NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते
Ministry of
Health and Family Welfare

जोड़ी ज़िम्मेदार
जो प्लान करे परिवार

INDIA'S VISION
FP 2030

July 2022

Family Planning Division
Ministry of Health and Family Welfare
Government of India

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Government of India, Nirman Bhawan, New Delhi – 110011

डॉ. मनसुख मांडविया
DR. MANSUKH MANDAVIYA

सत्यमेव जयते
आज़ादी का अमृत महोत्सव

स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

The Government of India envisions a future wherein women have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development. The vision draws us forward towards creating responsive and sustainable health systems providing a range of contraceptives, and a supportive policy environment.

India's Family Planning (FP2020) journey is guided by the vision document-FP2020 and marked by successful completion of India's commitments made at the platform. The FP2030, the new global partnership for family planning, seeks to build on the strengths and successes of FP2020. India actively engaged with various stakeholders to develop the country's commitments and roadmap to embark on the next decade of progress. The vision document is a blueprint of India's strategy retaining the collaborative framework of FP2020, and dedication of high quality data and evidence, whilst embracing inclusion, equity, transparency and mutual accountability.

I appreciate the efforts of the Family Planning Division in developing this document, and hope that this will be an important milestone in India's FP2030 journey.

(Dr. Mansukh Mandaviya)

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डॉ. भारती प्रविण पवार
Dr. Bharati Pravin Pawar

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भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

MESSAGE

It gives me great pleasure to place before you the FP2030 Vision document. Formulation of the document is an important step towards meeting our commitments and realizing India's dream of universal access to reproductive health services.

Our Honourable Prime Minister's vision of *'Sabka Saath Sabka Vikas Sabka Vishwas Sabka Prayas'* is borne out of a vision to ensure inclusive growth for all and a remarkable progress is witnessed in the betterment of the health of people as is evident from the improvement in key health indicators.

FP 2020 has brought a much needed momentum for ensuring universal reproductive health across the country. India is committed to improve contraceptive access, in all areas including hard to reach areas, expand contraceptive basket, strengthen supplies, increase awareness generation, strengthen counselling services, enhance private sector participation, address the needs of young population and ensure adequate financial commitment.

FP 2030 also aims at creating an environment wherein all women and girls have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children.

The Government of India, under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji, is committed to meet the health needs of the people of India and I am convinced that this vision document will serve as the backbone of India's FP2030 strategy and hope that all stakeholders will make optimum use of it.

(Dr. Bharati Pravin Pawar)

"दो गज की दूरी, मास्क है जरूरी"

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सचिव
RAJESH BHUSHAN, IAS
SECRETARY

सत्यमेव जयते

Azadi Ka Amrit Mahotsav

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Message

Investing in family planning is one of the most cost-effective development strategies. It helps beneficiaries make reproductive choices they could not otherwise make, and lead a more fruitful life.

India's concerted efforts during 2012 to 2020 period paved the way for successful attainment of FP 2020 goals. FP 2020 emerged as a movement that supported the rights of the women across the globe.

The new FP2030 partnership offers a renewed opportunity to reach each and every beneficiary with full range of high quality family planning methods. India has committed to empower women with the agency and ability to make informed decisions regarding their contraceptive choices. The vision document outlines evidence-based approaches and strategies which the country must adopt in order to realize this dream.

The efforts of the Family Planning Division in developing this document are highly appreciated. I hope this will go a long way in bringing about transformational progress for our citizens in alignment with national development goals and with the support of global partnerships.

Date : 19 July, 2022
Place: New Delhi

(Rajesh Bhushan)

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अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

FOREWORD

The landmark London Summit on Family Planning in 2012, mobilized governments, international agencies, civil society and the private sector to work towards expanding access to voluntary family planning. The resulting partnership created an unprecedented momentum in providing quality contraceptive services. India, owing to its sheer population size, became a crucial member of the consortium.

During its journey for achievement of FP 2020 commitments, Government of India, together with key stakeholders drafted India's FP 2020 Vision document, which provided a program brief, strategies, and roadmap for achieving the stipulated FP 2020 goals. This document became India's official reference document at the global FP 2020 platform and guided the country to successfully meet its commitments.

Now that we progress towards our new FP 2030 goals, it is time again to come up with a new roadmap and document strategies for achieving the FP 2030 goals. I appreciate the efforts of the Family Planning Division in preparing the FP 2030 vision document that may be used by all stakeholders as guidance for achieving India's FP 2030 commitments.

(Roli Singh)

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Dr. P. Ashok Babu, IAS
Joint Secretary

PREFACE

Reproductive Health is an integral part of the multipronged RMNCAH+N strategy and is a vital component for addressing the Sustainable Development Goals for maternal and child health. Providing quality family planning services to women is one of the key strategies for improving maternal and child health outcomes.

By 2030, India has committed to expand the range and reach of contraceptives, ensure healthy timing and spacing of pregnancy, intensify Social and Behaviour Change activities (SBC), and strengthen access to information and services with specific focus on young people. The commitments are based on the upcoming priorities for next ten years to advance reproductive health in the Country. The Vision document lays down the roadmap and will serve as the cornerstone of India's FP2030 journey.

I appreciate the efforts of the Family Planning Division in developing this Vision document. I am certain that all stakeholders will make optimum use of this valuable resource and urge the States/UTs to accelerate their efforts towards achievement of FP2030 goals.

(Dr. P. Ashok Babu)

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ACKNOWLEDGEMENT

The '**FP2030 Vision Document**' has been formulated with the intent of laying down an architectural plan for India's FP2030 journey. FP 2020 emerged as a global movement that supported the rights of the women to decide freely whether, when, how many and how often they want to have children. FP2030 is grounded on the same principle and will help to re-juvenate the global family planning agenda.

I extend my heartfelt thanks to Hon'ble Union Minister of Health and Family Welfare Dr. Mansukh Mandaviya and Hon'ble Minister of State Dr. Bharati Pravin Pawar who have been the drivers for this endeavour.

I am also grateful to Sri. Rajesh Bhushan, Secretary (Health & Family Welfare) and Ms. Roli Singh, Additional Secretary & Mission Director (NHM) for guiding us in developing the vision document. My special thanks to Dr. P. Ashok Babu, JS (RCH) for his unflinching support and encouragement.

I would like to place on record my appreciation for the contributions made by our partners especially USAID, UNFPA, BMGF, WHO, Packard Foundation, FPAI, PFI, Pop Council, Avenir Health, C3, FOGSI, Ipas, Jhpiego, Abt Associates, Engender Health, Pathfinder, CIFF, PCI, YP Foundation, PSI, FHI 360, PSS, HLFPPT, FRHS and ICRW. Without their valuable contributions, development of this document would not have been possible.

I would also like to extend my appreciation for Ms. Sangeeta Patel, USAID; Dr. Rajani Ved, BMGF; Mr. Sriram Haridass, UNFPA; Ms. Poonam Muttreja, PFI; Dr. Kalpana Apte, FPAI, Dr. Somesh Kumar, Jhpiego; Mr, Vinoj Manning, IPAS, Ms. Aparajita Gogoi, C3, Mr. Niranjan Saggurti, Pop Council; Dr. Priya Kama, WHO for facilitating the subgroups for formulating the vision document.

Thanks are also due to Dr.Divya Valecha, Assistant Commissioner, FP, and team members of FP division viz. Dr. Richa Kandpal, Lead Consultant; Mr. Nadeem A Khan, National Consultant; Dr.Mithun Dutta, Senior Consultant; Dr.Sutirtha Mazumdar, Senior Consultant for their contribution.

My heartfelt thanks to Dr. Pragati Singh, Dr. Nidhi Bhatt and Ms. Shikha Bansal for conceptualization and providing tireless technical support in reviewing the content of the document and giving it its final shape.

I earnestly hope that states and our partner agencies will do their utmost in helping realise India's FP2030 vision.

(Dr. S. K. Sikdar)

Contents

Abbreviations

AFHS	Adolescent Friendly Health Services
AHD	Adolescent Health Day
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Workers
BCC	Behaviour Change Communication
CHO	Community Health Officer
COC	Combined Oral Contraceptive
COT	Clinical Outreach Team
ECP	Emergency Contraceptive Pill
ESB	Ensuring Spacing at Birth
FDS	Fixed Day Services
FP	Family Planning
FPLMIS	Family Planning Logistics Management Information System
GBV	Gender Based Violence
HDC	Home Delivery of Contraceptives
HR	Human Resource
HTSP	Healthy Timing and Spacing of Pregnancies
HWC	Health And Wellness Centre
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IUCD	Intra Uterine Contraceptive Device
MAS	Mahila Arogya Samiti
MMR	Maternal Mortality Ratio
MPA	Medroxy Progesterone Acetate
MPV	Mission Parivar Vikas
MTP	Medical Termination of Pregnancy
MWRA	Married Women of Reproductive Age Group
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHM	National Health Mission
NPP	National Population Policy
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pills
PAFP	Post Abortion Family Planning
PAIUCD	Post-Abortion Intra Uterine Contraceptive Device
PPFP	Post Partum Family Planning
PPIUCD	Postpartum Intra Uterine Contraceptive Device
RCH	Reproductive and Child Health
RGI TGPP	Registrar General of India, Technical Group on Population Projections
RH	Reproductive Health
RKS	Rogi Kalyan Samitis
RKSK	Rashtriya Kishore Swasthya Karyakaram
RMNCAH+N	Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition

SBCC	Social and Behaviour Change Communication
SMO	Social Marketing Organization
SRH	Sexual and Reproductive Health
TFR	Total Fertility Rate
UHC	Universal Health Care
UT	Union Territory
WHO	World Health Organization
WRA	Women of Reproductive Age Group

Executive Summary

Family Planning (FP) program in India has a rich history of more than seven decades. Vision, commitment, and carefully crafted strategies over decades helped in adding new dimensions to the program and thus making India not only a forerunner to introduce the first national program in the world but also helping it emerge as a global leader to provide learning platforms to the world.

The arduous path of family planning program witnessed the shift in approaches from population control to population stabilization and now visualized from the lens of maternal and child health outcomes. The country's National Population Policy (NPP) (2000) paved the way for integrated approach to deliver services. The year 2012 is historic for India's FP program as this was the time when India witnessed a paradigm shift; a new integrated Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) approach was institutionalized and globally there was a positive shift with a focus on Family Planning through FP 2020. All these put together resulted in strong advocacy with the National and State Governments and other stakeholders. Building responsive demand and supply side strategies, assuring quality at all levels, identifying States requiring innovative strategies (Mission Parivar Vikas States) resulted in impressive achievement of FP 2020 goals before the stipulated time frame.

As India transitions to FP 2030, it focuses on collaboration, convergence, and inclusiveness through in-country meetings with focal points, Governing board meetings and consultative meetings with stakeholders for identifying the country needs and drafting key commitments. India's 2030 commitment ensures access and range of contraceptives with addition of new choices, improving HTSP through PPFP, including urban areas under MPV, intensifying SBCC for all age groups esp. young people and engaging civil society organizations for awareness generation and mobilizing community for FP. Guidance from stakeholders in drafting commitments and developing comprehensive FP 2030 vision document in partnership is a testimony to accountability measures in the country. The key tenets for developing FP strategic priorities through this vision document are the five Ps viz. policy, program, provider, people, partnership with finance at the core.

Addressing the FP needs of vulnerable population – adolescent and young, migrating population, ensuring male participation, improving access and availability of contraceptive services, engaging community and stakeholders are the country's strategic priorities which requires a collaborative effort at microlevel.

The document highlights the evolving family planning needs and strategies to address the country priorities. India is witnessing a major demographic shift and moving ahead

adolescent and young population will be the focus area for the country. By strengthening existing strategies and replicating learnings from innovative models tested in various States, the country can successfully advance its agenda of mainstreaming these adolescents and young population under FP/SRH priority. This can be achieved following the tenets of the National Health Policy of 2017, where it is aimed to increase access, improve quality and ensure universal coverage of reproductive health services. India aims to cater to the huge population base of reproductive age group and diverse FP needs according to reproductive phase (post pregnancy or interval), age (adolescent, young or adult), location (rural/urban, hard to reach areas, high TFR areas) and gender (male or female) and will continue to emphasize on expanding contraceptive basket, expanding MPV strategies, strengthening post-pregnancy contraception esp. revitalizing post abortion contraception and extensively utilizing community outreach schemes and services. In addition, a momentum will be required to strengthen local governance, develop innovative models along with private sector engagement and improve focus on quality of services through integrated counselling.

Any sustainable change starts with its people and this requires constant behavior change communication and implementation of innovative SBCC strategies. The social determinants influence the reproductive health decision making and uptake of FP information, products and services thereby impacting the reproductive health outcomes especially for the socially and economically marginalized. Influencing role of men and gatekeepers in family planning decision making can be achieved by designing targeted communication with communities specifically highlighting their accountability as well as ownership.

Availability of Family Planning commodities catering to the diverse needs of the couples is one of the most critical factors in contraceptive uptake. Despite significant progress in ensuring commodity security, continuous availability of the wide range of contraceptives for the second most populous country in the world remains a challenge. With a supply chain network of 800 warehouses, more than 2 lakh (0.2 million) facilities and over 10 lakh (1 million) ASHA workforce at community level, the country is committed to strengthen the FP supply chain.

Achieving universal access to reproductive health will need a resilient health system for which India strategizes to explore, test, implement and scale alternative service delivery models, strengthen existing services, streamline supplies, engage community and explore innovative public and private sector partnership models through coordinated efforts to broaden equitable and reliable access to SRH products and services.

CHAPTER 1

India's FP Landscape: Journey till 2020

Family Planning – India's 70-year Journey

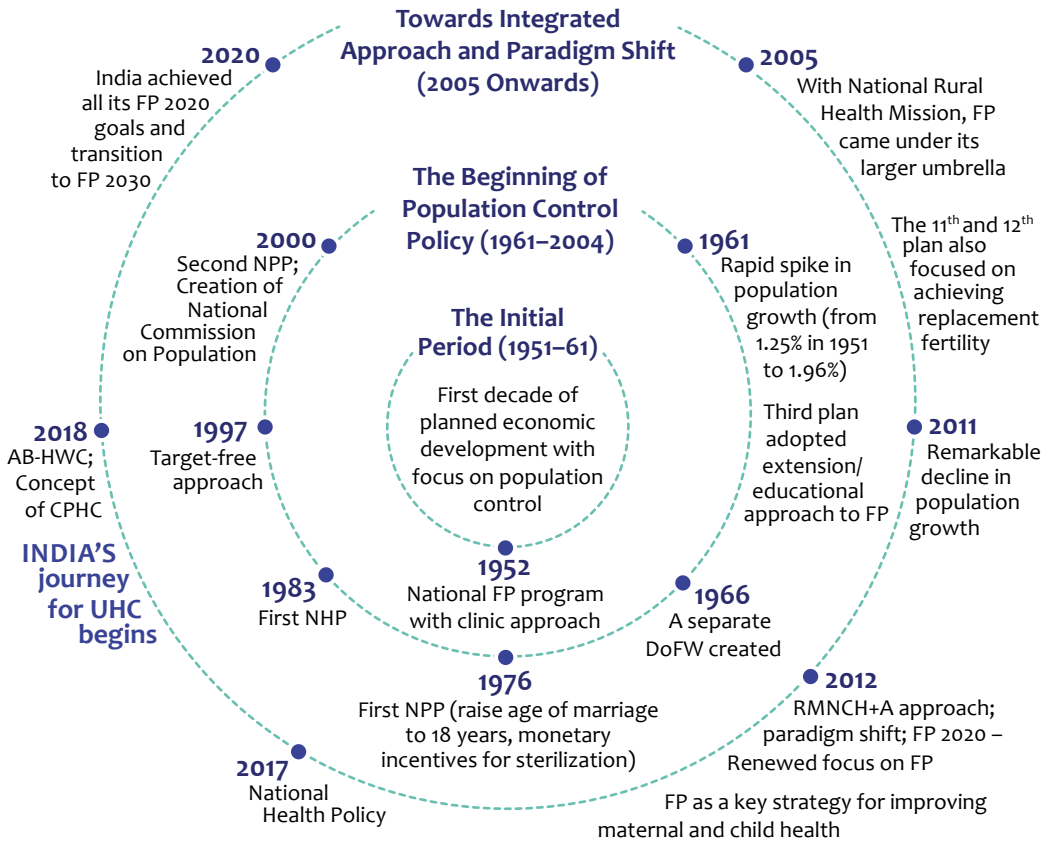
India, the largest democracy in the world, represents an old country with young people. To rejoice the country's illustrious past, Hon'ble Prime Minister of India Shri Narendra Modi announced 'Azadi ka Amrit Mahotsav' to commemorate 75 years of independence and the glorious history of its people, culture and achievements.

Among the most significant changes that transformed India in the last seven decades, one of the most noteworthy one has been the program that helped Indian women and men to voluntary choose whether and when to have children. India launched the National Family Planning Program in 1952. The legacy of 70 years of undying commitment and focussed approach in the last decade has resulted in substantial gains in the country.

1. The Initial Footsteps

India was the forerunner in the provision of contraceptive services which started right from the time of India's independence. The program was largely focussed on population control during initial years. NPP 2000 further focused on stabilizing the population for promoting sustainable development while affirming the **commitment of the Government towards voluntary and informed choice** and consent of clients while availing reproductive health care services and continuation of the **target free approach** in administering family planning services. The London Summit-2012 and unveiling of the RMNCH+A strategy in 2013, fuelled an **increase in financial investments into FP**, and alongside, intensified the focus on integration of FP service delivery, provided a platform for addressing reproductive rights and called for an increased focus on provision of quality services.

