Chapter 9

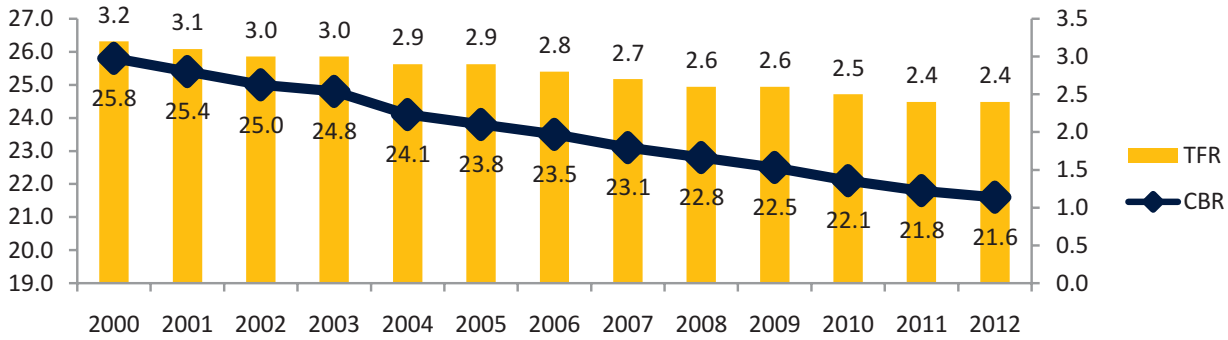
FAMILY PLANNING

9.1 INTRODUCTION

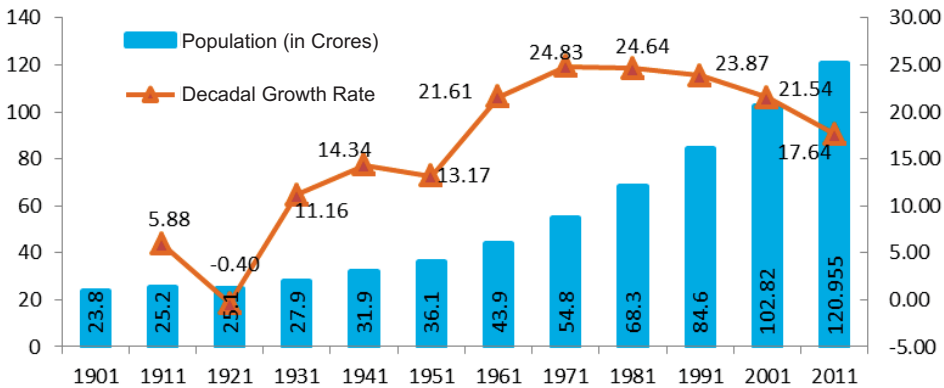
With its historic initiation in 1952, the family planning programme has undergone transformation in terms of policy and actual programme implementation. There occurred a gradual shift from clinical approach to the reproductive child health approach and this holistic and target free approach helped in reduction of fertility.

The target free approach is now reflected in the State project implementation plans based on community needs assessment. Presently the expected level of achievement is estimated for each State by the indicators reflecting the community needs like contraceptive usage, parity, unmet need and existing fertility.

Over the years, the programme has been expanded to reach every nook and corner of the country and has penetrated into PHCs and SCs in rural areas, Urban Family Welfare Centers and Postpartum Centers in the urban areas. Technological advances, improved quality and coverage for health care have resulted in a rapid fall in the Crude Birth Rate (CBR) and growth rate (2011 Census showed the steepest decline in the decadal growth rate.)



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, Family Planning (FP) 2020 Summit and others).



1. Current Scenario of Population and Family Planning in India

Expected increase of population of 15.7% in fifteen years	• From 1210 million in 2011 to 1400 million in 2026.
Decline in TFR	• Helps to stabilize India's population growth which in turn spurs the economic and social progress
Greater investments in family planning	• Helps to mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies • Reduce maternal mortality by 35% • Reduce infant mortality and abortions significantly
Govt. of India's commitment by 2015	• Maternal Mortality Ratio (MMR) to 100/100,000 • Infant Mortality Rate (IMR) to 30/1000 live births • Total Fertility Rate (TFR) to 2.1

2. Factors that Influence Population Growth

Unmet need of Family Planning	• 21.3% as per DLHS-III (2007-08)
Age at Marriage and first childbirth	• 22.1% of the girls get married below the age of 18 years • Out of the total deliveries 5.6% are among teenagers i.e. 15-19 years • Marriages below legal age is more alarming in few States like, Bihar (46.2%), Rajasthan (41%), Jharkhand (36%), UP (33%), and MP (29.2%)
Spacing between Births:	• Spacing between two childbirths is less than the recommended period of 3 years in 57.4% of births (SRS 2012) • 46% of women have spacing less than 30 months
15-24 age group (women)	• 52.5% contribution in total fertility • 46% contribution in maternal mortality

3. Current Demographic Scenario in the Country (Census 2011)

2.4% of world's land mass	• 17.5% of the world's population
1.21 billion	• India's population as per Census-2011
200 million	• Population of Uttar Pradesh - more than the population of Brazil

Census Year	Population (in crores)	Decadal Growth (%)	Average Annual Exponential Growth (%)
1971	54.82	24.80	2.20
1981	68.33	24.66	2.22
1991	84.64	23.87	2.16
2001	102.87	21.54	1.97
2011	121.02	17.64	1.64

Perceptible decline (in last 5 decades)

- Crude birth rate - 40.8 per 1000 in 1951 to 21.6 in 2012.
- Infant mortality rate - from 146 in 1951 to 42 in 2012.
- Total Fertility rate - from 6.0 in 1951 to 2.4 in 2011 (Ref: Appendix -I).
- Steepest decline in growth rate between 2001 and 2011 from 21.54% to 17.64%.
- Decline in 0-6 population by 3.08% compared to 2001.

Population added

- Lesser than the previous decade, 18.14 crores added during 2001-2011 compared to 18.23 crores during 1991-2011.

Significant decline

- There is a 4.1 percentage point fall from 24.99% in 2001 to 20.92% in 2011 in the growth rate of population in the EAG States (UP, Bihar, Jharkhand, MP, Chhattisgarh, Rajasthan, Odisha and Uttaranchal) after decades of stagnation.

4. Progress in TFR

TFR decline

- From 2.9 in 2005 to 2.4 in 2012.
- Decline more significant in High Focus States.

