

**Format-D**

Quarter:  
State:

# of districts under the scheme	Number of blocks in these districts	Number of ASHAs involved in the scheme	Opening balance			Stock Received			Stock utilised			Balance available			Remarks
			CC	OCP	ECP	CC	OCP	ECP	CC	OCP	ECP	CC	OCP	ECP	

**Other aspect of monitoring:**

- Initially, it is proposed that state and district nodal officers would carry out fortnightly supervisory visits to pilot districts.
- The scheme should be reviewed closely during regular meeting at state and district level.