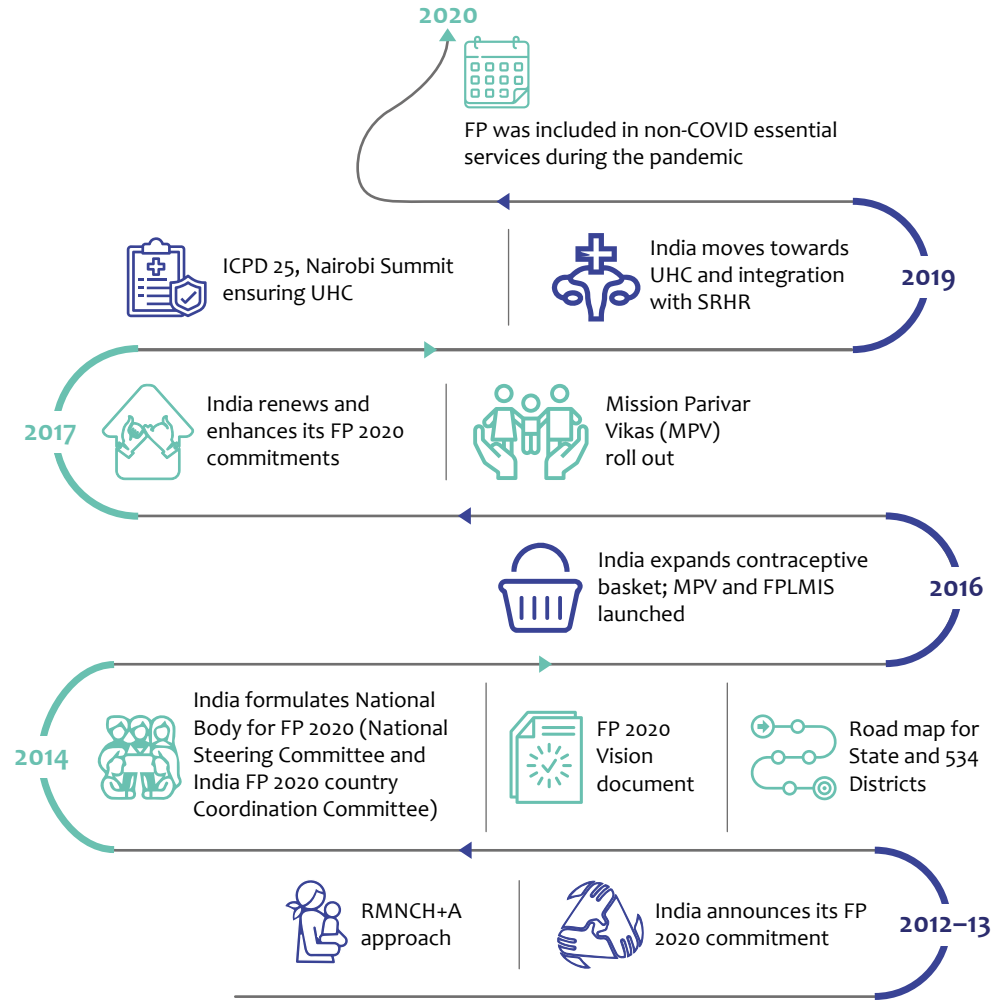
Figure 1: Advent of Family Planning Program in India



2. From 2012 to 2020 – Increasing Pace of Achievement of FP Goals

As discussed above, 2012 brought in a whiff of fresh air in the FP program in India. The country worked on all domains of health systems strengthening and successfully achieved the desired goals.

Figure 2: India's Journey towards FP 2020



- **Shift in policy approaches:** While India committed for improving access to contraceptives to its citizens, it also witnessed a major paradigm shift. The overall narrative for FP was reshaped and FP was positioned as an important strategy to ensure maternal and child health. **The vertical approach in the program was replaced by an integrated RMNCH+A approach, with Reproductive health/Family Planning being the first pillar.**

Figure 3: 5*5 RMNCH+A matrix

The overall program became goal oriented and more focus was laid on quality of services.

- **Building responsive program strategies: (Improving services, supplies, logistics, HR and community engagement)**: FP 2020 achievements are a result of carefully drafted and implemented supply side as well as demand side strategies.

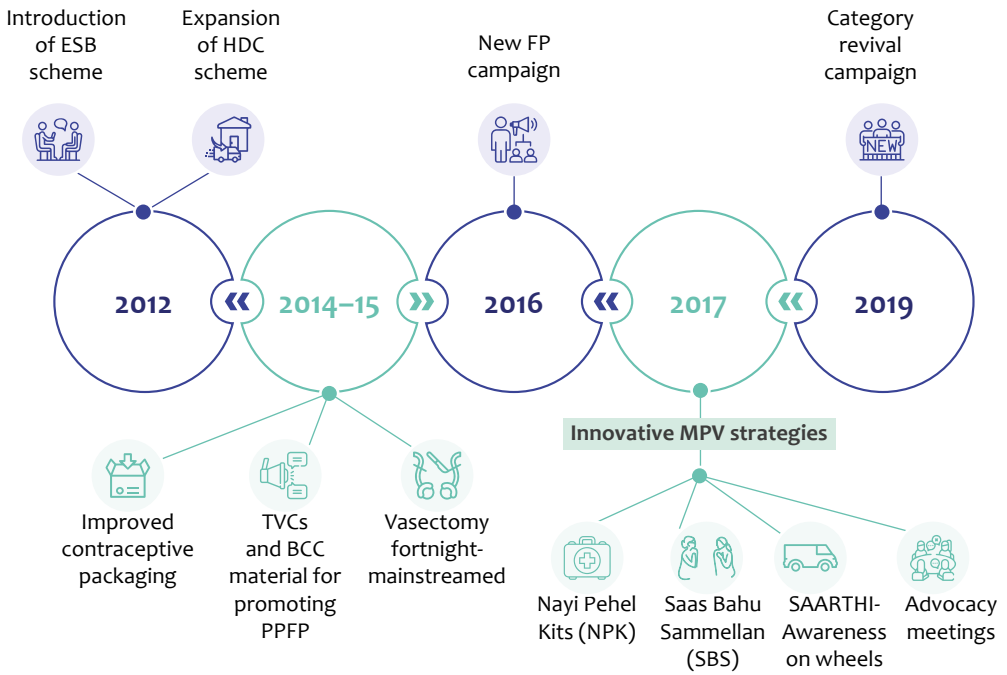
  On supply side front several programs were initiated and further strengthened for ensuring service availability, expanding the 'basket of choice' of contraceptives, ensuring quality of care, tapping the potential of post-partum and post-abortion FP, and harnessing private sector for service delivery. In 2016, the Government of India also launched Mission Parivar Vikas (MPV) program in Districts with high rates of fertility (which also had low modern contraceptive prevalence rate). Additionally, the Family Planning Logistic Management Information System (FPLMIS) was launched to optimize the supply side management for the availability of family planning commodities up to all levels of the health system.

Figure 4: Key Supply Side Strategies

2012	✦ Paradigm shift. ✦ Expansion of contraceptive basket – Introduction of IUCD 375.
2013	✦ HR strengthening – Task sharing. ✦ Dedicated counselors. ✦ PPIUCD service strengthening.
2014	✦ Focus on quality – Technical guidelines. ✦ Drop back scheme. ✦ HR development – Onsite training model (EAISI).
2015	✦ Focus on quality – Camps discontinuation, replaced by FDS. ✦ Improved packaging. ✦ State wise annual review and capacity building.
2016	✦ Introduction of injectable MPA – Antara program. ✦ Introduction of Centchroman. ✦ Revival of PAFP.
2017	✦ Supply chain strengthening – FP Logistics Management Information System. ✦ Improving access to FP – Mission Parivar Vikas. ✦ COT – Clinical Outreach Teams.
2018	✦ HR Development – Extensive trainings for pan India roll out of MPA, Centchroman pills and FPLMIS. ✦ Institutionalizing monitoring – Ongoing State-specific reviews.
2019	✦ Improving quality – State specific reviews and capacity building for quality compliances.
2020	✦ Pandemic response – Guidelines and reviews for continuation of essential services.

The country also came up with multitude of demand side strategies which includes involving more than 9 lakh (approx. 1 million) ASHAs across the country for contraceptive delivery and new IEC/BCC strategies.

Figure 5: Key Demand-Side Strategies

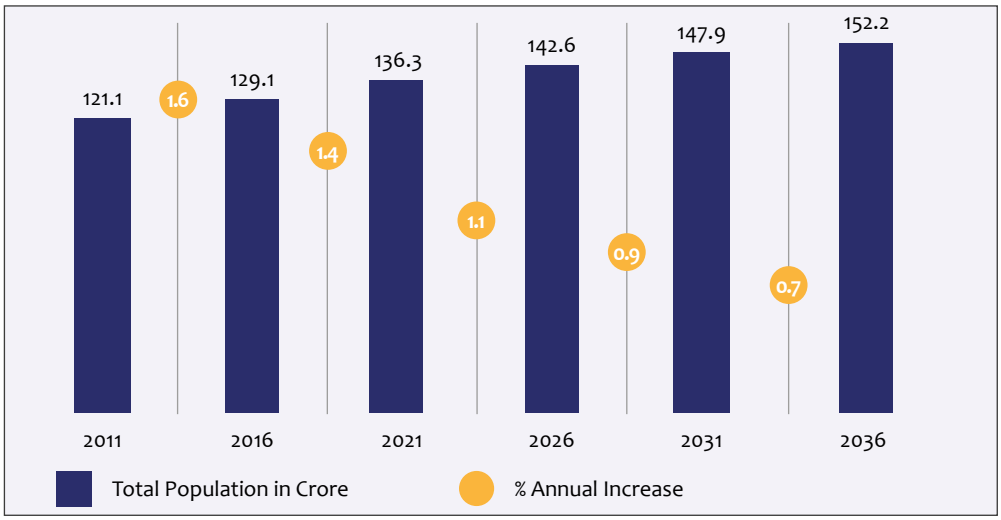


Population Distribution and Demographic Transition

India is the second most populous country in the world. The country's population is expected to continue to grow until mid-century (due to population momentum) however the population growth will decline substantially.

India's population has reached 136.3 Crore (1.36 billion) and is expected to reach 147.9 Crore (1.47 billion) by 2031 and further 152.2 Crore (1.52 billion) by 2036 (RGI TGPP Report 2020).

Graph 1: Total Population and Annual Growth

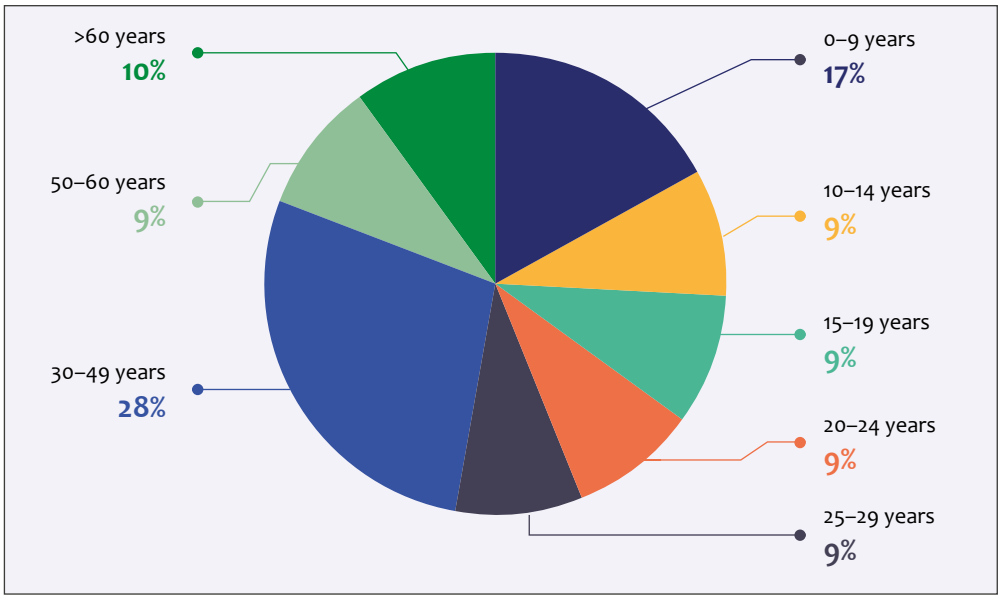


Source: 2011 to 2036 RGI Technical Group for Population Projection Report

The annual population growth is approx. 1% which will decline in due course of time.

The population growth is not uniform across the country. Between 2011 to 2036, 31 crore (310 million) people will be added, 64% of which would be contributed by 6 States (UP, Bihar, MP, Maharashtra, Rajasthan and Gujarat). For some States high fertility will continue to pose a challenge.

Graph 2: Age Wise Population Composition in India 2021



Source: RGI TGPP

The country is witnessing a major demographic shift. The country's window of opportunity is open and will start closing by 2033, will get narrow by 2041 and will close in 2061 (UNFPA). India's adolescent population has peaked during FP 2020 era. In 2016 the adolescent population reached 25.3 crore (253 million), an increase of nearly 30 lakh (3 million) from 2011. This population is expected at 24.2 crore (242 million) in 2021 and will reach at 22.9 crore (229 million) by 2031 and further 22 crore (220 million) by 2036. The youth population in age group 15-24 years increased from 23.3 crore (233 million) in 2011 to 25.2 crore (252 million) in 2021 and will then decline to reach 23.4 crore (234 million) in 2031 and further reach 22.9 crore (229 million) in 2036 (RGI TGPP Projections).

The reproductive age population however would continue to contribute a major share in the country in coming years with large proportion of adolescent and youth. This large volume of adolescent and youth population is one important consideration for enhancing the FP/RH services.

Key Fertility Indicators

India has achieved the replacement fertility level. The current TFR for the country is 2.0 (NFHS-5). While fertility has declined across 31 States/UTs of India, 5 States still have high TFR (Bihar-3, Meghalaya-2.9, UP-2.3, Jharkhand-2.3 and Manipur-2.2). There is also urban-rural variation in the country. In terms of rural India, 7 States (out of 36) are yet to achieve replacement TFR.

As the fertility rate stabilizes in the country the larger cause of concern is high teenage fertility in some areas. Although there has been a steady decline in teenage childbearing, from 7.9% (NFHS-4) to 6.8% (NFHS-5) it remains a priority area that requires addressal, especially since India will continue to have one of the youngest populations in the world until 2030.

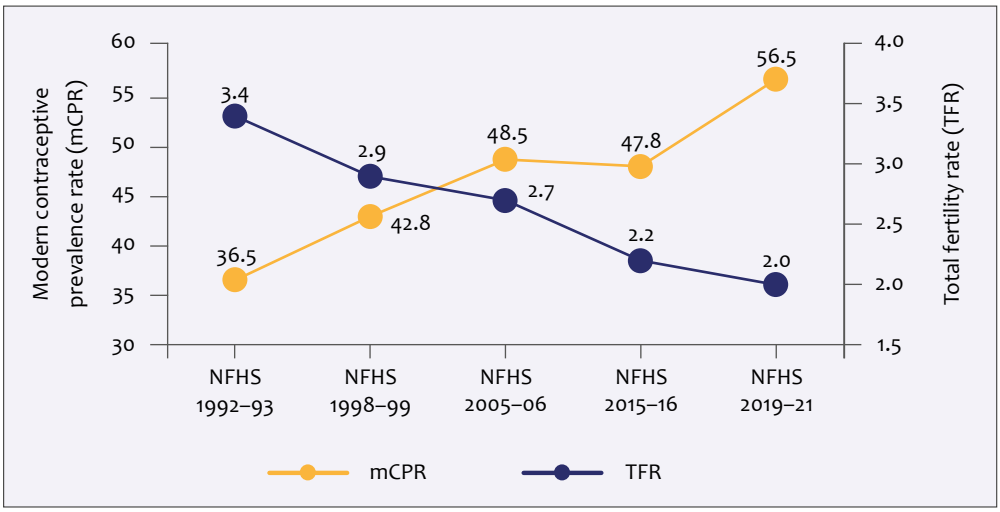
Key Output and Impact Indicators

1. Modern Contraceptive Use

The modern contraceptive use shows an increasing trend with a substantial gain during FP 2020 era. The rate of increase is almost 55% in 28 years – from 36.5% in 1992-93 to 56.5% in 2019-21 – almost one-third of this increase happened during the FP 2020 period (from 47.8% in 2015-16 to 56.5% in 2019-21). At the same time the TFR of the country also declined substantially.

The analysis using the proximate determinants (P-D) of fertility, as suggested by Bongaarts (2015), indicated that the most significant determinant explaining the fertility

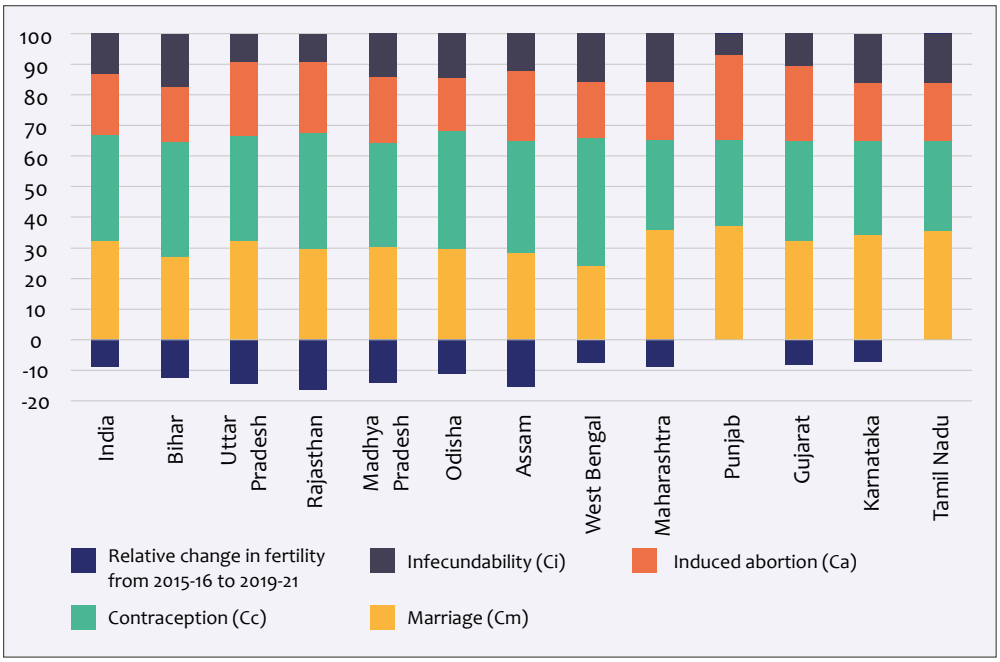
Graph 3: Trends in Prevalence of Modern Contraceptive Methods and TFR, India, 1992–2021



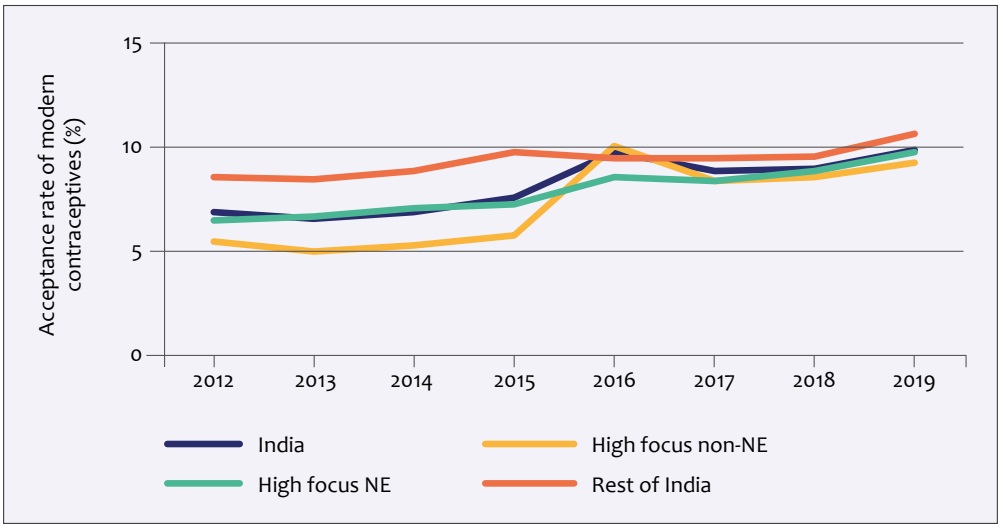
change is the contraceptive use during FP 2020 era. Almost one-third of the total change in fertility is explained by contraceptive use in India.