TFR of 2.1 or less

- 23 States and Union Territories

TFR 2.1-3.0

- **10 States-**Haryana-2.3, Gujarat-2.3, Arunachal Pradesh-2.3, Assam-2.4, Chhattisgarh-2.7, Jharkhand-2.8, Rajasthan-2.9, Madhya Pradesh-2.9, Meghalaya-2.9 and Dadara & Nagar Haveli-2.9

TFR above 3.0

- 2 States - Bihar-3.5, Uttar Pradesh-3.3

Note: *refer Appendix - I for details.*

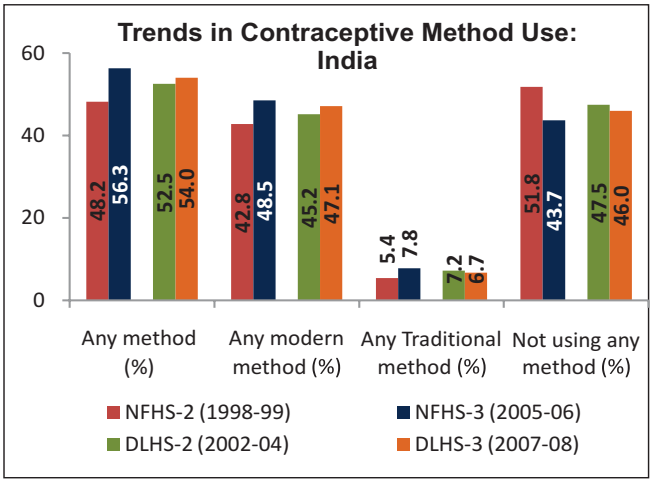
Impact of High Focus Approach of the Government of India- Government of India has categorized States as per the TFR level as very high-focus (more than or equal to 3.0), high-focus (more than 2.1 and less than 3.0) and non-high focus (less than or equal to 2.1)

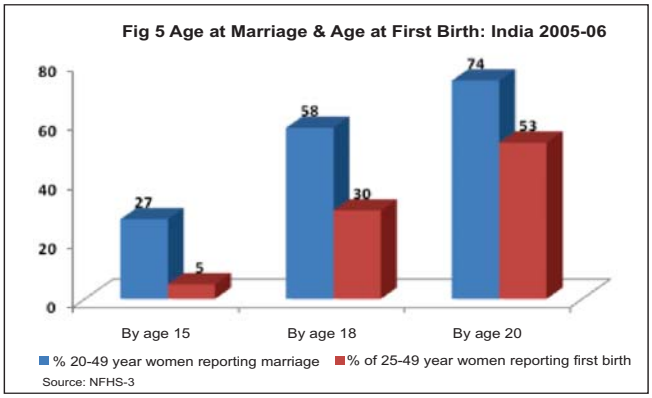
- Decline in TFR
  - All the very high focus States have shown a decline of 0.1 points

Category	State	SRS 2010	SRS 2011	SRS 2012	Point Change
Very High Focus States for Family Planning	Bihar	3.7	3.6	3.5	-0.1
	Uttar Pradesh	3.5	3.4	3.3	-0.1
	Madhya Pradesh	3.2	3.1	2.9	-0.1
	Rajasthan	3.1	3.0	2.9	-0.1
	Jharkhand	3.0	2.9	2.8	-0.1
High Focus States for Family Planning	Chhattisgarh	2.8	2.7	2.7	0.0
	Assam	2.5	2.4	2.4	0.0
	Gujarat	2.5	2.4	2.3	-0.1
	Haryana	2.3	2.3	2.3	-0.1
	Odisha	2.3	2.2	2.1	-0.1

9.2 FAMILY PLANNING SCENARIO (NHFS, DLHS AND AHS)

The last survey figures available are from NFHS-3 (2005-06) and DLHS-3 (2007-08), which are being used for describing current family planning situation in India. 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 marriage and age at first childbirth (which are societal preferences) are also showing good improvement at the national level. The adjoining figure indicates the current position of social determinants of fertility in the country.





AHS survey has been conducted in 9 States (8 EAG States + Assam) which indicates that:

- All the States except Uttarakhand has shown an increase in use of modern contraceptives.

9.3 CURRENT FAMILY PLANNING EFFORTS

Family planning have undergone a paradigm shift and emerged as one of the interventions to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities.

Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. Studies show that if the current unmet need for family planning could be fulfilled over the next 5 years, we can avert 35,000 maternal deaths, 1.2 million infant death, save more than Rs. 4450 crores and save Rs. 6500 crores, if safe abortion services are coupled with increased family planning services. This strategic direction is the guiding principle in implementation of family planning programme in future.

9.3.1 Contraceptive services under the National Family Welfare programme

The methods available currently in India may be broadly divided into two categories, spacing methods and permanent methods. There is another method (emergency contraceptive pill) to be used in cases of emergency.

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

A. Oral contraceptive pills

- These are hormonal pills which have to be taken by a woman, preferably at a fixed time, daily. The strip also contains additional placebo/iron pills to be consumed during the hormonal pill free days. The method may be used by majority of women after screening by a trained provider.

- At present, there is a scheme for delivery of OCPs at the doorstep of beneficiaries by ASHA with a minimal charge. The brand "MALA-N" is available free of cost at all public healthcare facilities.

B. Condoms

- These are the barrier methods of contraception which offer the dual protection of preventing unwanted pregnancies as well as transmission of RTI/STI including HIV. The brand "Nirodh" is available free of cost at government health facilities and supplied at doorstep by ASHAs for minimal cost .

C. Intrauterine contraceptive devices (IUCD)

- Copper containing IUCDs are a highly effective method for long term birth spacing.
- Should not be used by women with uterine anomalies or women with active PID or those who are at increased risk of STI/RTI (women with multiple partners).
- The acceptor needs to return for follow up visit after 1, 3 and 6 months of IUCD insertion as the expulsion rate is highest in this duration.
- Two types:
  - Cu IUCD 380A (10 yrs)
  - Cu IUCD 375 (5 yrs)
- New approach of method delivery- postpartum IUCD insertion within 48 hours of delivery by specially trained providers to tap the opportunities offered by institutional deliveries. Service providers and ASHAs accompanying clients are being provided with incentive of Rs. 150/-.

9.3.1.b Permanent Methods- These methods may be adopted by any member of the couple and are generally considered irreversible.

A. Female Sterilisation

- Two techniques:
  - **Minilap -** Minilaparotomy involves making a small incision in the abdomen. The fallopian tubes are brought to the incision to be cut or blocked. Can be performed by a trained MBBS doctor.
  - **Laparoscopic-** Laparoscopy involves inserting a long thin tube with a lens in it into the abdomen through a small incision. This laparoscope enables the doctor to see and block or cut the fallopian tubes in the abdomen. Can be done only by trained and certified gynaecologist/surgeon.

B. Male Sterilisation

- Through a puncture or small incision in the scrotum, the provider locates each of the 2 vas deference that carries sperm to the seminal vesicle and cuts and then ties the two cut ends. The procedure is performed by MBBS doctors trained in the procedure. However, the couple needs to use an alternative method of contraception for first three months after sterilization till no sperms are detected in semen.
- Two techniques being used in India:
  - Conventional
  - Non-scalpel vasectomy- no incision, only puncture and hence no stiches.

9.3.1.c Emergency Contraceptive Pill

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

9.3.1.d Other Commodities - Pregnancy testing kits

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

9.3.1.e Service Delivery Points

- All the spacing methods, viz. IUCDs, OCPs and condoms are available at the public health facilities beginning from the sub-centre level. Additionally, OCPs condoms, and emergency contraceptive pills (since are not skill based services) are available at the village level also through trained ASHAs.

- Permanent methods are generally available at primary health centre level or above. They are provided by MBBS doctors who have been trained to provide these services. Laparoscopic sterilization is being offered at CHCs and above level by a specialist gynaecologist/surgeon only.
- These services are provided to around 20 crores eligible couples; Details of services provided at different level of:

Family Planning Method	Service Provider	Service Location
Spacing Methods		
IUD 380 A/IUCD 375	Trained & certified ANMs, LHVs, SNs and doctors	Subcentre & higher levels
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Subcentre & higher levels
Condoms	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Subcentre & higher levels
Limiting Methods		
Minilap	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
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
Emergency Contraception		
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level, Subcentre & higher levels

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

9.3.2 The Salient Features of the Family Planning Programme

A. On-going interventions:

- More emphasis on Spacing methods like IUCD.
- Availability of Fixed Day Static Services at all facilities.
- Emphasis on minilap tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/surgeons.
- A rational human resource development plan is in place for provision of IUCD, minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion.
- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels.
- Accreditation of more private/NGO facilities to increase the provider base for family planning services under PPP.
- Increasing male participation and promoting Non-Scalpel Vasectomy.

- Compensation scheme for sterilization acceptors - under the scheme of Ministry of Health & Family Welfare provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilisations.
- 'National Family Planning Indemnity Scheme' under which clients are indemnified in the eventualities of deaths, complications and failures following sterilization. The providers/accredited institutions are indemnified against litigations in those eventualities.
- Improving contraceptives supply management up to peripheral facilities.
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities.
- Strong political will and advocacy at the highest level, especially in states with high fertility rates.

B. New interventions to improve access to contraception:

Home Delivery of Contraceptives (HDC):

- A new scheme has been launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The scheme was launched in 233 pilot districts of 17 States on 11 July 2011 and is now expanded to the entire country from 17th Dec 2012.
- ASHA is charging a nominal amount from beneficiaries for her effort to deliver contraceptives at doorstep i.e. Rs. 1 for a pack of 3 condoms, Rs. 1 for a cycle of OCPs and Rs. 2 for a pack of one tablet of ECP.

C. Ensuring Spacing at Birth (ESB)

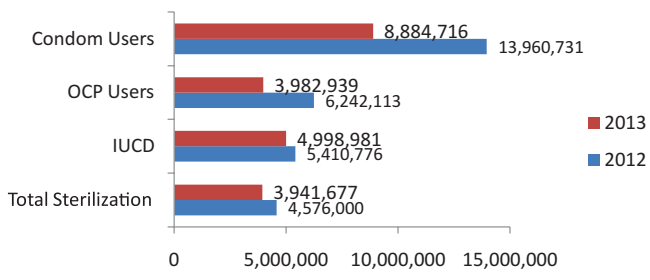
- Under a new scheme launched by the Government of India, services of ASHAs to be utilised for counselling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child. The scheme is operational in 18 States (EAG, North-Eastern and Gujarat and Haryana). ASHA would be paid following incentives under the scheme:
  - o Rs. 500/- to ASHA for delaying first child birth by 2 years after marriage.
  - o Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child.
  - o Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only.
- Ministry of Health & Family Welfare has introduced short term IUCD (5 years effectivity), Cu IUCD 375 under the National Family Planning programme. Training of State level trainers has already been completed and process is underway to train service providers up to the sub-center level.
- A new method of IUCD insertion (post-partum IUCD insertion) has been introduced by the Government.
- Promoting Post-partum Family Planning services at district hospitals by providing for placement of dedicated Family Planning Counsellors and training of personnel.

D. Pregnancy Testing Kits

- Nishchay-Home based pregnancy test kits (PTKs) was launched under NRHM in 2008 across the country.
- The PTKs are being made available at subcenters and to the ASHAs.
- The PTKs facilitate the early detection and decision making for the outcomes of pregnancy.

9.3.3 Progress made under Family Planning Programme

Service Delivery 2012-13- The performance of family planning services during 2012 and 2013 (provisional figures) is provided below (source: HMIS):



- Number of IUCDs and sterilisations has remained static in spite of declining CBR and TFR. There is a need to sustain momentum to reach the replacement level fertility.
- Considering the current efforts to focus on spacing, it is expected that IUCD performance would increase in near future.
- State wise sterilisation and IUCD achievements is provided at **Appendix-2**.

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

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

"Alternative Training Methodology in IUCD" using anatomical, simulator pelvic models incorporating adult learning principles and humanistic training technique was started in September 2007 to train service providers in provision of quality IUCD services.

Actions taken and achievements:

- Approval of around Rs. 39.28 crores in 2013-14 PIP for IUCD training.
- HLFPPT has been engaged to support States to conduct interval IUCD training and also post training follow-up of trained personnel. HLFPPT would also follow-up sample cases of IUCD insertion to ensure retention.
- Directive has been issued to the States to notify fixed days/ per week at SHC and PHC level for conducting IUCD insertions.
- Introduction of Cu IUCD-375 (5 years effectivity) under the Family Planning Programme:
  - Training of State master trainers completed in December 2011.
  - Sample Cu IUCD 375 despatched to States for conducting district level training
  - Funds approved under PIP for conduct of training and orientation of other staff

9.3.5 Emphasis on Postpartum Family Planning (PPFP) services:

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

Actions taken and achievements:

- **Strengthening Post-Partum IUCD (PPIUCD)** services at high case load facilities:
  - Currently the focus is on placement of trained providers for PPIUCD insertion at district and sub-district hospital level only, considering the high institutional delivery load at these facilities.
  - Jhpiego is providing technical support to 6 high focus states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh) to train service providers at DH and SDH level.
  - Around Rs. 3.10 crores has been approved for training in PPIUCD.
  - Total PPIUCD insertions for the year 2013-14 have been 3,24,974.
- **Appointing dedicated counsellors at high case load facilities:**
  - Ministry of Health & Family Welfare has decided to appoint counsellors at all high case load facilities to provide counselling services in following areas:

- Post-partum Family Planning (IUCD and Sterilisation)
- Other family planning methods such as condoms, pills etc.
- Ensuring healthy timing and spacing of pregnancy
- Mother & baby care
- Early initiation of breast feeding
- Immunization
- Child nutrition.

o Government of India has approved around Rs. 8.07 crores for appointment of 1301 counsellors.

9.3.6 Assured delivery of family planning services

9.3.6.a *Fixed Day Services (FDS) for IUCD Insertion*: Decision has been taken to ensure fixed days IUCD insertion services at the level of SC and PHC (at least 2 days in a week).

9.3.6.b F*ixed Day Static Services in Sterilisation at facility level*:

- Operationalization of FDS has following objectives:
  - o To make a conscious shift from camp approach to a regular routine services;
  - o To make health facilities self-sufficient in provision of sterilization services and
  - o To enable clients to avail sterilization services on any given day at their designated health facility.