State wise disparities in contraceptive use: As a result of expanded method choice and geography-focused programming, the inequity in modern contraceptive acceptance

Graph 4: Percentage Contribution of Proximate Determinants of Fertility in India and Selected States, 2019–21



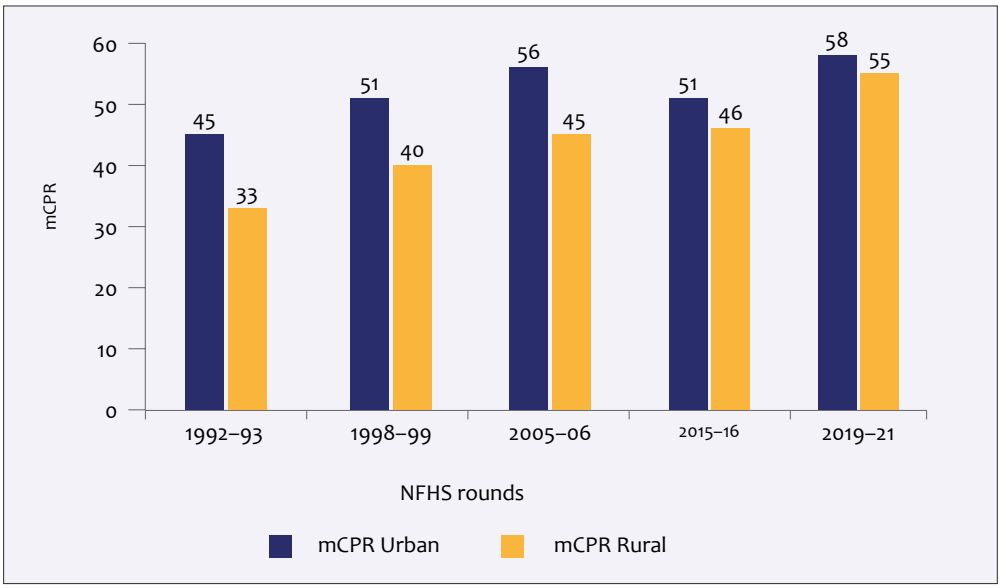
Graph 5: Annual Modern Contraceptive Acceptance Rates, India, 2012–2019



rate that existed prior to FP 2020 between the States of high focus and rest of India, reduced considerably. By 2019, the annual acceptance rates of high focus States (both NE and non-NE) were almost similar to the rest of India.

Over the years the **urban and rural inequity** in terms of modern contraceptive use has declined in the country. The rural-urban gap in mCPR has been reduced from 12% points in 1992-93 to 3% points in 2019-21 (Graph 2).

Graph 6: Change in mCPR in India from 1992–93 to 2019–21



Contraceptive method mix: India witnessed a positive shift towards increase in spacing methods. The share of spacing doubled from 16.2% in 1992-93 to 32.3% in 2019-21 (NFHS). The shift is very well evident in all category of States as well as in MPV Districts.

Table 1: Contraceptive Method Mix in Various Categories of State

Prevalence of use	Sterilization	IUD	Injectables	Pill	Condom	Traditional methods
2015-16 (NFHS-4)						
Low focus States	45.0	2.0	0.1	4.2	5.1	4.1
High focus States	26.9	1.1	0.2	3.8	6.2	7.5
High focus States (non-NE)	28.2	1.0	0.3	2.6	6.5	7.1
High focus States (NE)	9.9	2.3	0.1	20.0	2.4	14.1
MPV Districts	22.9	0.8	0.3	1.6	5.9	7.2
2019–21 (NFHS-5)						
Low focus States	46.1	2.6	0.3	4.9	7.8	6.7
High focus States	30.5	1.6	0.8	5.3	11.1	13.7
High focus States (non-NE)	32.2	1.5	0.9	3.8	11.6	13.5
High focus States (NE)	9.2	3.4	0.6	24.8	4.6	16.2
MPV Districts	28.9	1.1	1.0	3.3	11.4	14.0

This shift is a testimony of success of GoI schemes like MPV, PPIUCD, Condom boxes, HDC, ESB, etc.

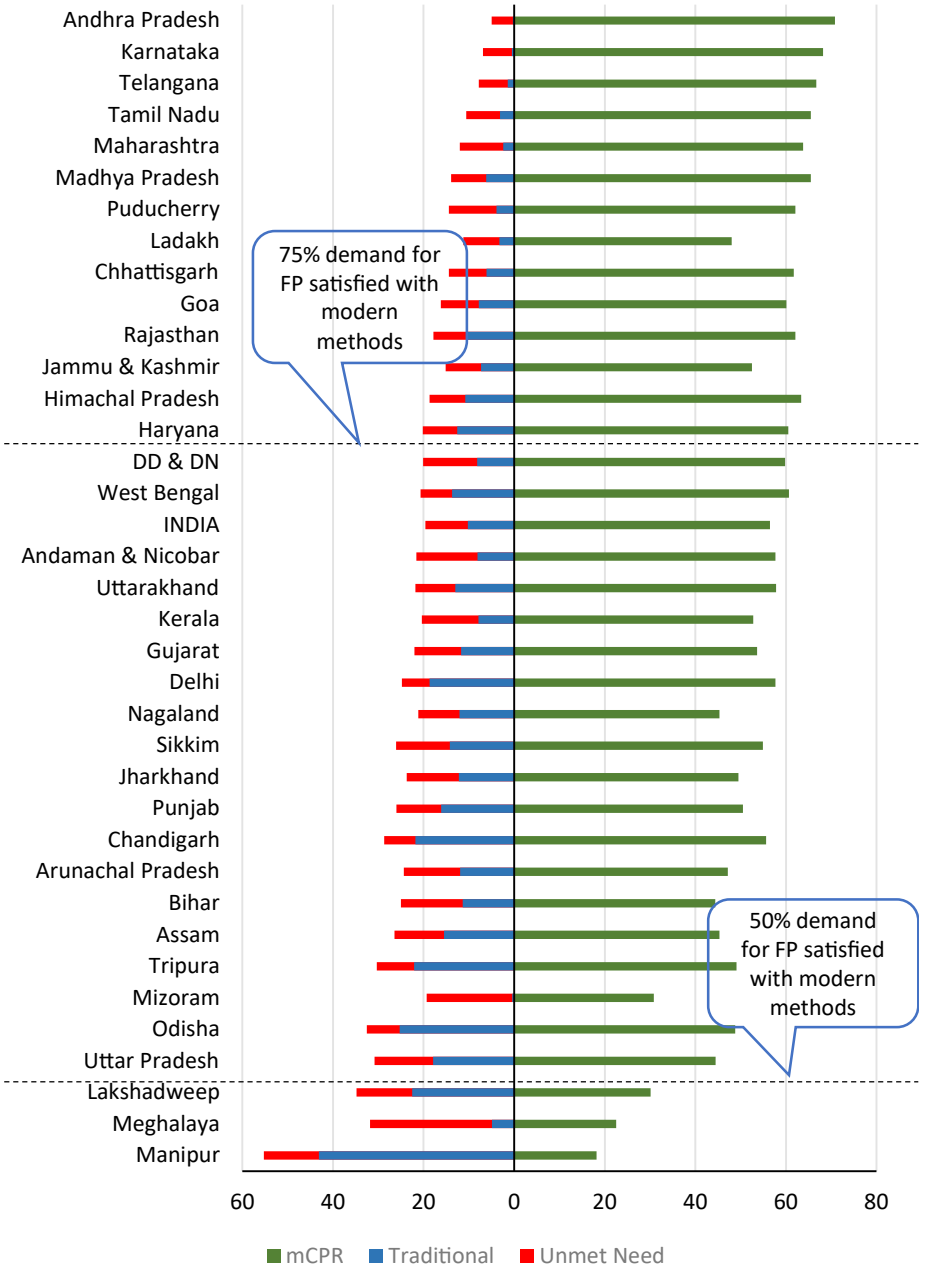
2. Unmet Need for Family Planning

In NFHS-5, unmet need for FP shows a significant decline from 12.9% (NFHS-4) to 9.4%.

3. Demand Satisfied by Modern Contraceptives

India witnessed a substantial increase in eligible couples in need of contraception from 66.4% to 76.1% (NFHS-4 to NFHS-5). During NFHS-5 demand for 74% eligible couples were

Graph 7: State Wise Demand Satisfied by Modern Contraceptives (NFHS 5)



satisfied by modern contraceptives as against 72% in NFHS-4. The State wise disparities exist and warrant the need for differential approach and need based planning. The use of traditional methods however has almost doubled (from 5.7% to 10.2%) during the same surveys. This has resulted in an increase in unmet need for modern contraception in the country (from 18.6% to 19.6%). While the Govenment is investing hugely in strengthening the public health sector, the increase in unmet need for modern contraception necessiates creating innovative models of service delivery. An increase in Unmet Need also can be interpreted positively which indicate that couples are increasingly seeking out contraceptive methods (modern or traditional).

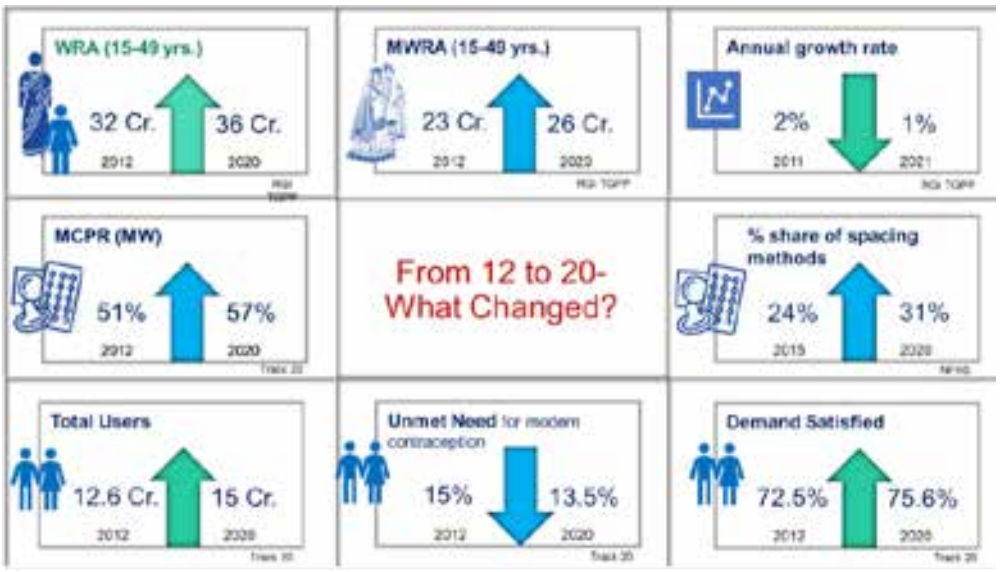
India's Achievements towards FP 2020 Commitments

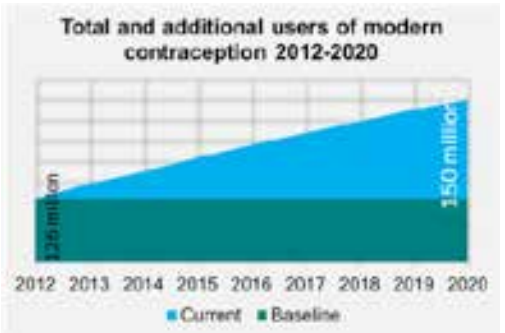
Under FP 2020, India committed:

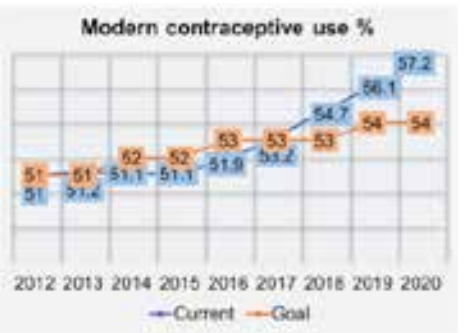
- Ensuring **total allocation** of US $3 billion for Family Planning from 2012-2020.
- Increasing annual modern **Contraceptive Prevalence Rate** by 0.4% so as to attain 54.3%.
- Increasing **demand satisfied** by modern contraceptives to 74% by 2020.

All the three goals were successfully achieved by the country.

Figure 6: Snapshot of Country's Achievements from 2012 to 2020







2.39 crore (23.9 million) additional users were added from 2012- 2020

Budgetary allocation for Family Planning from 2012 to 2020 ~ 3.1 bn USD *(from central funds; this excludes the allocation from State budgets).*

At the same time, the data on change in maternal mortality ratio (MMR) from SRS shows that there has been a sharp decline in MMR in the country. Detailed analysis of change in MMR since 2001 suggests that the decline was almost in the range of 6-17% during 2001-03 to 2010-12, which has increased to over 20% during 2017-19.

The Family Planning Estimation Tool (FPET) projections have also indicated a significant impact of increase in modern contraceptive use on unintended pregnancies, unsafe abortions and maternal death. As a result of increased use of modern contraceptive methods (the program is providing consistent contraceptive services to more than 15 Crore (150 million) women which averted more than 1 crore (10 million) unintended pregnancies, 19.1 lakh (1.9 million) unsafe abortions, and 22,000 maternal deaths in 2020 alone (Table 2).

Table 2: Number of Unintended Pregnancies, Unsafe Abortions and Maternal Deaths Averted by Year (in '000)

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Number of unintended pregnancies averted	11,192	11,068	10,923	10,783	10,648	10,509	10,366	10,232	10,093
Number of unsafe abortions averted	1,607	1,653	1,690	1,735	1,773	1,811	1,847	1,883	1,912
Number of maternal deaths averted	18	19	19	20	20	20	21	21	22

CHAPTER 2

India's FP 2030 Commitment Process and Conceiving the Vision Document

India successfully achieved its FP 2020 country goals well before the stipulated time frame. This is reflective of the success of various strategies, initiatives and collaborative efforts undertaken in the country. The country has a well-defined mechanism to track its progress on laid down commitments. During 2020 commitment period, various bodies were formulated at the national level:

- FP 2020 country coordination committee (comprising the then core convenors).
- National Steering Committee on FP 2020 (comprising of RMNCAH+N donor partners, GoI and NGO representatives.
- NTFFP (National task force on Family Planning) (comprising all key stakeholders of FP).

Guiding Tenets for Commitment Making Process

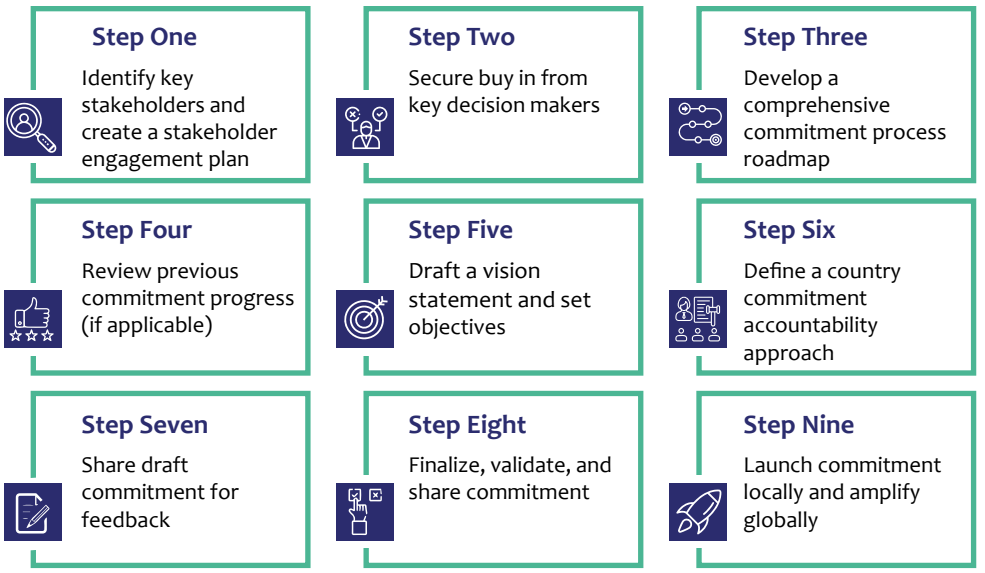
India has been one of the active members under FP 2020 partnership.

As FP 2020 transitioned into FP 2030 the country focused on collaboration, convergence and inclusiveness and charted the way forward.

It was ensured that the commitment making process:

- Reflects country priorities and country led mandates.
- Promotes inclusion and accountability.
- Aligns with national as well as global priorities.
- Fosters collaboration and learning exchange.

The process follows the nine-step commitment making process laid down by FP 2030 secretariat:



Pre-Commitment Process

The FP 2030 Commitment Process began in February 2021 and India has been actively engaging with various stakeholders to develop the country commitments for this decade.

Key highlights of the commitment process include:

- In country meetings with focal points: to make robust commitments and understand the challenges and strategize, series of meetings were conducted with FP 2030 focal points (BMGF, UNFPA, USAID and Packard Foundation).
- India participated in Reference group virtual meeting on April 6th 2021 for discussing the 2030 partnership structures, commitment updates and monitoring framework.
- To further ensure accountability in the commitment process a series of consultative meetings were conducted in close collaboration with MoHFW:
  - **Ensuring private sector engagement:** Convened by USAID. The meeting witnessed the participation of BMGF, Development partners, private sector partners, OCP and Condom commercial and social marketers, etc.
  - **Youth and contraceptive use:** Convened by BMGF and UNFPA. The meeting witnessed the participation of development partners, young people volunteers, CSOs, Service providers, etc.
  - **Social marketing:** Convened by UNFPA. The meeting witnessed the participation of Niti Aayog, BMGF, Packard foundation, development partners, Social marketing organizations, etc.
  - **Civil society engagement:** Convened by Advocating Reproductive Choice (ARC) coalition.
- MoHFW and focal points meeting to further identify the key priority areas based on stakeholder consultations and data analytics support provided by Avenier health (Track 20).