FDS Guidelines for sterilization services

Health Facility	Minimum frequency
District Hospital	Weekly
Sub District Hospital	Weekly
CHC/Block PHC	Fortnightly
24×7 PHC/PHC	Monthly

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

9.3.6.c *Camp approach for sterilization services* is continued in those States where operation of regular fixed day static services in sterilization takes longer time duration.

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

Actions taken and achievements:

- In year 2013-14 all the States have shown their commitment to strengthen fixed day family planning services for both IUCD and sterilisation and it has been included under quarterly review mechanism to assess progress made by the States:-

Fixed Day FP Services: 2013-14

S.No.	State	Fixed Day Services for IUCD	Fixed Day Services for Sterilisation
1	Bihar	Twice weekly at PHC-534 & RH-149. HSC-534	FS:PHC-534, RH-149 MS: DH-25, SDH-20, PHC-50
2	Chhattisgarh	124 Sites	FS: 15 DH twice a week, 106 CHC fortnightly
3	Himachal Pradesh	All DHs	All DHs
4	Jammu & Kashmir	480 Facilities Twice/week in CHC'S and FRU'S	Daily at All DHs & CHC-138 Facilities
5	Jharkhand	21 DH, 120 CHC, 113 PHC, 678 HSC	All DHs
6	Madhya Pradesh	3 days a week in DH & CH, 2 days a week in CHC, once a week in SHC	Daily at DH, 6 days at CH, 2 days a week in CHC & PHC
7	Odisha	All DPs upto CHC level + 15% of PHC(N)s & SCs (1187 institutions)	DPs - 128 Other DPs - 146
8	Rajasthan	Every Tuesday & Friday at Sub Centre (12701) & PHC (1612)+50(City)	Both FS & MS on every Wednesday at 249 block level CHCs (including DH, SDH & SH)

9	Uttar Pradesh	Once a week in PHC & SHC	Daily in DH and Twice a week in CHC
10	Uttarkhand	SHC (once/week) - 1765 PHC (twice/week) - 239	27 (12 DH, 10 SDH, 5 FRU)
North East States			
1	Arunachal Pradesh	75 PHCs & 49 CHCs and 14 DH/GH	FS: 35 DPs MS: 13 FRUs
2	Assam	SC-2356; DH-21; SDCH-10; CHC-50; PHC-30	21 DHs- FS; 21 DH+15 FRUs- MS
3	Manipur	40 HSC, 16 CHC, 9 DH, 30 PHC	FS & MS : PPS Churchaderpur, RIMS Imphal, Imphal West, SD kakchin
4	Meghalaya	100SC + Daily at 8 DH, Weekly at PHCs + 20 CHCs	FS: Daily at 6 DH + 1 MCH Tura & 3 CHCs MS: 2 (Jeldupara PHC & Civil Hospital Shillong)
5	Mizoram	SDH-2, CHC-9, PHC-40, at least 2 days per week	DH, CHC, PHC-1 per week
6	Nagaland	3 time a week at DH, once a week at CHC & 24x7 PHC (PHC 125; CHC 21; DH 11)	FS-All DHs MS- 4 DH
7	Sikkim	Daily at SHC	All DHs
8	Tripura	2 days In a week CHCs and once weekly in PHC & once in a week in 8 HSC	For Both FS & MS at 2SHs & 3 DHs
Non High Focus Large States			
1	Andhra Pradesh	SHC - 301; ; PHC - 29; CHC - 25	FRU - 13 (MS & FS); 24x7 - 29 (FS)
2	Goa	Not Available	FS: Every Friday at 2 DHs, 1SDH, 4 CHCs MS: No FDS
3	Gujarat	PHC - 104 SHC - 688	FS (104-PHCs & 136-DH/ FRUs) MS (45-DH / SDH)
4	Haryana	Daily at all DH, SDH and CHC. Weekly at PHC Twice weekly at 2360 SC	All DH+All FRU+ 50% PHC per district
5	Karnataka	Twice weekly at SC & PHC	DH & FRUs
6	Kerala	Weekly @ PHC + CHC	DH + 1 SDH/ FRU per dist
7	Maharashtra	8211 SC & 1578 PHC	23 DH, 11 WH, 4 GH, 81 SDH, 368 RH, 1811 PHC
8	Punjab	23 DH, 35 SDH and 114 CHCs	170 facilities
9	Tamilnadu	Weekly once at 8706 HSC & Daily PHCs (1614), PPCs(110) & UFWCs (108)	FS- Daily-225 (Med College, DH & SDH), Weekly twice - 70 (SDH-Non Taluk), Weekly once-360 (Upgraded PHC & Block PHC), Once in 15 days - 48 H Facilities, Once in a month - 106 H Facilities. MS: 195 (DH, SDH & MCH)
10	West Bengal	7820 Centres	All DHs
Union Territories			
1	A&N Islands	All SCs	FS& MS: All DHs
2	Chandigarh	Daily in GMSH-16 & GMCH-32	FS: Daily in GMSH-16 & GMCH-32, CHC-22(wed & sat) MS: Tue & Thurs in GMSH-16 & GMCH-32

3	D&N Haveli	Twice weekly at all SC and Daily at DH	FS: Daily at DH MS: As & when client comes
4	Daman & Diu	All SC	All DH
5	Delhi	MH, SDH & DH provide 6 days/week Dispensaries,Seed PUHC & M&CW centres 5 days/week	FS & MS: Daily at 9 DHs & 49 SDH
6	Lakshadweep	To provide services in all 10 Island Facilities	To provide services in all 10 Island Facilities
7	Puducherry		All DH

- Recent field visits and review missions to the States reveal that most of the facilities at the level of CHC and above have been operationalised for providing FP services on fixed day basis.
- Analysis of the data available from HMIS for 2013-14 reveals that:
  - o Around 67% of NSVs are conducted at PHC and CHC level.
  - o Majority of minilap sterilisations (32.7%) are conducted at PHC level followed by 28.2% at CHC level.
  - o Majority of laparoscopic sterilisation (42%) is conducted at CHC level.
  - o As anticipated around 39% of the PPS is reported at DH/SDH level since majority of institutional deliveries are conducted at these facilities; however, this needs to increase at PHC and CHC level as well.