Commitment Making Process

The structured pre-commitment process in the country led to identifying the country needs and drafting key commitments for the country.

Accountability approach was ensured throughout the commitment making process whereby the guidance was taken from all the stakeholders. Development of India vision 2030 document was a means to further strengthen the accountability mechanism in the country.

Drafting India's FP 2030 Vision Document

FP 2030 vision document is a vision of stakeholders (Government, development partners, academic institutions and civil society) towards ensuring accountability and sustainability of the initiatives since beginning. Cognizant of the fact, that by 2030, India will be witnessing transformations that will impact Health, a collective commitment making process started with internal intentional dialogue and shared responsibility between commitment makers and their stakeholders. The key tenets for developing FP strategic priorities through this vision document were covering policy, program, provider, people, partnership with finance at the core.

A consultative meeting with all key FP stakeholders development partners, implementing partners, academicians, civil societies, research, and evaluation organization etc to identify areas of strategic priorities and partnership is a testimony to **mutual accountability approach.** An in-depth situational analysis and identification of anticipated or unanticipated challenges paved pathway for identifying strategic areas collectively by stakeholders.

Figure 7: Response during Online Polling Exercise (FP 2030 Vision Document Formulation Meeting)

These health priorities helped in curating the strategic priority areas by all FP stakeholders that aim at achieving universal access to RH through pillars of systems framework. Key strategic priorities identified were- Adolescent and Youth, Expanding contraceptive basket, Quality Improvement, Private Sector engagement, Community Engagement, Strengthening supply chain systems, Ensuring male participation, Strengthening data systems and Increasing resilience.

This vision document is a guidance on these strategic priority areas and have been collectively developed keeping solidarity, inclusiveness, and sustainability at the core. Though the geographic and cultural diversity makes it a challenge to define a strategic action from the areas identified but implementing various tested innovative models and working on evidence as recommended under each priority area will ensure attaining the vision and encourage Government partners to develop and validate commitments through an inclusive, equitable and transparent process that is rooted in rights-based family planning principles.

CHAPTER 3

India's FP 2030 Commitments

India's Vision for FP 2030

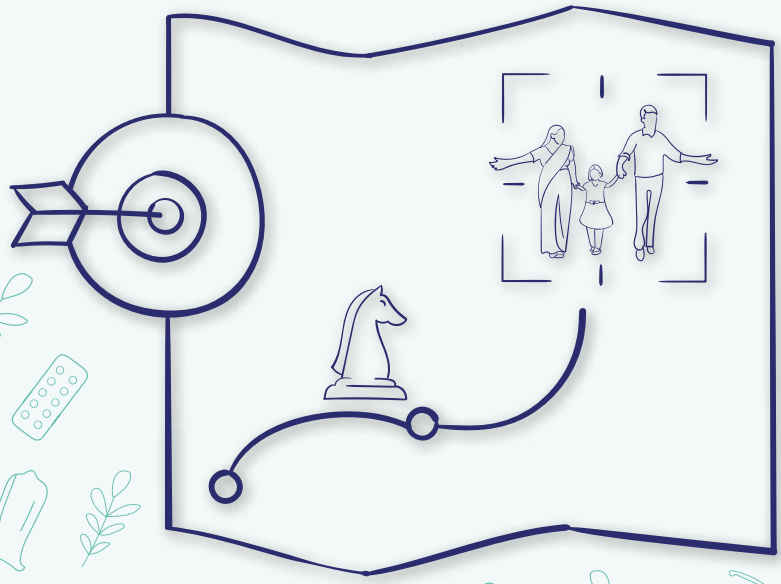
By the end of 2030, India's Family Planning vision is to provide access to high quality comprehensive Family Planning services to all people of reproductive age group including those from marginalized groups by ensuring equitable, affordable and appropriate contraceptive choices and information till last mile through improved health systems and community engagement within the country's UHC framework.

FP 2030 – India's Commitments

- Expanding range and reach of contraceptive options by 2030 by exploring the introduction of new contraceptives.
- Ensuring healthy timing and spacing of pregnancies by improving the demand, uptake, and quality for post pregnancy contraception services.
- Scaling up of Mission Parivar Vikas (MPV) for delivering assured quality of services in the hardest-to-reach rural and urban areas by providing a full-service package at all levels in all MPV Districts.
- Intensifying Social and Behaviour Change activities (SBC) for Family Planning and strengthening access to information and services for all girls and women and couples with specific focus on young people.
- Civil society commitments for creating awareness on family planning commodities and services and mobilizing community for increasing uptake as well as providing services through civil society organizations.

CHAPTER 4

Demystifying Strategic Priorities for 2030



Accelerating Family Planning Response in India

Begun shortly after India's Independence, the FP programme has gathered momentum in the country. While the country made significant progress in improving its health indicators for FP/RH over the last decade there is still a long way to go for realizing the vision of universal access to health care.

India's UHC framework is guided by the 10 principles which determine that health services should be universal, equitable, non-discriminatory, comprehensive, appropriate, as per quality standards, provide financial protection, accountable, ensure community participation and put health in people's hand (nhp.gov.in). The road to FP 2030 will run on the guiding principles for UHC.

Figure 8: Ten Guiding Principles for UHC in India

India's past will pave the road to future. Presently the program offers non-discriminatory FP services free of cost on voluntary basis. The strategies address all the ten principles, however there are some gap areas which will demand country's attention as it progresses towards 2030 commitments.

Taking a closer look, the first seven guiding principles are largely linked to supply side strategies while the remaining ones with the demand side strategies.

Strategic Priorities for India

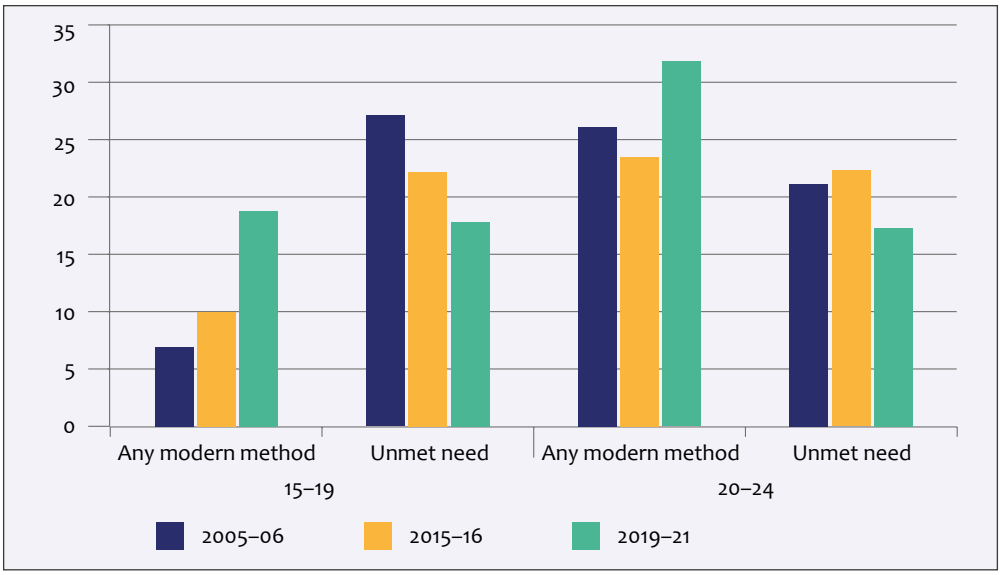
1. Addressing the FP Needs of Vulnerable Population (Ensuring Universal, Equitable, Non-Discriminatory and Comprehensive Services)

The country still has some hotspots where access can be improved to achieve the larger FP goal. The vulnerabilities can broadly be based on age, location or gender.

- **Teenage fertility and high unmet need in adolescents and young**: Focusing on addressing the teenage childbearing and early/child marriages remain a cause of concern for the country. From NFHS-4 to NFHS-5 India witnessed an impressive improvement in contraceptive use and unmet need, but the decline in teenage childbearing was minimal (7.9% in NFHS-4, 2015-16 to 6.8% in NFHS-5, 2019-21). Also, modern contraceptive use among married adolescents and young women, although increasing over time, has been rather low. In NFHS-4, only 7% married adolescents and 26% young women were using modern methods of contraception, which increased to 19% and 32%, respectively in NFHS-5. Both married adolescent girls and young women reported high unmet need for contraception. In NFHS-4, 27% adolescents and 21% young women reported unmet need for contraception, which declined to 18% and 17% respectively in NFHS-5.

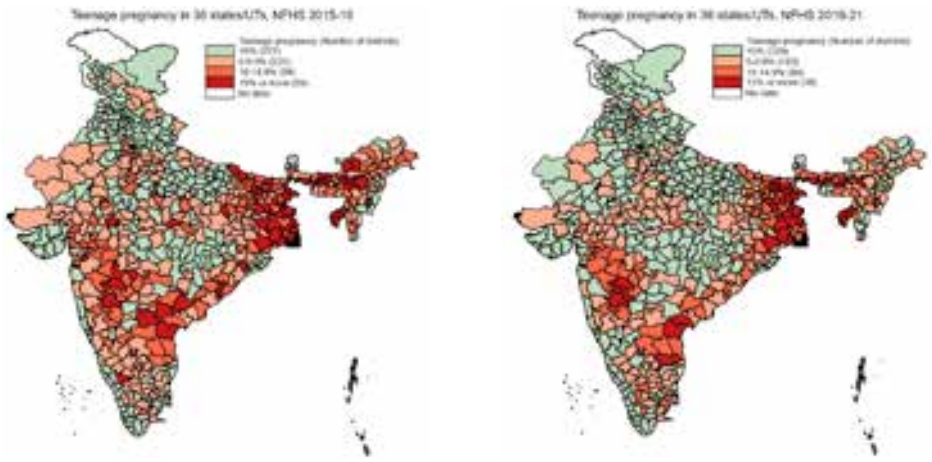
  While multiple factors have been identified that explain low contraceptive use among married adolescents and young women, two most important factors are child marriage and teenage pregnancy. Over 118 Districts reported >10% teenage

Graph 8: Use of Contraception and Unmet Need among Adolescent and Young Married Women, India, 2005–2021



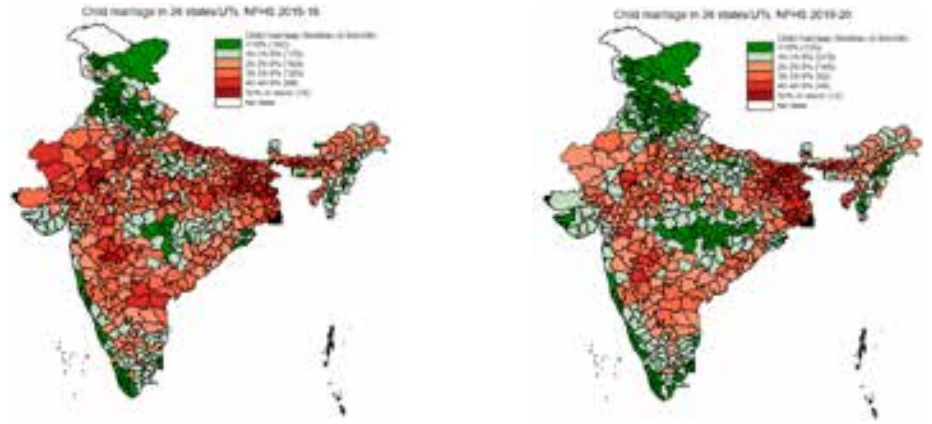
pregnancies. These Districts are mostly concentrated in Bihar (19), West Bengal (15), Assam (13), Maharashtra (13), Jharkhand (10), Andhra Pradesh (7), and Tripura (4).

Figure 9: District Wise Change in Teenage Pregnancy from 2015–16 to 2019–21



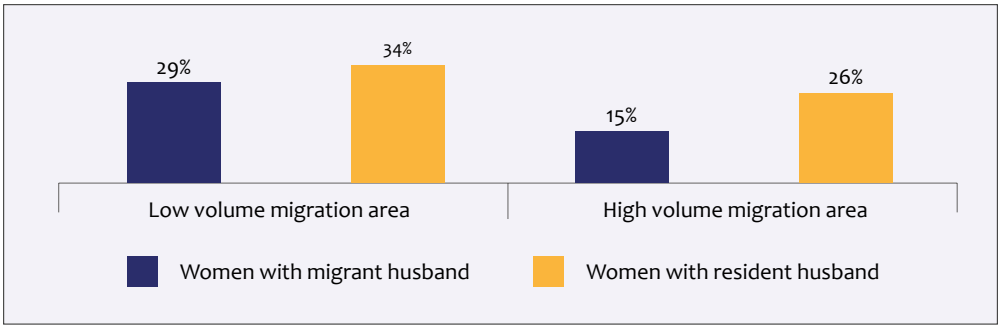
Additionally, over 44% of the Districts in India reported >20% women marrying before they reach the age of 18 years. These Districts were in the States of Bihar (17), West Bengal (8), Jharkhand (7), Assam (4), 2 each in Uttar Pradesh, Rajasthan and Maharashtra. Coincidentally, these Districts also experience low rates of modern contraceptive use.

Figure 10: District Wise Change in Child Marriage from 2015–16 to 2019–21



- **Migration and family planning:** The data indicates that the mCPR is significantly lower amongst women with migrant husbands (for e.g., 35% in Bihar, 24% in UP) than amongst women with resident husbands (47% in Bihar, 36% in UP) (Source: Special FP Surveys). The reasons for non-use of contraceptives among women with migrant husbands was mostly driven by lack of contraceptive preparedness before husband's arrival, inability to procure contraceptives due to inaccessibility to health facilities, and stigma around procuring contraceptives when the husband was away. Other migration-environment related reasons included low frontline health worker outreach, myths and side effects of contraceptives, community fertility norms, and poor spousal communication around family planning (Mukherjee et al., 2021).

Graph 9: Modern Contraceptive Use by Migration Status of Household and Geography



Challenges due to climate change and disaster: The increasing incidences of extreme weather events, particularly, floods every year, is compounding the impacts of climate change. Larger populations and high fertility areas impact the climate crisis and alternatively the climate crisis in turn augment the FP/RH needs of the country. Owing to high migration (due to climate change) the FP/RH needs require addressal in terms of contraceptive access, availability of a resilient health system that prioritizes FP/RH.

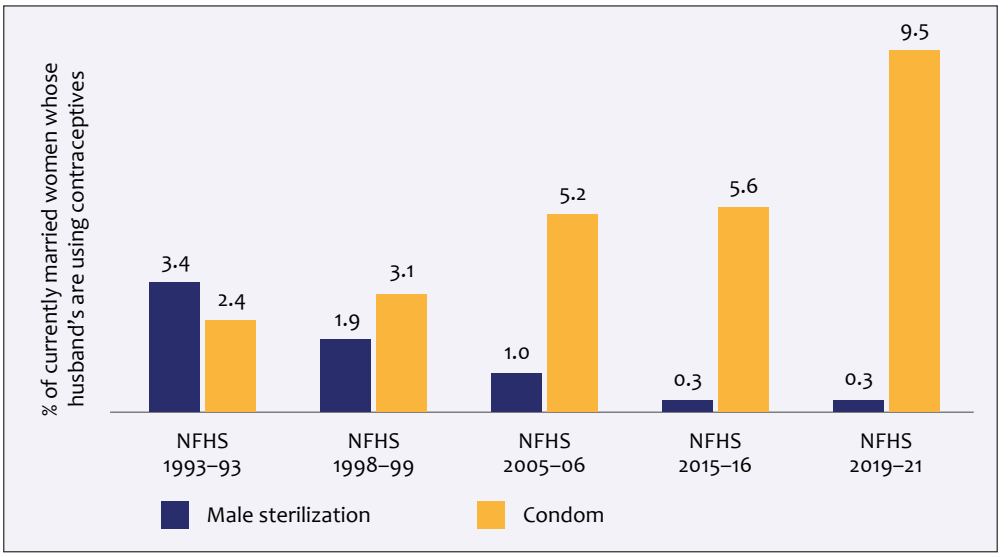
This necessitates the need for focussing on urban slums and disaster or humanitarian settings

2. Ensuring Male Participation (Ensuring equitable and comprehensive services)

The data over time indicates an increase of the acceptance of male contraceptive methods, which is largely due to condom use. The prevalence of male sterilization is low at 0.3%.

Overall male participation is also determined by men's perception towards women's contraceptive use.

Graph 10: Trends in Prevalence (%) of Male Methods, India

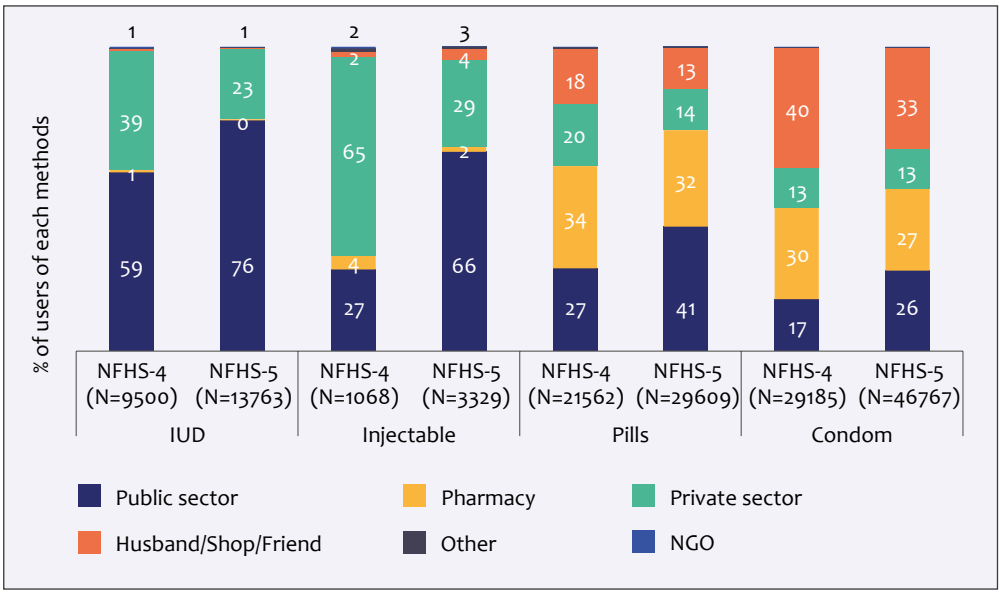


3. Improving Access and Availability of Contraceptive Services (Ensuring Universal, comprehensive, choice based and quality services)

- **Accelerating the engagement of private sector**: As the country is witnessing major demographic shifts, the challenge still remains in improving access to contraceptives for young. In this new era the importance of the private sector in achieving FP goals is thus becoming increasingly apparent. The presence of the private sector in India cannot be undermined as it consists of 58% of the hospitals in the country, 29% of beds in hospitals, and 81% of doctors. NFHS-5 reveals that the private sector is one of the important sources for provision of modern contraceptives. Private sector contributes to 45% share of pills and 40% share of condoms. For other reversible contraceptives like injectables the share is 30% and for IUCD it is 24%. Sterilization services however are largely provided by the public sector in India.