9.3.7 Quality assurance in Family Planning

Quality assurance in family planning services is the decisive factor in acceptance and continuation of contraceptive methods and services. The Hon'ble Supreme Court of India in its Order dated 1.3.2005 in Civil Writ Petition No. 209/2003 (Ramakant Rai V/s Union of India) has, inter alia, directed the Union of India and States/UTs for ensuring enforcement of Union Government's Guidelines for conducting sterilization procedures and norms for bringing out uniformity with regard to sterilization procedures by:

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

Actions taken and achievements:

The Ministry of Health & Family Welfare developed various standards/manuals/guidelines and directed the States to adhere to the same to ensure quality of service provision, which are as follows:

- **Standards for Female and Male Sterilisation Services (2006):**
  - o It sets out the criteria for eligibility, physical requirements, counselling, informed consent, preoperative, postoperative, and follow-up procedures and procedures for management of complications and side effects.
- **Quality Assurance Manual for Sterilization Services (2006):**
  - o It sets out modalities for formation of Quality Assurance Committees (QACs) at State and District whose main functions include:

- Empanelment of doctors for sterilization procedures
- Accreditation of private/NGO facilities
- Review/report post sterilization deaths/ complications/failures

- **Standard Operating Procedure (SOP) for Sterilisation Services in camps (2008)**
- **Fixed Day Static approach for Sterilization Services (2008)**
- **IUCD Reference Manual:** Comprehensive manual for the interval IUCD and PPIUCD insertion
- **Comprehensive manual on female sterilization**
- **Comprehensive manual on male sterilization**
- **Family Planning Indemnity Scheme:**
  - o For the acceptors of Sterilization for treatment of post-operative complications, failure or death attributable to the procedure of sterilization. The manual has been revised in 2013.
- Ministry of Health & Family Welfare, Family Planning Division has recruited technical experts to support states in improving delivery of quality services

9.3.8 Other promotional schemes:

9.3.8.a Revised compensation scheme for acceptors of sterilization:

- Government has been implementing a Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the medical facility for undergoing sterilization. This compensation scheme for acceptors of sterilization services was revised with effect from 31.10.2006 and has been further improved with effect from 07.09.2007. Breakup of compensation scheme provided below:

For Public (Govt.) facilities:

	Breakup of the Compensation package	Acceptor	Motivator	Drugs & dressing	Surgeon charges	Anaes thetist	Staff nurse	OT technician/ helper	Refresh ment	Camp manage ment	Total
High focus States	VAS-ALL TUB-ALL	1100 600	200 150	50 100	100 75	- 25	15 15	15 15	10 10	10 10	1500 1000
Non High focus States	VAS-ALL TUB (BPL + SC/ ST only)	1100 600	200 150	50 100	100 75	-- 25	15 15	15 15	10 10	10 10	1500 1000
	TUB (APL)	**250**	**150**	**100**	**75**	**25**	**15**	**15**	**10**	**10**	**650**

For Private Facilities:

Category	Type of operation	Facility	Motivator	Total
High focus States	Vasectomy (ALL)	1300	200	1500
	Tubectomy (ALL)	1350	150	1500
Non High focus States	Vasectomy (ALL)	1300	200	1500
	Tubectomy (BPL + SC/ST)	1350	150	1500

9.3.8.b National Family Planning Indemnity Scheme (NFPIS):

With effect from, 01.04.2013, it has been decided that States/UTs would process and make payment of claims to accepters of sterilization in the event of death/failures/ complications /Indemnity cover to doctors/health facilities performing sterilization procedure. The States/UTs would make suitable budget provisions for implementation of the scheme through their respective State/UT Programme Implementation Plans (PIPs) under the National Rural Health Mission (NRHM) and the scheme is renamed as "Family Planning Indemnity Scheme".

9.3.8.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 District Quality Assurance Committees (DQAC).
- Top five and bottom five States in terms of sterilisation services at private facilities:

S. No.	State	Sterilisation at private facilities (%)		
		2012-13	2013-14	Change (% point)
Top five States				
1	Kerala	48.44	48.08	-0.4
2	Tamil Nadu	36.87	36.26	-0.6
3	Daman & Diu	32.35	34.55	2.2
4	Gujarat	20.83	33.99	13.2
5	Dadra & Nagar Haveli	13.88	29.14	15.3
Bottom five States				
1	Himachal Pradesh	0.60	0.40	-0.2
2	Odisha	0.30	0.86	0.6
3	Uttar Pradesh	9.43	1.05	-8.4
4	Jammu & Kashmir	0.24	2.11	1.9
5	Madhya Pradesh	8.24	3.66	-4.6
	INDIA	**20.80**	**16.80**	**-4.00**

9.3.8.d Scheme of Home delivery of contraceptives by ASHAs at doorstep of beneficiaries:

- Community based distribution of contraceptives by involving ASHAs and focused IEC/BCC efforts are undertaken for enhancing demand and creating awareness on family planning. To improve access to contraceptives by the eligible couples, services of ASHA are utilised to deliver contraceptives at the doorstep of beneficiaries. The scheme has been rolled out in all the districts of the country.
- 3 independent agencies evaluated the scheme and following points emerged out of it:
  - Majority (62%) respondents have heard of the scheme from ASHA. In other words, ASHA has been communicating on the scheme to the community;
  - Nearly, 78 % of those she visited, said that ASHA was able to explain and counsel on the use of contraceptives;
  - 95% of the women beneficiaries (interviewed) were completely satisfied with the Scheme;
  - 65 % of those who procured from ASHA cited easy access as the reason. In other words, ASHA is emerging as an important source on account of her easy access;
  - Of the respondents who were provided contraceptives by ASHA, 53 % were willing to pay;
  - 86% ASHAs believed that the Scheme including payments will be successful in the longer term;
  - 50% of the ASHAs indicated positive community response and
  - ASHAs feel empowered and have expressed confidence in distributing contraceptives to beneficiaries, irrespective of receiving any payment by beneficiaries.

9.3.9 Celebration of World Population Day & fortnight (July 11-24, 2013)

- For the first time, the World Population Day (WPD) was celebrated in the country in all States (except Assam) in 6348 blocks of 649 districts in all the States.

- The event was observed over a month long period, split into an initial fortnight of mobilization/ sensitization followed by a fortnight of assured family planning service delivery.
  - o **June 27 to July 10, 2013 "Dampati Sampark Pakhwada"** or "Mobilisation Fortnight" was organised.
  - o **July 11 to July 24, 2013 "Jansankhya Sthirtha Pakhwada"** or "Population Stabilisation Fortnight" was organised.

Key findings:

- Overall performance during the fortnight (11th to 24th July 2013) is placed below:

S.No.	Method	2012	2013
1	Female Sterilisation	201715	157431
2	Male Sterilisation	16873	8130
	Total Sterilisation	**218588**	**165561**
3	IUCD Insertion	435986	350642

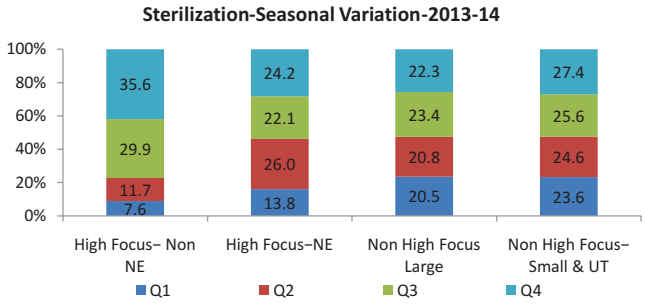
The total sterilization which took place during the WPD was 1.66 lakhs (1.6 lakhs female sterilizations and 8130 Male Sterilizations). Bihar was the highest performing State with total female sterilizations at 35,314 followed by Andhra Pradesh (22,101) and Odisha (20,661). The total Male sterilizations was highest in Chhattisgarh at 2389 followed by Uttar Pradesh (1070) and West Bengal (815). The total IUCD inserted were 3.5 lakhs. The highest was in Uttar Pradesh (61,466) followed by Bihar (49,375) and Rajasthan (45581).