  Over the years country is witnessing decline in private sector participation for FP services. To add on, the uptake of clinical FP services like IUCD, and sterilization, did not gain momentum in the private sector. NFHS-5 pattern is a cause of concern given the existence of private sector in India, and its role in sustaining the gains around increased use of reversible contraceptive methods. Further analysis of this data suggests that the proportion of poorest/poorer households sourcing methods from unsubsidized sources (private providers, chemists) is increasing sharply over time, specifically in rural areas, from 29% in 2005-06 to 40% in 2019-21. Given the market and the potential that the private sector has, there is a need to accelerate their involvement as part of the public-private partnership for family planning.

Graph 11: Source of Reversible Contraceptive Methods



- **Strengthening integrated counselling for addressing the discontinuation of reversible contraceptive methods:** NFHS-5 show higher rates of 12-month discontinuation of methods in high-focus States as compared to low focus States. The reasons for discontinuation rates vary by type of method in the States. If the discontinuation of methods is reduced through facilitation of switching methods, the gains in contraceptive prevalence can be sustained, and the progress can be accelerated towards UHC.

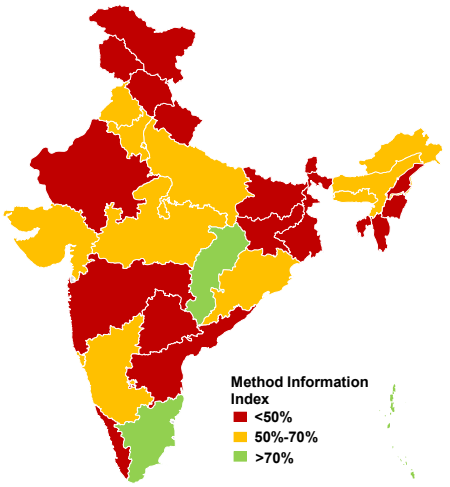
Table 3: 12-Months Discontinuation Rates by Reasons, India, 2019–21 (all modern reversible methods)

	Method failure	Desire to become pregnant	Other fertility related reasons	Side effects/ health concerns	Wanted more effective method	Other methods related	Other /DK	All reasons	Switching to another method
India	2.7	12.2	10.1	6.3	4.7	9.8	12.0	**58.0**	7.4
High focus, non-NE	2.8	11.4	11.9	4.7	4.8	9.8	17.1	**62.5**	7.0
NE States	2.5	13.8	6.9	6.3	4.7	3.5	12.0	**49.7**	8.2
Rest of India	2.5	13.8	6.9	7.8	4.7	5.6	8.4	**49.7**	8.2
MPV Districts	3.1	12.2	13.9	4.7	3.5	13.2	16.2	**66.7**	5.9

Another area of concern is the quality of FP messaging. As per NFHS-5 the method information index for Family Planning methods is 50%. The overall method information index has increased in the country (as discussed in the chapter above). The challenge however remains the State wise disparities. Both urban and rural populations in India report lower levels (52.7% in urban and 48.9% in rural).

This necessitates the need for improving counselling services, demand generation models as well as health worker interaction.

Figure 11: State wise method information index (NFHS-5)



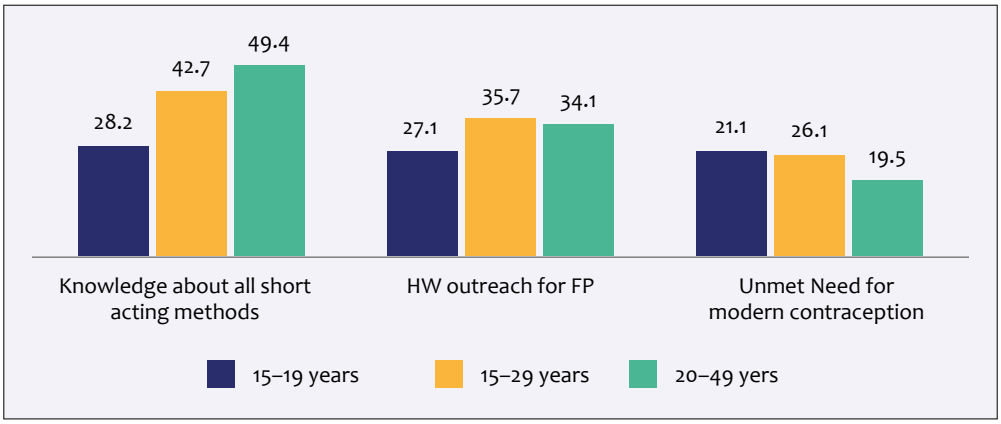
4. Engaging Community and Other Stakeholders (Ensuring community participation and accountability)

India witnessed a 10% increase in the contraceptive need in a span of 5 years from NFHS 4 to NFHS 5. This increase shows a greater awareness for adoption of FP methods. This however didn't translate completely to modern contraceptive use (as evident by increase in traditional methods as well as static unmet need for modern contraception). The health worker reach to FP non-users is low at 24%. In addition, among the 3rd trimester

and postnatal women, FP still remains the least discussed topic for all age groups and in all States.

Adolescent and youth also remain an area of concern as overall demand for contraception is low in both age groups. The existing low demand for contraception is also substantiated by the fact that health workers have limited reach in these age groups.

Graph 12: Knowledge, Health Worker Outreach and Unmet Need for Modern Contraception in Various Age Groups (NFHS-5)



GoI has created many advocacy platforms and 2030 is the time to leverage all these platforms. Besides this a meaningful engagement of CHOs and strengthening HWCs will also help in achieving overall vision of universal RH care.

Engaging civil society organizations: In the last few decades civil society has contributed immensely to the spectrum of supply-side interventions as well as in demand generations through social and behavioral change communication programs, increasing knowledge through fertility awareness method, using digital platforms and mHealth, programs involving youth and men, improvement of women agency, and social accountability.

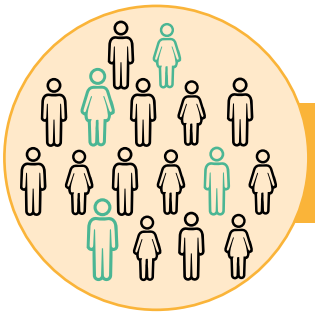
India's national FP program and policy leadership had made a strong commitment to call for action on FP in 2012, and for universal health coverage in 2019. The process for developing FP 2030 vision has been evidence-based, transparent, and driven by collective decision making. Given the nature of challenges that require to be overcome, there is a need for collaborative efforts to focus at micro level, especially in the north-eastern States, amongst the urban poor, in rural remote areas and specially for adolescent and young population.

CHAPTER 5

Mainstreaming Adolescent and Youth SRH Priorities

Prioritizing Adolescent and Youth Reproductive and Sexual health

India houses the largest adolescent and young population in the world.



Every fourth individual in India is adolescent or young*

*10-24 years age group constitutes 27% of India's population) (RGI, TGPP 2021)

Therefore, investing in their health and well-being is crucial for reaping maximum demographic dividend as these individuals would grow into a productive working population and have the potential to impact maternal and child health outcomes. While there have been progressive initiatives to engage adolescents and young people as part of national programs, there is still a need to strengthen access to quality information, and access to contraceptives to enable informed choice and prevent other health risks.

Objectives

The Government of India remains committed to continuing to respond to the needs of adolescents and young people with specific reference to information about and access to family planning services. Keeping the lifecycle approach in mind, the intention is to ensure adolescent and youth-friendly services across the spectrum of care. While adolescents and young people are a priority in all the five FP 2030 commitments, this chapter is to bring additional focus on condensing engagement with adolescents and young people in one place.

The objectives of prioritizing adolescents and young people resonate with the vision Statement as well as with all the five commitments below:

Expanding access and reach of contraceptive options

With a focus on young people while strategizing to ensure last-mile availability.

Ensuring healthy timing and spacing of pregnancies

Responding to the need for young people to plan the first pregnancy and healthy spacing between subsequent births.

Strengthening access with an equity lens

Expansion of Mission Parivar Vikas to additional geographies with a focus on community engagement initiatives for young and strengthening linkages with other national programs.

Engaging young people informed by behavioral insights

Designing interventions tailored to adolescents, young people, and marginalized populations to respond to the unique needs for information and access to services.

Leveraging CSOs to strengthen access to information and services

Leveraging coalitions of young people to ensure last-mile linkage, complementing the Government-led initiatives and supporting deeper engagement.

Existing Strategies

1. Rashtriya Kishore Swasthya Karyakram (National Adolescent Health Program)

Launched in 2014, the RKSK strategy has come a long way in addressing the distinct health needs of adolescents. The program stands tall on six health pillars, one of which is improving the sexual and reproductive health of the adolescents and targets reduction in teenage pregnancies and enhancing knowledge, attitudes, and behavior of adolescents, concerning SRH.

Figure 12: Key Elements of RKSK

Recent initiatives like the Adolescent Friendly Health Clinics and the Peer Educator program, under the Rashtriya Kishore Swasthya Karyakram are a testament to the efforts to ensure increased access to health services and information and improve contraceptive uptake through social and behavior change:

- **Adolescent friendly health clinics:** Manned by dedicated and trained adolescent health counselors, adolescent friendly health clinics serve as a platform to provide a one-stop solution to all adolescent health needs. These clinics are established at high-load health facilities with a provision for counselling, contraceptive services, and easy referrals and reverse referrals.
- **Peer educator program:** Four peer educators (two boys and two girls) selected per village/1000 population by the ASHA to reach out to adolescents is a model to ensure easy access to correct SRH information and referral services to the adolescents.
- **Engagement of CHOs for Family Planning service provision with focus on adolescent and young people's SRH needs.**

2. Ayushman Bharat Initiative

India is constantly taking strides in improving access to health services for adolescents and young people. With the advent of the 'Ayushman Bharat' initiative, the programmatic focus on adolescent health initiatives is greater than ever.

- **School health ambassador initiative:** Realizing that schools serve as an ideal platform to impart education on pertinent health issues, forge linkages with services and reach parents and community through the students, this program incorporates **11 important themes of adolescent health and well-being** in the school curriculum, including age-appropriate sexual and reproductive health information. This program is realized through the selected teachers trained as Health and Wellness Ambassadors for imparting health education and coordinating with the health machinery of the District for health screening and referrals.
- **Adolescent health and wellness days *('Yuva Samwad')*:** The Adolescent Health Day (AHD) is organized in every village once every quarter on a convenient day (preferably on a Sunday) following the Village Health, Sanitation, and Nutrition Day. Mainly targeted towards out-of-school adolescents, the primary aim of this intervention is to increase awareness of important health issues (including SRH) and improve linkages with the AFHCs.

3. Existing FP Initiatives

While the current National FP program provides voluntary services to all beneficiaries, certain schemes have been conceived to specifically address the needs of young population. These include:

- **Ensuring spacing at birth scheme**: Promotes delayed childbearing after marriage and healthy birth spacing between pregnancies.
- **Promotional schemes under Mission Parivar Vikas**: Nayi Pehel kits (for promoting uptake of FP in newlyweds), Saas Bahu Pati Sammelans (for improving communication about contraception and Family Planning).

- **Installation of safe life kit (Suraksha kit):** for wider and confidential access to condoms, ECP & PTKs.

4. Safe Abortion Services

India is becoming a harbinger in ensuring a legally enabling environment for access to SRH services for adolescents (both married and unmarried) with the careful introduction of the newly amended **Medical Termination of Pregnancy Act, 2021** (wherein free and safe abortion services are to be provided without any bias).

5. Integrated RMNCAH+N Counselling

The Government of India launched the Integrated RMNCAH+N Counselling Manual recently, of which Adolescents and Young People are an integral part. Other guidelines on counselling and service provision for contraception also state that all the spacing contraceptive methods may be provided to adolescents after ascertaining their medical eligibility without any discrimination.

6. Strategic Interventions through Ministry Of Women And Child Development

- **Integrated Child Development Scheme (ICDS):** Anganwadi Centre (AWC), which work in close collaboration with ASHAs and ANMs (Triple A platform) offer a package of six services which includes education on family planning.
- **Kishori Shakti Yojana (KSY):** AWCs serve as information platforms for out-of-school girls wherein the Anganwadi workers (AWWs) are trained in SRH to educate and influence adolescents, caregivers, and the community through regular contact.
- **Balika Samriddhi Yojna (BSY):** BSY covers girl children in families below the poverty line (BPL). AWWs ensure supplementary nutrition and early registration of pregnant adolescent girls. Linkages under BSY aids in increasing community awareness on promoting legal age at marriage.

7. Strategic Interventions through Ministry of Human Resource Development

- **Adolescent Education Program (AEP):** AEP complements the intensified school health activities under RKSK and use the schools as a platform to increase awareness about AFHCs.
- **Ayushman Bharat- School Health and Wellness Program (SHWP):** SHWP is a platform for raising awareness on various SRH issues, including RTI/STIs, consequences of teenage pregnancies etc. and their prevention in collaboration with MoHFW.

8. Strategic Interventions through Ministry of Youth Affairs and Sports

- **Nehru Yuva Kendra Sangathan (NYKS) Programs:** NYKS has linkages with local NGOs, whose capacities are built through the Health Department. SRH is a part of life skill development for improving male participation among adolescents.

Ilustrative and innovative models:

Delivering Sexual and Reproductive Health Through Convergence Model by Integrating RKSK and SABLA in West Singbhum, Jharkhand

A convergence model implemented by integrating two large scale Government programs – SABLA and the RKSK (by MOWCD and MOHFW respectively)– to reach out to over 1,00,000 adolescents in West Singbhum (Jharkhand).

The collaborative efforts focused on: strengthening program implementers' capacities; group consolidation and information exchange by peer educators; promoting access to adolescent health services (including SRH services); engaging community and service providers to promote health-seeking behaviours; bringing together the lead departments to deliver common adolescent health mandates; operationalization of adolescent health facilities; intensified community engagement.

***SASHAKT* – Strengthening AYSRH (Adolescent Youth Sexual & Reproductive Health) among Mahadalit Community in Bihar, India**

Sashakt project (supported by Packard foundation) worked with the adolescents in the Mahadalit communities in 288 villages in Bihar to improve SRH-related knowledge and attitudes and access to family planning services through RKSK.

The initiative implemented innovative approaches to ensure migrant boys participated in peer groups meetings and introduced ASHAs to the new concept of social inclusion through their systematic engagement and training to achieve desired health outcomes. The project aided in reducing service provider bias while improving the interaction between ASHA and the Mahadalit community resulting in promoting healthy timing and spacing of children among young married couples, accessing institutional SRH services, and preventing girl child marriage.

Charting the Roadmap for Vision 2030

Improving Sexual and Reproductive health among young people requires comprehensive efforts and actions from various stakeholders. The FP 2030 paradigm will only be complete when its architecture is framed, and components are designed with the active engagement of the adolescents. This co-created platform will only strengthen the efforts towards nurturing stable societies, averting threats, challenges, and impacts of gender inequality, poverty, unemployment, climate change, and health and wellbeing and would be an effective roadmap to achieving sustainable development goals.

Policy and governance	✦ Strengthening platforms for holistic approach, involving multiple ministries, health departments as well as the involvement of NGOs, and Civil Society Organizations with deeper penetration within the communities for Adolescent and youth SRH. ✦ Strengthening local governance structures for better community engagement.
Access to FP services	✦ Strengthening current strategies like placing safe life kits in prominent public places and utilizing the services of School Health Messengers (students) and Ambassadors (Teachers), Peer Educators, and other networks for improving contraceptive access and use among adolescents and young people. ✦ Ensuring improved access to emergency contraceptive services through installation of safe life kits. ✦ Developing innovative models to improve young people's access to contraceptives Eg: engaging private sector, utilizing e-platforms, etc. ✦ Strengthening the capacity of health workforce for providing quality adolescent and youth SRH services. ✦ Ensuring implementation of the amended MTP act ✦ Leveraging the CHO workforce for provision of FP services to the young. ✦ Strengthening data collection systems, RCH portal for devising age disaggregated data. ✦ Leveraging the current data systems for adolescents (RKSK dashboard).
Demand and information services	✦ Strengthening the existing demand generation strategies. ✦ Capacity building of existing health workforce like Adolescent health counsellors for SRH information and service provision. ✦ Leveraging Youth-centred SRH initiatives through social media engagement and digital platforms and tailor the content and intervention inputs to suit these channels. ✦ Strengthening National FP helpline for provision of YSRH services. ✦ Strengthening initiatives around comprehensive sexuality education (through SHWP) involving both adolescent boys and girls. ✦ Improve engagement of boys around the issue of SRH.

CHAPTER 6

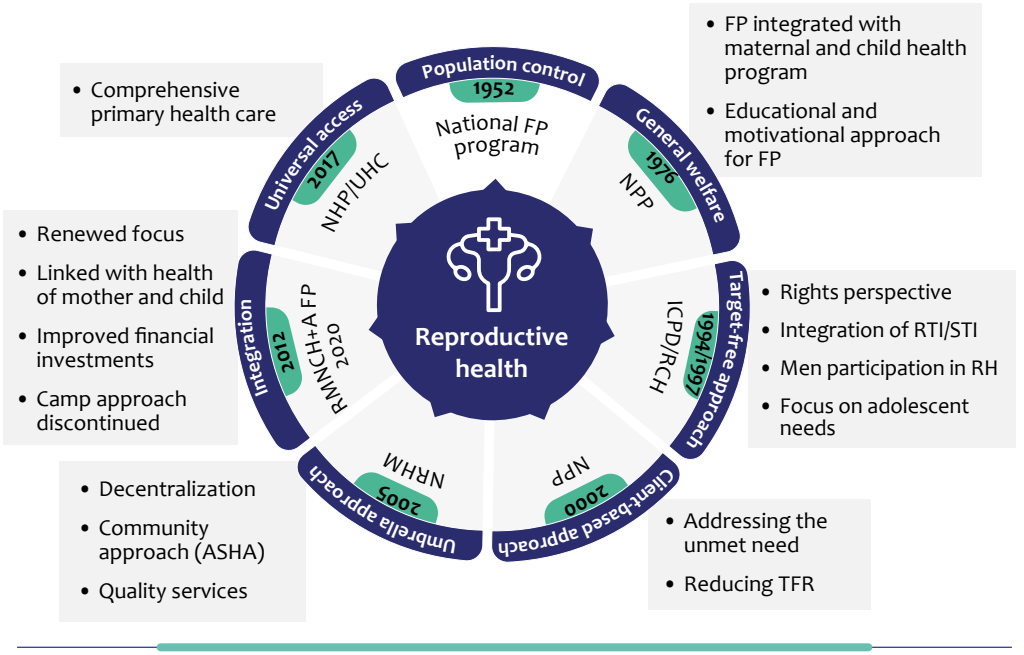
Ensuring FP Service Availability

Strategic Changes towards Improving FP Service Delivery

India takes pride in launching the first National Family Planning program in the world in 1952. The initial strategy for delivery of Family Planning (FP) services was through a facility/clinic-based approach, where the focus was limited to clients visiting the clinics voluntarily. After the early two decades of the FP program, the general welfare approach was adopted which ingrained educational and motivational strategies in the service delivery framework.