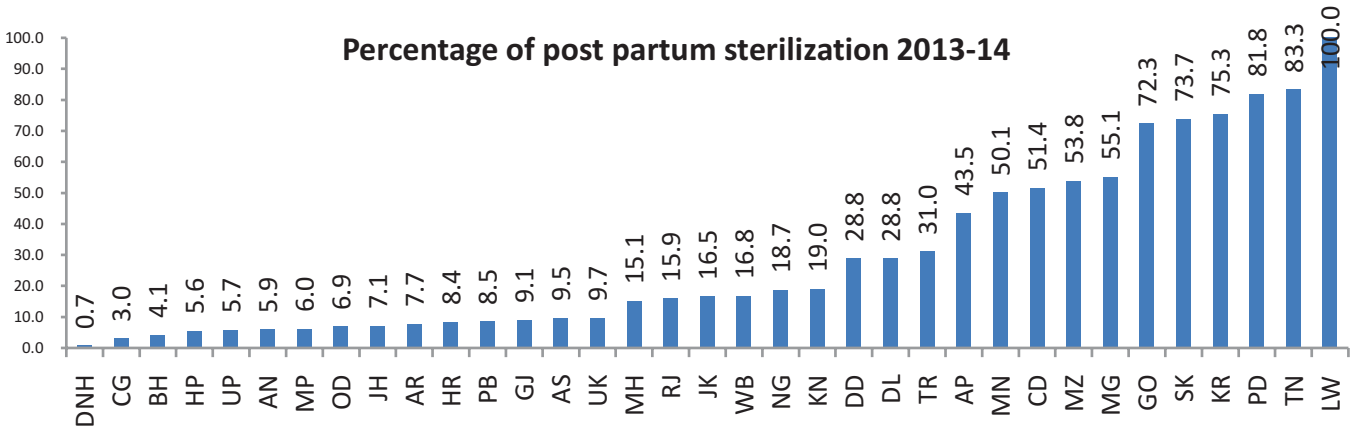
- In the past 3 years, with intensive advocacy/ awareness campaign during the WPD and linked with assured service delivery has resulted in breaking the seasonal phenomenon of conducting sterilisations only in the winter months, in the country.
- The awareness campaigns have highlighted the positive impact of Family Planning on maternal and child health in addition to population stabilisation.

9.4 KEY CHALLENGES & OPPORTUNITIES

9.4.1 Unavailability of regular sterilization services:

- The access to sterilization services at sub-district level is restricted due to poor implementation of FDS approach, especially so in high focus States with high TFR and high unmet need due to:
  - o lack of trained service providers specially in minilap & NSV at the CHCs and PHCs
  - o Lack of willingness to plan for provision of services across the year
  - o poor facility readiness.





- Above chart clearly reflects that majority of sterilisations in high focus States (65.5%) are conducted in last 2 quarters.
- NE States are relatively better; however, sterilisation services are not equally distributed across year.
- Southern States provide uniform services around the year which also reflects on their outcomes.

9.4.2 Increased institutional delivery vs PPFP:

- The huge potential for postpartum contraception offered by the increasing number of 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 following figure, which shows that in high focus States postpartum sterilization is very low (2-20%) as compared to 70-80% in non-high focus States like Kerala and Tamil Nadu:

9.4.3 Inadequate attention to spacing methods

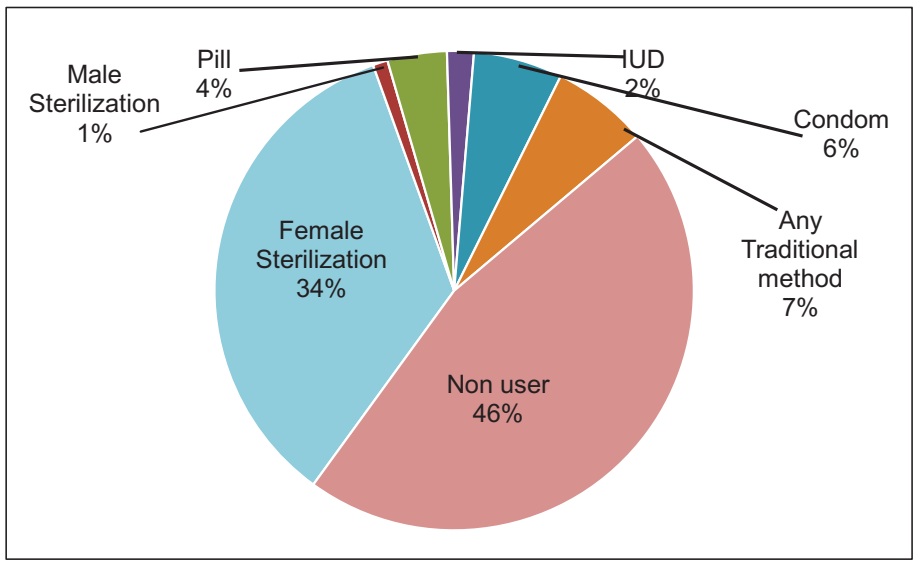
- Low use of spacing methods is evident by most States of India, despite high unmet need in spacing. According to DLHS 3, all the spacing methods together account for just around 25.5% of the current contraceptive use compared to 74.5% by female & male sterilizations put together as evidenced in adjoining pie chart.
- Latest survey data of AHS 2011 reflects that the Districts/States with very good CPR for modern methods have not focused on IUCD and it is highly skewed towards female sterilization.

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.

9.4.4 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.

9.5 FUTURE STRATEGIES

- Greater emphasis on spacing methods:
  - o Interval and Post-partum IUCD training
  - o Strengthening fixed day IUCD services
- Focus on revitalising Post-partum FP delivery system through strengthening district hospitals in focused States to provide PPFP services along with good counselling.
- Strengthening management systems at National, State, District and Block levels by infusing public health management professionals at these levels.
- Addressing social determinants such as education, delay age at marriage etc. through communication.
- Strengthening contraceptive supply and availability at every level.