India's expansion of the contraceptive basket with every passing decade and evolving approaches from target based to voluntary adoption of family planning reflected its commitment to ensuring quality reproductive health. Post ICPD 1994 in Cairo, India was one of the 179 Governments that embraced a bold vision for ensuring rights and well-being of its citizens. The formulation of the Reproductive and Child Health (RCH) strategy in 1997, was the country's first step towards integrating FP service delivery with maternal and child health interventions. With the advent of the National Population Policy (NPP) in 2000, this strategy was emboldened as it called for universal access to information and services for fertility regulation and intersectoral convergence. The National Rural Health Mission (NRHM)-2005 was launched as an umbrella mission where the concept of integration of services was a focus. This also led to the dawn of community level interventions through the introduction of a new cadre of the health workforce, the

Figure 13: Different Strategic Approaches under FP Program



Accredited Social Health Activist (ASHA). Currently, around 10 lakh (approx. 1 million) ASHAs are playing a pivotal role in addressing the changing family planning needs of the population. The FP 2020 goals and launch of the RMNCH+A strategy in the early 2010s, fuelled an **increase in financial investments into FP**, and alongside, intensified the focus on the integration of FP service delivery, provided a platform for addressing reproductive rights and called for an increased focus on provision of quality services. Positive deviance thus came into the program with a **client-centric approach**. The simple motivation approach of the 1960s has now been replaced by a more **comprehensive counselling approach.** Following the tenets of the National Health Policy of 2017, the country now aims to **increase access, improve quality, and ensure universal coverage of reproductive health services.**

NFHS-5 reports noteworthy achievements in the FP indicators, however, there are wide variations across the States, marginalized groups and hard to reach communities. This requires concerted efforts for increasing accessibility and availability of quality family planning services. Additionally, there continues to be an unmet **need for family planning in India which highlights the need for reaching the last mile in FP service delivery.** A significant part of strengthening FP service delivery is also ensuring the quality of FP services, and a fundamental tenet of quality FP services is the principle of **informed choice (voluntary and rights-based decision making).**

The Pillars of Strengthening Service Delivery – Existing Strategies

1. Expansion of Contraceptive Basket

India recognized the importance of family planning program seven decades back and started early to expand its contraceptive basket. In 1963, India became the first country to introduce **male condoms** into its national program with the brand name **'Nirodh'** and in 1965, the intra uterine contraceptive device – **Lippe's loop** was introduced into the program as the first birth spacing method for women. Subsequently the country's contraceptive basket was expanded with the introduction of **Oral contraceptive pills and Laparoscopic sterilization.** Efforts to provide safe contraceptive choices to the couples under the National FP program continued and in the year 2002, the contraceptive basket was again expanded with newer version of **IUCD (IUCD 380 A)** and **Emergency Contraceptive pills.**

Later, the introduction of Cu 375 (known as IUCD 375) in the year 2012 proved to be a breakthrough in the duration of contraception provided to couples through IUCD.

Global evidence also suggests that **for every additional contraceptive method made available to the population, there is an overall increase in the percentage of clients using contraception.** A reasonable mix includes methods that are short acting and long acting, client controlled and provider dependent, and natural and clinical.

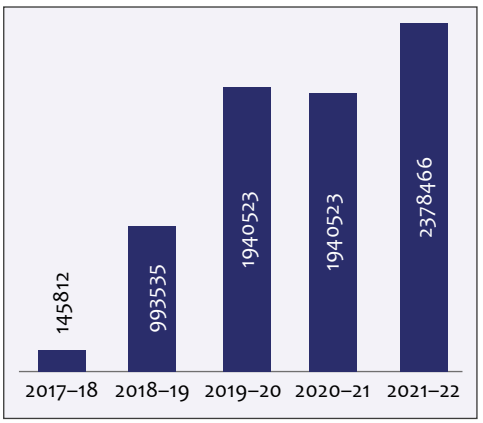
India's FP 2020 commitments at the London summit (2012) provided an impetus for expanding the contraceptive basket again. In 2016, India introduced two new contraceptives. **Injectable Medroxyprogesterone Acetate (MPA) and the weekly pill Centchroman.** Additionally, a pilot study on Progesterone Only Pill (POP) was also conducted during this period.

- **Injectable contraceptive Medroxy progesterone Acetate (MPA) :** Injectable contraceptive MPA was approved by the Drug Controller General of India (DCGI) in June 1993 for marketing and use as an injectable contraceptive method. Based on the success of MPA in the private / NGO sector and with the strengthening of infrastructure, in 2016, Injectable contraceptive MPA (Intramuscular variety, three monthly injection) was introduced in the public health system under the 'Antara Program'. The introduction of Injectable contraceptive marked a turning point in the country's contraceptive approach as it provided women with a choice that largely protected their privacy in addition to wider options for meeting their reproductive health goals.

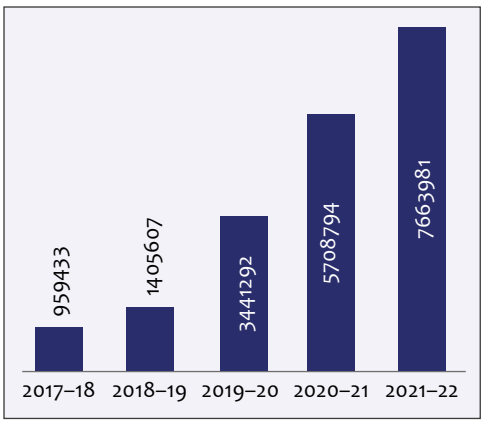
Structured roll out plan and capacity building efforts of the Government since its launch resulted in impressive uptake of this contraceptive.

- **Centchroman:** In the same year (2016) Centchroman, (Ormeloxifene) a non-hormonal and non-steroidal once-a-week pill indigenously developed by the Central Drug Research Institute (CDRI), Lucknow, India, was introduced under the brand name **'Chhaya'**. The Covid-19 pandemic demonstrated an impressive uptake of Centchroman as a self-care method. Being a non-hormonal method, it has a high potential for increased uptake, especially by postpartum women since it does not interfere with lactation and can be initiated immediately after delivery.

Graph 13: Injectable MPA Doses Trend (HMIS)



Graph 14: No. of Centchroman Strips Year Wise Trend (HMIS)



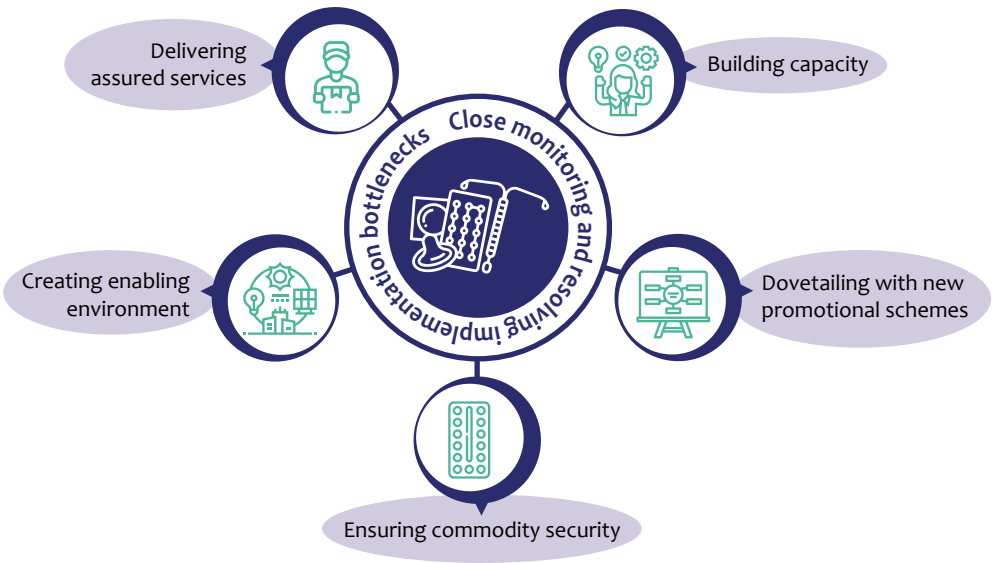
- **Progesterone Only Pills (POP):** In 2016 Progesterone only pills, were introduced as a pilot in selected States.

There is also a range of newer, modern methods of contraception already in use in India in the private sector. These include s**ub-cutaneous Injectable MPA as well as Implants, which are highly effective, long-acting, reversible contraceptives.** India envisions introduction of these newer contraceptives in the national program by 2030.

2. Mission Parivar Vikas

MPV is the Government of India's flagship program that aims to accelerate access to high quality contraceptive choices based on information, reliable services and assured supplies within the rights framework. The strategy works on five important tenets (Figure 12) and focuses on close monitoring and resolving implementation bottlenecks.

Figure 14: Strategies under MPV



A few testaments to the success of the MPV strategy mentioned below (since inception in 2017):

Approx. 16 lakh (1.6 mn) Nayi Pehel Kits distributed	>7 lakh Saas bahu sammelan conducted with a total of 1.3 Crore (13 mn) participants	9 crore (90 mn) condoms distributed through condom boxes	Approx. 1300 MPV Campaigns conducted with 11 lakh (1.1 mn) sterilization and 19 lakh (1.9 mn) IUCD insertions	53 lakh (5.3 mn) clients reached via SAARTHI

Modern Contraceptive Use

137 out of 146 Districts
have shown an increase in modern contraceptive use

(from NFHS IV to NFHS V)

Total Unmet Need

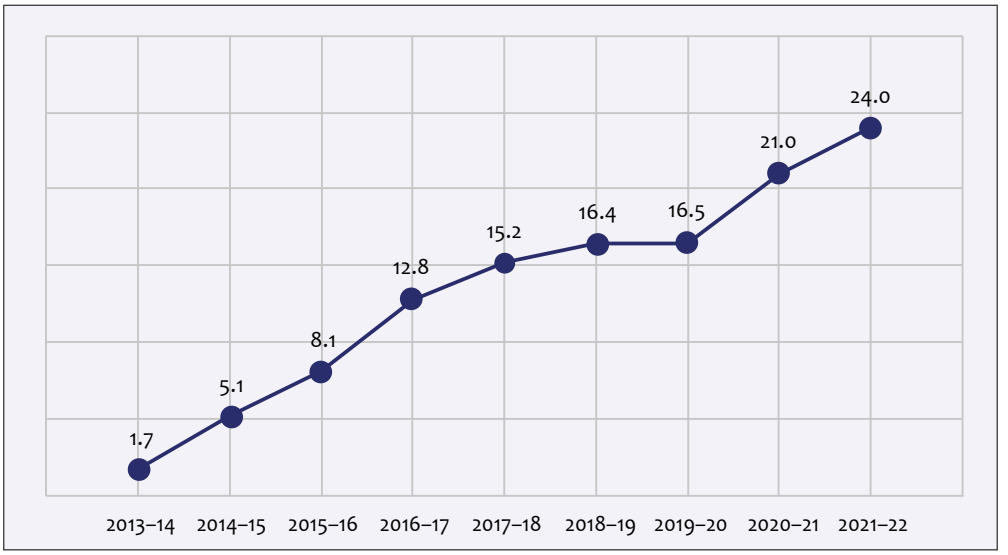
124 out of 146 Districts
have shown an decline in unmet need for contraceptive

(from NFHS IV to NFHS V)

3. Strengthening Post-Pregnancy Contraception

Over the years India emerged as a global leader in providing post pregnancy contraception to the clients. During the FP 2020 journey PPIUCD services were strengthened across the nation by leveraging the increase in institutional deliveries. From 2012 to 2020, more than 13 million PPIUCD insertions were reported, and another 3 million in 2021-22. It emerged as one of the preferred options during the COVID pandemic.

Graph 15: PPIUCD Acceptance % (Out of Total Public Health Deliveries)



Learning from the PPIUCD experience, GoI also revived the post-abortion contraception in 2017. Specific interventions were taken, providers were trained and focused monitoring was done.

4. Service Delivery Strategies to Reach the Last Mile (Improving Access)

- **Home Delivery of Contraceptives (HDC):** Under this scheme, ASHAs deliver contraceptives (condoms and OCPs) to clients at their doorstep for **increasing access and ensuring a regular supply of contraceptives for the clients.**

- **Ensuring Spacing at Birth (ESB):** Under this scheme, ASHAs counsel the community on healthy timing and spacing of pregnancies.
- **Pregnancy Testing Kit Scheme:** PTK is a part of the ASHA kit for ensuring early identification and management of pregnancies.
- **Involving CHOs at Health and Wellness Centres (HWCs):** As a step towards ensuring universal comprehensive primary healthcare, GoI has upgraded selected sub-centers and PHCs into HWCs under Ayushman Bharat. These HWCs are envisaged to deliver an expanded range of services including FP services to bring services closer to communities and address the needs of the most marginalized populations.
- **Drop back scheme:** The scheme covers the transportation cost for the sterilization clients.
- **Clinical Outreach Teams (COT):** Involve private sector providers to increase access to quality FP services in hard-to-reach areas.
- **Fixed Day Services (FDS):** Under the FDS approach, sterilization services are provided regularly and routinely on fixed days, throughout the year. These FDS are also organized in hard-to-reach areas for Long-Acting Reversible methods like IUCD.
- **Addressing opportunity and travel costs:**
  - Compensation scheme for clients of sterilization services involves compensating sterilization beneficiaries for the loss of wages for the period they require for recuperation following sterilization.
  - PPIUCD and PAIUCD incentive scheme: To cover the incidental and travel costs for follow-up visits after PPIUCD and PAIUCD insertion, incentives are provided to the clients and ASHAs.

Illustrative and innovative models:

Tele-counselling of Injectable MPA clients: MoHFW guidelines mandate that initiation of Injectable MPA requires screening by a doctor. This often creates barriers for women situated in far off areas. To **address this distance barrier,** the MoHFW in October 2021 formulated guidelines for **screening new users of Injectable MPA through telemedicine.** It has also helped in addressing side effects and complications following the use of other methods.

5. Facility Level Service Strengthening

- **Quality assurance for FP services:** Guided by Hon'ble Supreme court directives the FP services in India follow a quality assurance mechanism. This quality assurance mechanism in addition to the existing defined set of facility standards (National Quality Assurance Standards, NQAS), includes counselling for contraceptives; clinical protocols for providing various FP services and their follow-up; clinical protocols for managing any complications during the provisioning of FP services and the follow-up.
- **Accreditation of private facilities** which fulfils the criteria laid down by Government of India in Manual for Standards and Quality Assurance in Sterilization Services.

6. Capacity Building of Service Providers

GoI has a structured training curriculum and guidelines for all available contraceptives which are updated and uploaded on the national portal for easy access by all the program officers and service providers and stakeholders.

Figure 15: Capacity Building Guidelines and Tools

Illustrative and innovative models:

Onsite training and post training support: To improve the quality of service delivery, an innovative model of onsite training and post training support was implemented in 10 States (Assam, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, and West Bengal) with donor support (LAD and BMGF). This intervention improved service availability and delivery by training all eligible facility staff on comprehensive contraceptive care which ensured round the clock contraceptive services. The focus was on long-acting reversible contraceptive (LARC) services and continuous monitoring of service quality through supportive supervision and handholding post training.

7. Other Cross Cutting Strategies to Boost Service Delivery

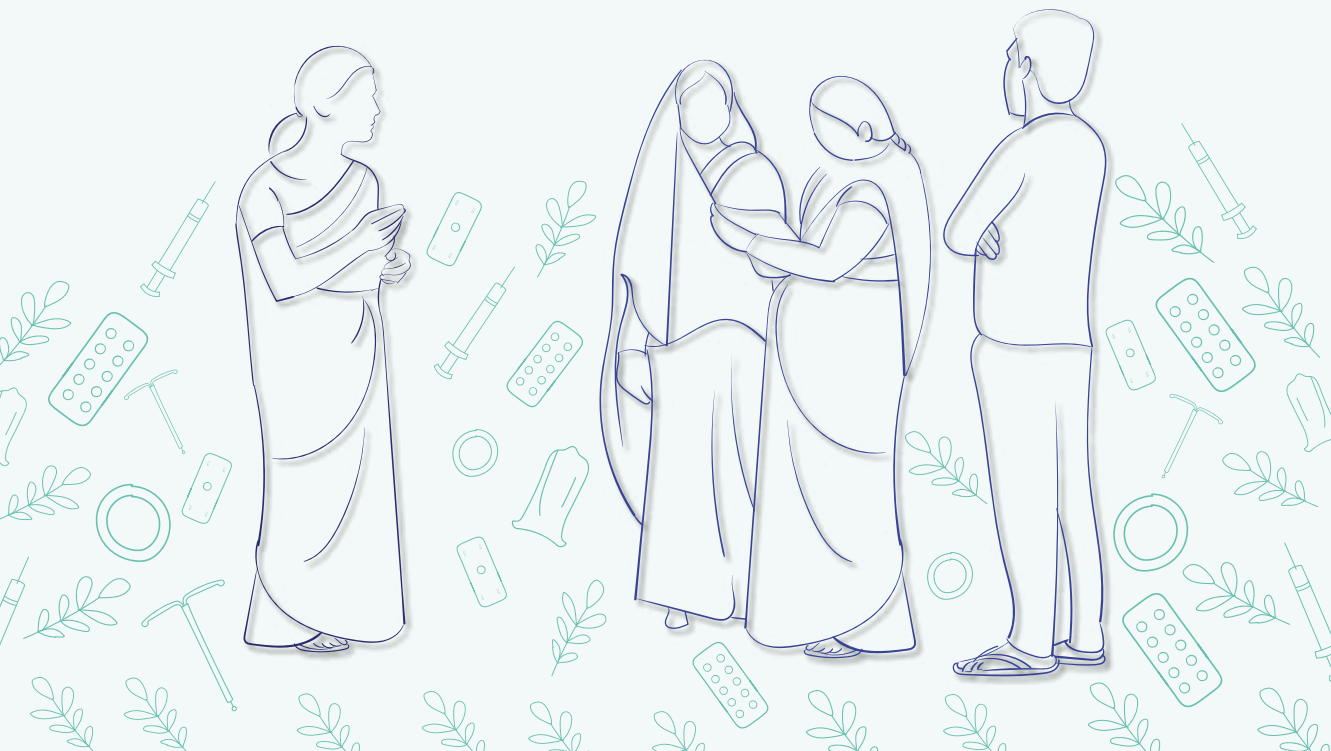
- **Engaging private sector**: GoI is implementing a multitude of strategies for private sector engagement including operationalization of COT, accreditation of private providers, social marketing scheme etc. The strategies are detailed in the chapter on leveraging private sector engagement.
- **Improved monitoring:** India has the largest database on all services and Post FP 2020 summit 2012 special emphasis was laid on **effectively capturing data and utilizing it to inform FP service delivery** and the decision making. Extensive reviews and monitoring across all States of India institutionalized the use of national data and steered the capacity building plans, budgeting and service provisioning in the States. The triangulation of data was done at regular intervals and supportive supervision visits undertaken by Government officials and partners.
- **Driving demand for FP services:** Demand generation needs may vary with the geographies, sociocultural practices, and awareness level of the community. India has worked towards intensifying the demand generation activities following FP 2020 commitment. India's demand generation efforts adopted a 360-degree approach and aimed at fostering dialogue about family planning, increasing social approval for family planning and Improving knowledge and perceptions of family planning methods.
- **Ensuring adequate financing:** The National Family Planning program is a centrally sponsored program where the budget is secured for services, capacity building, IEC/BCC and monitoring every year in country costed plans developed by State (PIPs). Commodities are centrally procured and distributed across the country to maintain uniform quality and availability.

Charting the Roadmap for Vision 2030

Policy and governance	✦ Expansion of contraceptive basket under National Family Planning Program. ✦ Strengthening local governance structures for ensuring equity, and timely responsive services.
Access to FP services	✦ Charting a roadmap for the introduction of new contraceptives in the National FP program. ✦ Strengthening current strategies like placing safe life kits in prominent public places other than health facilities. ✦ Ensuring improved access to emergency contraceptive services through the installation of ECP boxes. ✦ Developing innovative models to improve access to contraceptives Eg: engaging the private sector, utilizing e-platforms, etc.
Health system strengthening	✦ **Enhancing quality services:** To further enhance quality standards in FP service provision, focused efforts will be put into improving counselling (with a focus on choice and rights-based decision-making for clients), conducting client assessments and having adequate infection control processes for IUCD and sterilization services as well as having quality standards in place for all FP services. ✦ Leveraging the CHO workforce for increasing uptake of FP services. ✦ Strengthening the capacity of health workforce for providing quality services.

CHAPTER 7

Improving Community Engagement for FP



Community engagement is a key strategy to ensure improved and sustained reproductive health outcomes. Effective community engagement builds on accountability, trust and optimal utilization of resources. The approach of strengthening the local community and decentralizing decision-making is ingrained in India's constitution. As discussed in the previous chapter, India realized the importance of community education and motivation for FP services way back in the 1970s. The concept of ASHA further strengthened the involvement and engagement of community.

Need for Improved Community Engagement for FP

Contraceptive use is determined by various socio demographic determinants as well as access to FP services. Social determinants impact reproductive health outcomes especially for the socially and economically marginalized by influencing reproductive decision making and uptake of FP information, products, and services. Various underlying socio-demographic factors, such as age at marriage, age at first birth, education of girls, women and men's economic aspirations and participation, perceptions of ideal family size, societal norms like son preference, and perceptions around fertility especially within first year of marriage need to be addressed to influence maternal and child health outcomes.

It is essential to engage communities to address social determinants of FP, from preventing early marriages and GBV to, promoting choice and voice of women within the value framework of dignity, equity and inclusiveness. Evidence suggests that engaging the community aids in reliably tapping multiple service delivery channels for increasing acceptance of FP services. Also, it is crucial to understand the diversity of needs, and populations. Reproductive intentions is an important area that can be reached by engaging the local community in both activities and decisions that shape their reproductive choices and addresses inequalities.

Therefore, we must drive action by addressing social determinants through engagement with communities, empowering people to make informed decisions, addressing individual community needs, especially the marginalised, utilising digital innovations, and forging cross sectoral partnerships.

While addressing FP/RH issues various barriers act at different levels.

Individual
- Age at marriage
- Education
- Economic status

Community
- Son preference
- Limited male participation
- Existing myths and misconceptions about contraceptives

Social
- Social practices
- Gender role
- Pro fertility norms

This makes it even more important to leverage local community leaders to be the stakeholders in creating and sustaining community engagement. Discussion on FP needs to be done on a collective level to ensure that the entire community receives the same information, while also creating a space for co-sharing for the community.

India's Effort in Engaging Community for Addressing Gaps in Health Outcomes

India is cognizant of the fact that barriers can be crossed only if local players are the leaders of community engagement for family planning as this will help them in unlearning their biases which can negatively impact their role as information disseminators or infringe upon the rights of those individuals who are seeking information or services.

India's investment in creating platforms for community engagement under various programs and initiatives in the last two decades has been a testimony to its commitment to bridging these gaps/barriers in seeking health care services by all age groups.

1. Community Engagement Platforms under National Program

The National Health Mission (NHM), a flagship program of the Government of India included community processes and the creation of public platforms for intensive community engagement as a cornerstone of health system strengthening. **These platforms have been engaged to address the social determinants of FP.** The key components of the community engagement strategy under NHM, included the following:

- Selection and training of Accredited Social Health Activist (ASHA) to work as an interface between the community and public health system also involved in Home

Delivery of Contraceptives, identifying eligible couples in the community and ensuring healthy spacing practices.

- Constitution and strengthening of Village Health Sanitation and Nutrition Committees (VHSNCs) to take leadership in improving health awareness and promoting access to health services, addressing local needs and serving as a mechanism for community-based planning and monitoring.
- Constitution and strengthening of Mahila Arogya Samitis (MAS) to take collective action in urban slums on local issues related to health including reproductive health.
- Constitution and strengthening of Rogi Kalyan Samitis (RKS) in public health facilities to ensure compliance to minimal standards for hospital care, adherence to protocols of treatment and ensure accountability of health providers to the community.

Under Ayushman Bharat, Health and wellness centres established at the Sub Health Centre (SHC) and the Primary Health Centre (PHC) levels serve as a platform to foster community participation, ownership, and action on social and environmental determinants of health.

2. Mission Parivar Vikas (MPV)

Capitalizing on the key strategies of NHM, the FP program took various initiatives to promote access to improved FP services at the community and household levels. In 2016, GoI launched MPV adopting a holistic approach to address the demand side and the supply side gaps. Young couples in the 15-24 years age group constitute the most important clients for this investment as they have the highest unmet need for modern contraception and are the prime contributor to fertility. Quarterly MPV campaigns are organised and SAARTHI (Awareness on Wheels) are run to disseminate FP information, generates awareness on various services and also act as depots for distributing short-term spacing methods. Advocacy meetings with key local political leaders and religious leaders are organized to strengthen governance at the community level with the involvement of key stakeholders.

Some of the focused MPV initiatives for influencing the gate-keepers and engaging them to positively impact the uptake of FP services are Saas Bahu Sammellans and distribution of Nayi Pehel Kits.

3. Community Mobilization and Service Delivery Fortnights

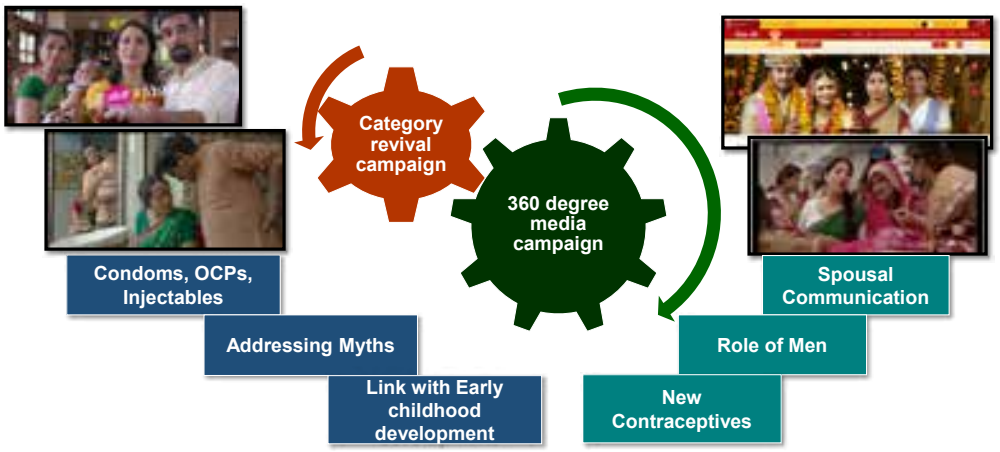
World Population Day (11th July) and Vasectomy Day (21st November) are celebrated each year in all States with a month-long drive to mobilize the community, address family

planning needs and resonate with a selected theme of family planning, at all levels. These drives provide an opportunity to field functionaries in engaging closely with the community for assessing FP needs and ensuring access to services. These events have had a positive impact in moulding the perception of service providers by breaking the seasonality trend in offering sterilization services and promoting the engagement of men in family planning decisions and uptake.

4. FP IEC and BCC Campaigns

There has been continued emphasis on demand generation activities for Family Planning. A comprehensive **360-degree campaign** was launched by the MoHFW in two phases. The campaign focussed on improving spousal communication, dispelling myths and misconceptions, focusing on the role of men etc. The second phase multimedia campaign was designed to reach out to people of all age groups, regions and strata of the society to bring about a positive change in the use of contraception and dispel associated myths. It also incorporated additional learnings from Phase 1, resulting in a focused and refined campaign. Extensive dissemination of the entire media campaign including advocacy was done across all States. The entire campaign was also translated into 14 regional languages to enhance local penetration. A dedicated radio show "Hum Do" (comprising conversations between an RJ – Radio Jockey couple) was developed to promote inter-spousal communication and was aired on All India Radio (the national radio channel) and its primary channels. A dedicated website for Family Planning Program has also been developed (www.humdo.nhp.gov) which is a one stop platform for accessing accurate information on family planning in a simple, client friendly manner.

Figure 17: IEC/BCC Package under FP



In addition, GoI also came up with a category revival campaign specifically focused on short acting methods- condoms and pills. The campaign was unique to emphasize healthy spacing and linking FP with early childhood development.

5. Platforms for Adolescents and Young under the Rashtriya Kishor Swasthya Karyakram (RKSK)

'Yuva Samwads' (AHD) provide an edutainment platform to sensitize adolescents, their families, and other stakeholders on information related to adolescent health including reproductive health issues and services available at HWCs and other facilities. Selected adolescents become peer educators to provide information on the components of RKSK, including SRH. They also facilitate the organization of the Adolescent Health Days.

To address the challenge of teenage pregnancies, GoI is implementing a campaign that encompasses the messaging for all stakeholders- mother, mother-in-law, husband, etc.

Figure 18: IEC Material for Teenage Marriage and Pregnancy

Bolstering the Community Engagement Efforts – Charting the Roadmap for Vision 2030

It is well understood family planning decisions are often made outside the clinic or hospital settings. Therefore, community-based interventions are important to promote knowledge, awareness, and understanding of family planning services and options on a broader scale.

Policy and governance	✦ Leveraging the local leaders and building their capacities to be the information disseminators and facilitators of community engagement in their communities. ✦ **Creating linkages and connections between multiple Social Behavioural Change approaches** and strategies that work at multiple levels and use multiple channels likely to have greater coverage and increased impact.
Capacity building	✦ Improving the involvement of young providers and **capacity building and training to serve youth and adolescents.**
Innovations	✦ **Leveraging digital technology** to reach the unreached particularly women in the community. Newer modalities for community-based education and engagement such as Internet-based and text messaging—based interventions can be included in spreading awareness and education among youths. ✦ Designing innovative social media campaigns. ✦ **Strengthening National Family Planning Helpline.**
Focus on vulnerable section	✦ Designing targeted **communication with communities specifically highlighting their accountability as well as ownership** to delay marriages and first pregnancy and promote reproductive choices and improve uptake of services. ✦ **Designing innovative family planning campaigns** for promoting male engagement. ✦ **Designing innovative campaigns to engage youth in improving reproductive health.** ✦ **Strengthening ongoing Government schemes.**

CHAPTER 8

Reviving Male Engagement for FP

Why Male Engagement is Crucial in Advancing SRH

Reproductive health is a collective responsibility of the couple. Evidence shows that engaging men, can improve program outcomes and increase gender equality. Male participation in FP started early when the country launched the National FP program. The choices were further improved in 1963 by introducing male condom under brand name 'Nirodh'. The condom was one of the first spacing method for the couples in the program. The role of men in reproductive health programs was formally acknowledged in ICPD Cairo (1994) which laid greater emphasis on men's shared responsibility and active involvement in issues of SRH, supporting contraceptive use, helping pregnant women stay healthy, arranging skilled care during delivery, avoiding delays in seeking care, helping after the baby is born and, finally, in being a responsible father.

> ***Male engagement in Family Planning refers to the involvement of men and boys across life stages as clients and users, supportive partners, and agents of change in ways that intentionally challenge unequal gender and power dynamics.***

In addition to regaining focus on male engagement through revision of program and policies, India also focused on expanding the contraceptive choices to empower women in all phases of their reproductive cycle and independently execute their right to adopt contraceptives as per their needs. While working towards women empowerment, it is critical to also empower and educate men on FP so that they can be responsible partners, family members and friends. This also helps men in having an informed discussion with their partners and fosters an enabling environment where decisions and responsibilities are shared equitably.

Unequal power relations between men and women determine how they approach FP, and this, accompanied by fragmented knowledge, further inhibits couples from making informed choices. Men remain the primary decision-makers for women's health. According to NFHS 5, more than one-third (35%) of men believe that contraception is women's business. Post FP-2020 commitment and institutionalization of the RMNCH+A approach in 2012, provided an impetus to the FP program and weaved male engagement at various stages of life cycle. This resulted in a significant increase in uptake of condoms from 5.6% in 2015-16 to 9.5% in 2019-21 (NFHS). Condoms and male sterilization contributed 17% and 1% respectively to the method mix.

India's Effort in Increasing Male Engagement – Existing Strategies

The most effective interventions for increasing men's engagement in FP must be multifaceted. India's Government, non-Government and other stakeholders have been actively making efforts to understand and bring men's role upfront as a responsible partner in ensuring the reproductive health of the couple.

The Government of India recognizes gender inequality and gender- related barriers as key determinants of reproductive health; and therefore, committed to promote gender equality in all areas of programming.

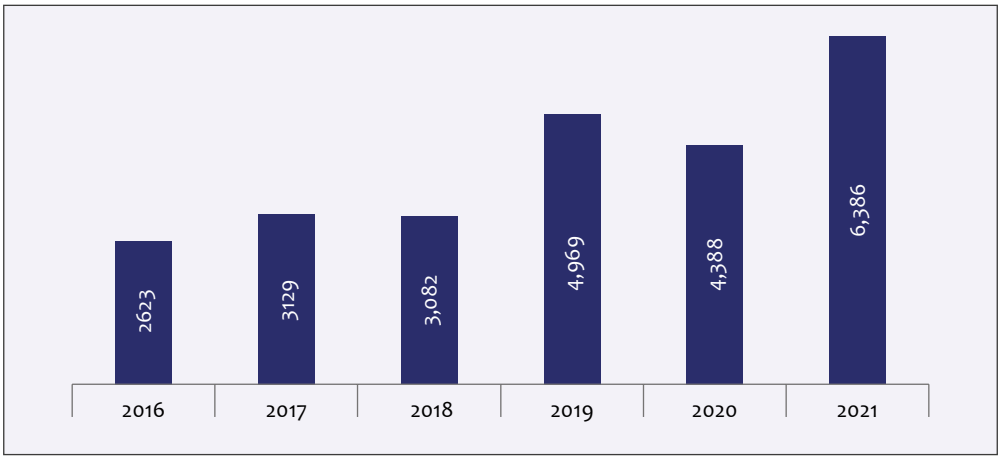
Various initiatives have been taken to mainstream men's role in family planning and contribute to achieving reproductive health goals for the family and the nation.

1. Vasectomy Fortnight

To improve male participation in FP and the focus of providers and the community, the Government of India celebrates Vasectomy Day and fortnight in November each year. The fortnight is divided into mobilization week and a following service delivery week.

This dedicated fortnight has resulted in improvement of services – 53,750 no scalpel vasectomies (NSVs) were performed and 5.1 crore (51 million) condoms were distributed from 2016 to 2021 during the service delivery week.

Graph 16: Number of Facilities Providing Vasectomy Services during the Service Delivery Week (Vasectomy fortnight)



The fortnights also helped in health system strengthening with more and more facilities activated to perform services. Despite the COVID-19 pandemic the fortnights were observed with no disruption of services.

2. Improved Contraceptive Packaging

In 2016 the Government improved the packaging of all short acting methods including condoms (Government brand-Nirodh and social marketing brand-Deluxe Nirodh) and made it more attractive for the client. This also resulted in the increased uptake of condoms as evident by the survey data and supportive supervision visits.

Figure 21: Revised packaging of condoms

3. Installation of Condom Boxes

Under the FP program the strategies aiming for promotion of male condoms were revived in 2016 resulting in the installation of condom boxes at all levels of the health care facility. Some of the States installed these boxes beyond the premise of health care. States also came up with various innovative ideas for condom box designs and installation. The success of this strategy was replicated with a dedicated budget line secured in costed plans (PIPs) for the States to utilize funds. **More than 1.35 lakh (0.1 million) condom boxes have been installed in various public health facilities across the country.**

4. IEC/BCC and 360 Degree Media Campaign

- AVs, Radio ads were created where eminent TV actors promoted sterilization and condoms to break the social barriers on male contraception.

Figure 22: IEC Campaigns to Promote Male Participation

- **A dedicated radio show:** 'Hum Do' was aired for 52 weeks where experts were invited to talk on various themes of FP and spousal communication was the mainstay of the scripts.