Appendix 1: State wise Survey Data

S. No.	States	Total Fertility Rate (TFR) (SRS)		Infant Mortality Rate (IMR) (SRS)	Maternal Mortality Ratio (MMR) (SRS)	Crude Birth Rate (CBR) (SRS)	% of currently married women (15 - 49) using contraception				Total Unmet Need for Family Planning (%)	
		SRS 2012	AHS 2011	SRS 2012	SRS 2010-12	SRS 2012	Any Method (%)		Modern Method (%)		2007-08 (DLHS III)	AHS 2011
							DLHS III	AHS 2011	DLHS III	AHS 2011		
	ALL INDIA	**2.4**		**42**	**178**	**21.2**	**54**		**47.1**		**21.3**	
1	A&N Islands	1.6*		24	..	..	..		..		..	
2	Andhra Pr	1.8		41	110	20.6	65.3		65.1		8.5	
3	Arunachal Pr	2.3*		33	..	..	52		49		14.3	
4	Assam	2.4	2.4	55	328	21.4	49.7	65.1	31.2	37.9	24.3	15.9
5	Bihar	3.5	3.6	43	219	20.8	32.4	43	28.4	38.2	37.2	33.5
6	Chandigarh	1.7*		20	..	..	75.6		70.7		8.3	
7	Chhattisgarh	2.7	2.8	47	230	20.6	49.7	58.6	47.1	55.4	20.9	24.8
8	DNH	2.9*		33	..	..	..		..		..	
9	Daman & Diu	2.0*		22	..	..	..		..		..	
10	Delhi	1.8		25	..	22.9	66.1		55.5		13.9	
11	Goa	1.4*		10	..	..	45		35.9		28.8	
12	Gujarat	2.3		38	122	21.4	61.6		54.3		16.5	
13	Haryana	2.3		42	146	21.1	62		54.5		16	
14	HP	1.8		36	..	22.4	70.2		68.1		14.9	
15	J & K	1.9		39	..	24.6	54.1		41.2		21.6	
16	Jharkhand	2.8	2.9	38	219	20.2	34.9	56.5	30.8	43.9	34.7	22.6
17	Karnataka	1.9		32	144	21.4	61.8		60.8		15.8	
18	Kerala	1.8		12	66	22.9	62.3		53.1		16.8	
19	Lakshadweep	1.6*		24	..	..	..		..		..	
20	Madhya Pr.	2.9	3.1	56	230	20.8	56.2	63.4	53.1	59.3	19.3	21.6
21	Maharashtra	1.8		25	87	20.7	63.8		62.6		14.2	
22	Manipur	1.5*		10	..	..	..		..		..	
23	Meghalaya	2.9*		49	..	..	22.9		16.8		32.7	
24	Mizoram	1.7*		35	..	..	53.9		53.5		16.7	
25	Nagaland	1.8*		18	..	..	..		..		..	
26	Odisha	2.1	2.3	53	235	21.2	47	59.4	37.8	46.8	24	19.1
27	Puducherry	1.8*		17	..	..	59.4		57.5		19.8	
28	Punjab	1.7		28	155	22.6	69.3		62.9		11.9	
29	Rajasthan	2.9	3.1	49	255	20.6	57	66.4	54	59.4	17.9	12.6
30	Sikkim	1.7*		24	..	..	71.1		61.1		16.1	
31	Tamil Nadu	1.7		21	90	22.4	59.9		57.8		19.4	
32	Tripura	1.4*		28	..	..	68.5		40.8		12.8	
33	UP	3.3	3.4	53	292	21.3	38.4	58.6	26.7	37.3	33.8	24.1
34	UK	2.1*	2.1	34	292	..	72.7	61.7	53.3	54.1	11.6	18.1
35	West Bengal	1.7		32	117	20.5	72.7		53.3		11.6	

Source: *TFR, IMR, MMR, CBR, CDR - SRS estimates, RGI; Rest - District Level Household Surveys, 2007-08*
**SRS 2010 Estimates*

Appendix 2: Number Sterilisations and IUCDs by States: 2013-14

States	Female Sterilisation	Male Sterilisation	Total Sterilisation	IUCD Insertions
Bihar	400,294	2,443	402,737	361,109
Chhattisgarh	121,887	4,344	126,231	88,783
Himachal Pradesh	19,139	2,106	21,245	20,687
Jammu & Kashmir	15,560	638	16,198	18,640
Jharkhand	97,117	5,358	102,475	92,241
Madhya Pradesh	343,442	6,378	349,820	370,168
Odisha	134,356	1,878	136,234	138,696
Rajasthan	285,767	3,481	289,248	366,198
Uttar Pradesh	256,591	16,243	272,834	1,081,381
Uttarakhand	22,626	1,224	23,850	88,170
Arunachal Pradesh	1,201	2	1,203	2,952
Assam	48,585	4,066	52,651	84,541
Manipur	739	130	869	4,837
Meghalaya	2,493	14	2,507	4,437
Mizoram	1,732	0	1,732	2,818
Nagaland	1,771	15	1,786	3,803
Sikkim	167	49	216	1,441
Tripura	5,389	23	5,412	984
Andhra Pradesh	300,042	8,867	308,909	192,433
Goa	2,676	14	2,690	1,399
Gujarat	242,368	1,792	244,160	531,583
Haryana	68,909	4,158	73,067	184,559
Karnataka	300,620	1,813	302,433	179,508
Kerala	96,173	1,803	97,976	56,619
Maharashtra	525,187	17,862	543,049	398,519
Punjab	60,038	3,986	64,024	215,619
Tamil Nadu	253,516	1,182	254,698	325,942
West Bengal	202,739	5,871	208,610	110,764
A &N Islands	1,050	1	1,051	621
Chandigarh	2,088	74	2,162	3,940
Dadra & Nagar Haveli	1,494	2	1,496	504
Daman & Diu	382	3	385	252
Delhi	17,421	1,364	18,785	57,676
Lakshadweep	37	0	37	49
Puducherry	8,415	2	8,417	5,198
MO Railways	1314	92	1,406	933
TOTAL	**3,843,325**	**97,278**	**3,940,603**	**49,98,004**

9.6 NATIONAL FAMILY WELFARE PROGRAMME

The Department of Health and Family Welfare is responsible for implementation of the National Family Welfare Programme by, interalia, encouraging the utilization of contraceptives and distribution of the same to the States/UTs through Free Supply Scheme and Social Marketing Scheme. Under Free Supply Scheme, contraceptives, namely Condoms, Oral Contraceptive Pills, Intra Uterine Device (Cu-T), Emergency Contraceptive Pills and Tubal Rings are procured and supplied free to the States/UTs.

The channel for supply of these contraceptives under Free Supply Scheme is Government network comprising Sub-Centres, Primary Health Centres, Community Health Centres and Government Hospitals, State AIDS Control Societies throughout the country.

Procurement Procedures: Orders are placed on HLL Life Care Ltd. (PSUs) for procurement of contraceptives being manufactured by them as per Government instructions. For the remaining quantities, tenders are solicited from the firms through Advertised Tender Enquiries for concluding Rate Contracts. Rate Contracts are concluded with the manufacturers and Supply Orders are placed upon them as per their competitive rates and the capacity to manufacture the items.

Quality Assurance: Manufacturers do in-house testing of stores before offering them for inspection. At the time of acceptance of stores, all the batches are tested and thereafter stores are supplied to the consignees.

The quantities given to the States under Free Supply Scheme during the last three years and the current year (upto September, 2013) along with the budget utilized are given in the following table.

Quantities supplied to States/UTs

Contraceptives	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)
Condoms (In million pieces)	290.137	295.000	367.866	234.271
Oral Pills (In lakh cycles)	237.998	298.135	226.793	205.573
IUDs (In lakh pieces)	90.000	73.500	87.508	34.005
Tubal Rings (In lakh pairs)	34.534	30.359	31.22	18.274
ECP (in lakh packs)	21.540	18.300	75.919	14.098
Pregnancy Test Kits (in lakhs)	211.74	21174	222.186	0.00

Budget Utilization

(Rs. in crore)

Contraceptives	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)
Condoms	44.420	53.327	66.499	42.349
Oral Pills	7.973	9.697	8.4140	7.627
IUDs	17.721	15.986	18.630	7.206
Tubal Rings	4.403	4.372	4.4962	2.631
ECP	1.723	0.485	1.898	0.374
Pregnancy Test Kits	22.89	22.890	21.05	NIL

9.6.1 Social Marketing Scheme

The National Family Welfare Programme initiated the Social Marketing of condoms in 1968 and that of Oral Pills in 1987. Under the Social Marketing Programme, both Condoms and Oral Pills are made available to the people at highly subsidized rates, through diverse outlets. The extent of subsidy ranges from 70% to 85% depending upon the procurement price in a given year. Both these contraceptives are sold through Social Marketing Organizations (SMOs).

The SMOs are given Deluxe Nirodh condom at Rs. 2.00 per packet of 5 pieces and this is sold @ Rs. 3/- per packet of 5 pieces to the consumer. One cycle of Oral Pills, which is required for one month, is given to the SMOs @ Re. 1.60/- and it is sold to the consumer @ Rs. 3/- per strip (cycle) under the brand name-"Mala -D". Under the Social Marketing programme, currently Government brands and different SMO brands of condoms and OCPs are sold in the market. Based on the recommendation of the Working Group on Social Marketing of Contraceptives, SMOs have the flexibility to fix the price of branded condoms and OCPs within the range fixed by the Government.

9.6.1.a Sale of Condoms (Quantity in Mcps)

S. No.	Social Marketing Organisation	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)*
1.	HLL Lifecare Ltd., Thiruvananthapuram	253.81	225.03	308.76	217.79
2.	Population Services International, Delhi	154.02	164.65	164.49	63.56
3.	Parivar Seva Sanstha, Delhi	40.46	67.56	46.03	25.40
4.	World Pharma, Indore	0.00	0.00	0.00	0.00
5.	DKT, India, Mumbai	71.36	89.84	54.68	Not SMO
6.	Eskag Pharma(Pvt.) Ltd., Kolkata	0.00	0.00	0.00	4.267
7.	Janani, Patna	11.24	46.81	3.66	3.38
8.	Population Health services, Hyderabad	50.51	69.20	65.47	Not SMO
9.	Sanskar Shiksha Samiti, Bhopal	0.04	0.04	0.00	Not reported
10.	PCPL, Kolkata	0.00	14.51	3.56	0.00
11.	World Health Partner, New Delhi	0.00	0.27	1.53	0.70
	Total	**581.44**	**677.91**	**648.18**	**315.19**

**Figures are provisional*

9.6.1.b Sale of Oral Contraceptive Pills (Quantity in lakh Cycles)

S. No.	Social Marketing Organisation	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)*
1.	HLL Lifecare Ltd., Thiruvananthapuram	77.20	139.52	115.73	2.46
2.	Population Services International, Delhi	110.55	69.37	139.43	103.34
3.	Parivar Seva Sanstha, Delhi	0.00	19.355	15.52	9.19
4.	World Pharma, Indore	0.00	0.00	0.00	0.00
5.	DKT, India, Mumbai	107.89	184.33	28.88	0.00
7.	Janani, Patna	17.54	24.87	7.40	8.8
8.	Population Health services, Hyderabad	41.90	34.53	65.24	Not reported
9.	Sanskar Shiksha Samiti, Bhopal	0.04	0.04	0.00	0.00
10.	PCPL, Kolkata	3.00	0.00	4.00	Not reported
11.	World Health Partner, New Delhi	0.00	0.00	0.62	1.00
	TOTAL	**358.08**	**471.975**	**376.82**	**124.79**

**Figures are provisional*

9.6.1.c Centchroman (Oral pills)

Since December 1995, a non-steroidal weekly Oral Contraceptive Pill, Centchroman (Popularly known as Saheli & Novex), to prevent pregnancy is also being subsidized under the Social Marketing Programme. The weekly Oral pill is the result of indigenous research of CDRL, Lucknow. The pill is now available in the market at Rs. 2.00 per tablet. The Government of India provides a subsidy of Rs. 2.59 per tablet towards product and promotional subsidy.

9.6.2. Performance of Social Marketing Programme in the sale of contraceptive

Contraceptives	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)
Condoms (Million pieces)	581.44	677.91	618.18	315.19
Oral Pills (Social Marketing) (lakh cycles)	358.08	471.975	376.82	124.79
SAHELI Weekly Oral Pill (in lakh tablet)	234.31904	244.56	270.76	0.042*

**Figures are provisional*

9.6.3. Emergency Contraceptive Pills [ECP]

Department of Health & Family Welfare introduced 'Emergency Contraceptive Pills' (E- pills) in the National Family Welfare Programme during the year 2002-03. This contraceptive is used within 72 hours of un-protected sex. The following quantities of E-pills were procured during the years 2010-11, 2011-12, 2012-13 and 2013-14 (upto Sept. 2013).

(in lakh packs)

Quantity procured				
Item	2010-11	2011-12	2012-13	2013-14 (Upto Sept. 2013)*
ECP	21.54	18.30	75.919	14.098

**Figures are provisional*

9.6.4 Pregnancy Test Kits

These kits are being supplied free of cost. Orders have been placed on HLL Lifecare Ltd, (a PSU under the Ministry), for procurement of 2,17,48,200 Pregnancy Test kits each during the year 2010-11 and 2011-12. 2,22,18,600 Kits were procured during the year 2012-13 and 1,22,40,195 kits will be procured during 2013-14.

9.6.5 Copper-T

Under the National Family Welfare Programme, Cu-T-200B was being supplied to the States/UTs. From 2003-04, advanced version of Intra Uterine Device i.e.Cu-T-380-A has been introduced in the Programme. This Cu-T has longer life of placement in the body and thus provides protection from pregnancy for a period of about 10 years. Now the advanced version of IUDs i.e.Cu-T-380A is being procured and supplied to the States/UTs. Orders have been placed for a quantity of 88.756 lakh Copper-T-380A, out of which nearly 87.508 lakhs Copper-T-380-A have been supplied during 2012-13. In the current year 2013-14 another advanced version of IUD-375 has been introduced in the programme which is also being procured by the Government for supplying to the States. Orders have been placed for 15.529 lakh pieces of IUD-375 out of which 4.252 have been supplied upto September 2013-14.