- **A dedicated website humdo:** A dedicated website of FP was also developed where the importance of the role of men in FP and spousal communication was emphasized.

5. Advocacy Photobook

An initiative was undertaken to develop a photobook compilation **"Men Matter'** in which eleven human stories from the field where documented across four geographically and culturally varied States in India – Assam, Madhya Pradesh, Telangana and Uttar Pradesh. These stories highlighted the varied shades of constructive male engagement, with men in their overlapping roles –as allies, as beneficiaries, as gatekeepers of their families, as initiators of change and propellers of progress, going beyond reproductive health to a broader development agenda.

Figure 23: Photobook – Men Matter

6. Emphasis on RMNCAH+N Counselling

GoI launched an integrated Manual on RMNCAH+N Counselling which emphasizes the importance of counseling men on FP methods.

7. Involvement of ASHAs

ASHAs play a critical role in promoting male engagement. Being a part of the community ASHAs have been able to motivate men in adopting NSV as well as distributing condoms. Assam, Madhya Pradesh, Chhattisgarh and many other States have reported good practices where ASHAs were supported by their husbands and were able to generate demand for male contraception.

8. Mission Parivar Vikas

Under MPV all short-term spacing methods including condoms were provided in the grooming kit (Nayi Pehel Kit). These kits distributed by ASHA to newly-weds not only helped overcome the barrier in initiating a dialogue on contraception but also helped in generate awareness among couples about contraception and FP.

The community platform – Saas Bahu Sammellans were expanded to include the men. Accordingly, in extended MPV GoI launched – **Saas Bahu Pati Sammellans.** This strategy was guided by the successful State level innovations.

Illustrative and innovative models:

- **Condom Alliance** (established under the USAID funded Sustaining Health Outcomes through the Private Sector Plus project): The Alliance gathered key condom manufacturers, social marketers, domain experts, and donors to collectively address policy issues and organize evidence-based demand generation campaigns addressing knowledge gaps and negative perceptions regarding condom use. During COVID-19, dialogue was facilitated between GoI and the private sector highlighting challenges that condom marketers were facing in production and distribution; and innovative solutions for uninterrupted service delivery were proposed by putting condoms under essential services.
- **Dalberg's** pilot (Project Concern International (PCI)) provides evidence that increasing male engagement in Family Planning discussions by triggering spousal communication can have a far-reaching impact on the success of Family Planning programs. Another important learning from the project was the use of behavioural sciences and human-centred design approach for developing, testing and refining social and behaviour change interventions to address more stubborn social normative barriers.
- **PRACHAR Project**, carried out in Bihar State, was a community-based intervention aimed at raising awareness about Family Planning among adolescents and educating young couples on healthy spacing between pregnancies.
- **CHARM project** (Counselling Husbands to Achieve Reproductive Health and Marital Equity) in Maharashtra revealed that Family Planning counselling sessions delivered by male health care providers to married men, alone and with their wives over three months, appear to be an effective approach to engage men in Family Planning, improve marital contraceptive communication and use, and reduce intimate partner violence.
- **Main Kuch Bhi Kar Sakti Hoon** (MKBKSH) (Population Foundation of India (PFI)) addressed this through its popular transmedia serial. An end-line evaluation showed that after watching the serial women became more confident in communicating with their husbands on contraception and accessing Family Planning services. A group of men from Chhatarpur in Madhya Pradesh pledged to adopt contraception after watching MKBKSH. They advocate for the adoption of vasectomy – termed as 'mastbandi' (a modification of the phrase 'nasbandi') in the serial and move from village to village in the region and sing ballads to motivate other men.

Charting the Roadmap for Vision 2030

India is cognizant of the fact that improving male engagement for FP requires innovations, extensive review of the existing strategies and integrated efforts. The public health system, Family Planning programs and communication strategies must be designed to change mindsets and stereotypes to enable men to make decisions regarding their health and increase spousal communication.

The discourse on engaging men as partners in FP and health services needs to go beyond contraceptive use and engage them in the following realms:

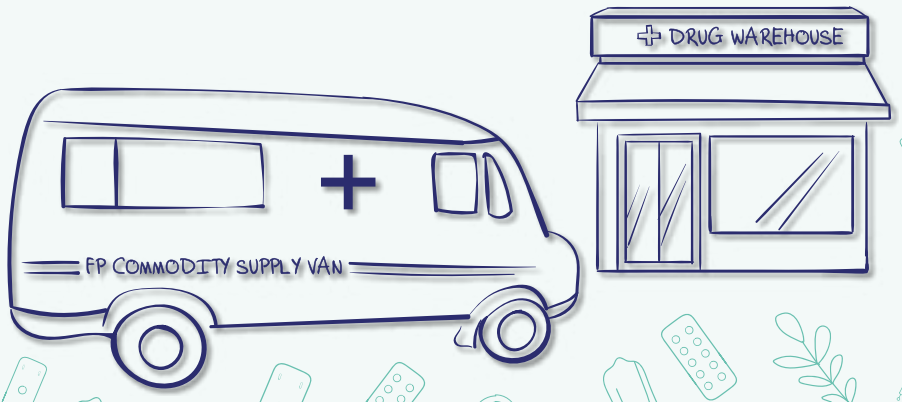
- **Men as clients:** Those receiving FP information and using male FP methods.
- **Men as supportive partners:** Those actively engaging as participating partners in FP issues, and communicating and negotiating fertility desires and FP use with their partners.
- **Men as agents of change:** Those acting as leaders in shifting societal norms, attitudes, and behaviours toward women and girls, and their place in families, communities, and societies at large.

Policy and governance	✦ Leveraging the local leaders and building their capacities to be the information disseminators and facilitators of male engagement in their communities. ✦ An integrated strategic approach to **leverage the role of men across all life stages** *(Investing in girls and boys early on, starting with the young adolescents).* ✦ Identifying champions at all levels (national, regional and community levels), especially male leaders.
Capacity building	✦ Training of frontline health providers in communication skills to talk about men's health needs, including sexual and FP issues by effective utilization of integrated manual on RMNCAH+N Counselling.
Innovations	✦ **Leveraging digital technology** to reach the unreached-chatbots, digital messaging, etc. ✦ Leveraging private sector platforms for awareness and provision of SRH services to male.
Focus on vulnerable section	✦ **Designing innovative family planning campaigns** for promoting male engagement. Context specific social and behaviour change communication strategies targeting men. ✦ **Designing innovative campaigns to engage young boys in improving reproductive health.** ✦ **Strengthening ongoing Government schemes.**


रिवार नियोजन के अनेक उपाय
जो मन भाये वो अपनायें
स्थायी साधन
LEVONORGESTREL
TABLETS I.P.
पुरुष नसबंदी
महिला नसबंदी
जिला स्वास्थ्य समिति, सतना

CHAPTER 9

Strengthening Supply Chain Systems for FP



India is committed to provide accessible, affordable, accountable, and quality healthcare services responsive to the needs of the people. Provision of essential drugs, vaccines and FP commodities is essential to ensure access to comprehensive primary health care through the public health system. Supply chain is a complex task involving different levels of personnel, suppliers/agencies, and procedures. An efficient supply chain and logistic system improves contraceptive availability, aids couples to avoid unplanned pregnancies, thus making the FP program more responsive to the needs of the clients.

Importance of an Effective Supply Chain System in Family Planning

A robust supply chain and logistics system is crucial for uninterrupted supply of contraceptives to ensure the right goods, in the right quantities, in the right condition, delivered at the right place and at the right time for client satisfaction and continued use.

It not only **increases access to quality Family Planning services** by ensuring a reliable stock of contraceptives upto the last mile, but also **promotes voluntary choice** by ensuring contraceptive supplies for the method of choice available when and where the client wishes to avail of services thereby increasing **user satisfaction and continuation** of method.

Investing in supply chain management by increasing data visibility and use, accelerating product flow, professionalizing the supply chain workforce, and capitalizing on private sector capacity, is a High Impact Practice in Family Planning and is well recognized globally for its demonstrated magnitude of impact on contraceptive use and potential application in a wide range of settings.

Strengthening the Supply Chain Management of FP Commodities – Existing Strategies

Family Planning is one of the key priority areas in India. The program is centrally sponsored and all the commodities are procured centrally for onward distribution to States. At the policy level, supply chain is a priority area for GoI. The major focus has been to strengthen existing supply chain system and innovate and develop new alternate delivery models to increase the access to FP commodities up to the last mile especially in hard-to-reach areas.

1. Strengthening FP Supply Chain Systems

The FP supply chain involves various departments both at the National and State levels and regional stores that are linked to the delivery of commodities from the suppliers to the clients. The procurement of commodity includes both public sector undertakings as well as private sector.

GoI laid intensive efforts on:

- Rationalizing contraceptive forecasting.
- Ensuring transport of commodities (additional budget lines were created under NHM PIP since 2017).
- Ensuring integration across all levels of supply chain and monitoring.
- Accreditation standards for supply and logistics (under NQAS).

2. Strengthening Inventory Management Systems

The Government laid down specific guidelines for inventory control, storage and distribution of contraceptives. The guidelines were also followed by the capacity building of relevant staff at facility level. To ensure adherence to guidelines the monitoring of the system was institutionalized. India also apportioned budget for store management and transport of commodities.

3. Family Planning Logistic Management Information System

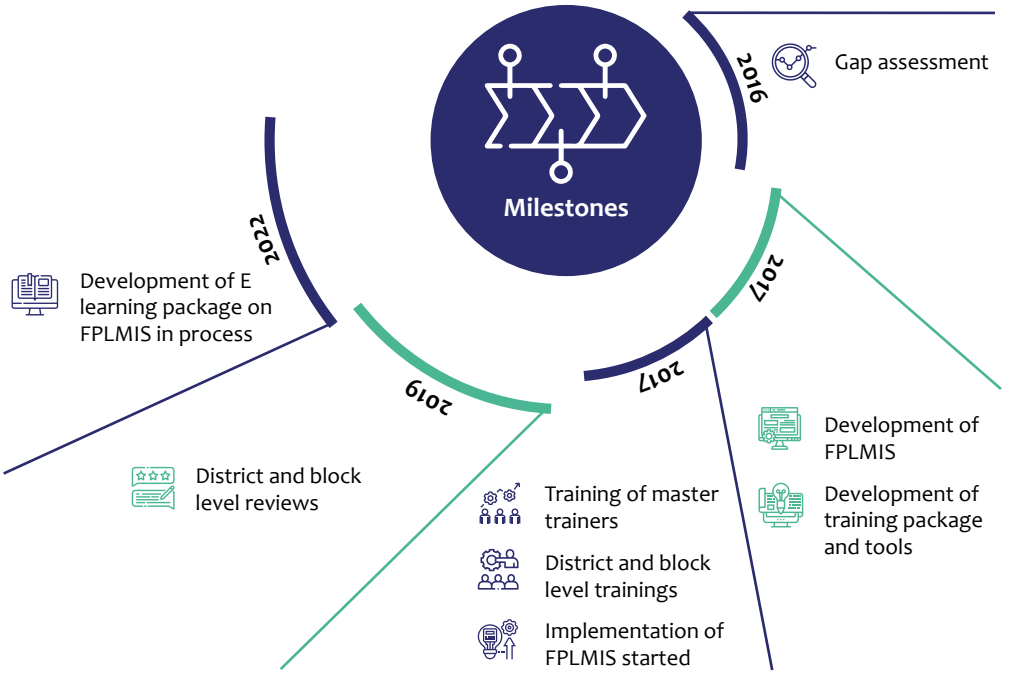
Government of India (GoI) has been developing new approaches to strengthen the contraceptive supply chain across the country. To identify the challenges, GoI conducted gap assessment studies to assess and analyze the challenges in the supply chain mechanism. The studies demonstrated gaps in skills for supply chain management at program level. Based on the findings and after a year of vigorous brainstorming, number of steps were taken which translated into the development of **FPLMIS software**, formulation of Standard Operating procedures and Guidelines, increase in investment on capacity of supply chain work force and increasing accountability at various levels by making operationalization of FPLMIS as one of the key deliverables under PIP.

Figure 19: FPLMIS Software

An innovative user-friendly application, real time, unified computer application to manage FP supply chain was launched in 2017. FPLMIS helped in managing the supply chain operations, reducing the supply disparities and to regulating the flow of FP supplies from the national level to the end users. The users of the FPLMIS include functionaries from the State level storekeeper, District & block level facilities and the frontline workers ANM & ASHA at the village level.

Milestones achieved

Figure 20: Milestones under FPLMIS



By harnessing technology along with widespread expansion and use, FPLMIS has helped in right estimation for procurement of commodities. Increased use of FPLMIS has facilitated in shifting **from PUSH to more informed PULL system** thus minimizing the overstocks and reduction of stock outs at various levels. However, despite **significant progress in ensuring commodity security**, continuous availability of the wide range of contraceptives and meeting the FP needs of the second most populous and the seventh largest country of the world with a population of 137 crores (1.37 billion), land area of 3.287 Sq.km and supply chain network of over 800 warehouses, more than 2 lakh facilities and over 10 lakh (1 million) ASHA workforce at community level remains a challenge.

Illustrative and innovative models:

Engaging India Post for contraceptive delivery: To bridge transport gaps and ensure uninterrupted availability of contraceptives at District warehouses postal services were used to deliver FP commodities in Districts of Odisha. The overall system helped in reducing the transport cost, average time of contraceptive delivery and achieving greater geographical reach. Even during the COVID-19 lockdown period when there was restricted movement of vehicles the contraceptive delivery remained unaffected in the State.

Strengthening Supply Chain For Contraceptives – Charting the Roadmap for Vision 2030

Policy and governance	✦ Engaging the stakeholders (private sector, development partners etc) for improving supply chain systems.
Capacity building	✦ Build capacity for demand planning and strengthen communication between various supply chain points.
Innovations	✦ **Adopting alternate delivery mechanisms/ models:** Leveraging implementation of innovative approaches and good practices adopted to ensure uninterrupted supplies for eg: using drone system, postal services, etc. ✦ **Developing digital solutions and applications** for smooth supply chain systems.
System strengthening	✦ **Strengthen use of FP-LMIS** in geographies where FP-LMIS use is sub-optimal and where the stock-out and wastages are high. ✦ **Identify and address infrastructure and capacity issues.** ✦ **Engaging Private sector to strengthen the network of Family Planning supply chain in the country:** ❖ **Revamping Social Marketing Scheme** Going forward, the program can be strengthened to increase the range and reach of contraceptives to the users, with increased participation of social marketing organizations. ❖ **Building capacity in data analysis**: Engaging donors and partner organizations for Technical Assistance at field level in strengthening skills of logistics personnel like storekeepers and facility in-charges on various processes of supply chain, standard warehouse practices, use of FPLMIS and data analysis to address the challenges of supply chain and make it more efficient and effective to increase its access up to the last mile. ❖ **Transportation of FP commodities**: The role of private sector third party logistics partners as an effective option for transporting commodities.[2] Third-party logistics providers are contracted to provide specific supply chain services, such as distribution upto the ASHA level.
Monitoring	✦ Conduct regular assessment and review for the supply chain.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CHAPTER 10

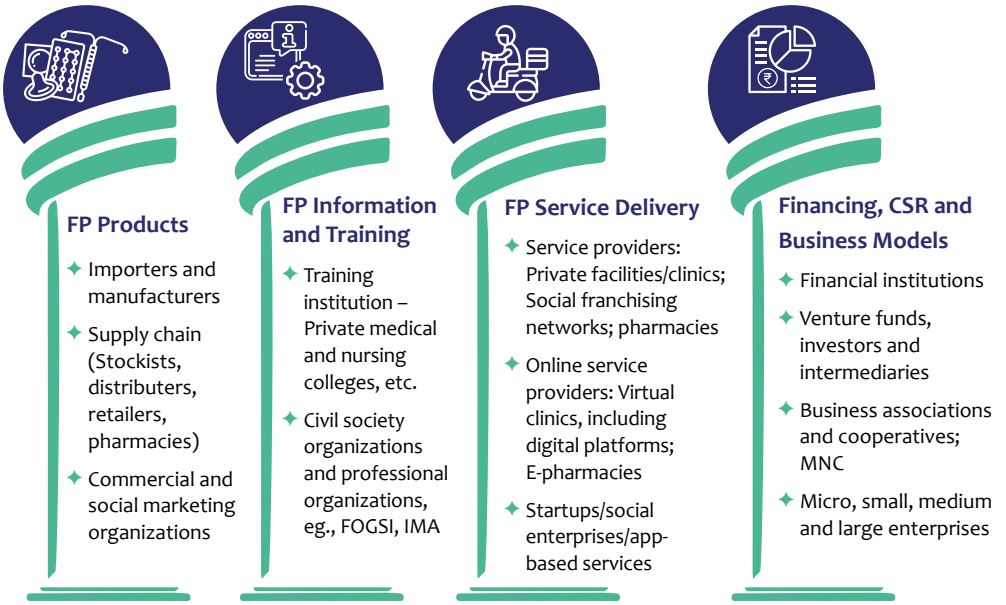
Leveraging Private Sector Engagement

The first traces of private sector engagement in India for Family Planning started a decade after the National Family Planning Program launch when India became a pioneer in social marketing. Over the years the country invested and invented new models for private sector engagement. In addition, the Development partners' collaborative efforts helped further strengthen the engagement. However, despite the efforts many arenas for private sector engagement remain untouched.

Demystifying Private Sector

WHO defines the private sector as- *'The individuals and organizations that are neither owned nor directly controlled by Governments and are involved in provision of health services. It can be classified into subcategories as for profit and not for profit, formal and informal, domestic and international'.*

Figure 16: Private Sector Pillars



Therefore, private sector does not limit itself to the private health care providers. The figure indicates the various private sector players in FP.

As indicated in previous chapters, private sector has a significant presence in the health care sector in India. Increasing urbanization will necessitate engaging the private sector for contraceptive provision. While expanding the private sector occupies a central role for fuelling the family planning demand, it is also vital that the private sector provides a wide range of quality services. Private sector engagement also helps in driving effective humanitarian responses and complements the existing public systems of the country.

Existing Strategies

India's large private sector plays a diversified role in augmenting services and demand for family planning.

The current strategic approaches follow different types of private sector engagements in India:


Government-led


Government-partnered


Donor driven


Private sector led

The above strategic approaches are guided by a **supportive policy environment** and aim towards strengthening **access, quality, financing, and commodity security** for Family Planning.

1. Supportive Policy Environment

India has a large and complex private healthcare market. The policy imperatives aim at harnessing the private sector's participation to its fullest. The decentralized governance structure in India offers a quality control mechanism both for the public and the accredited and empanelled private sector. The State and District indemnity subcommittees are guided by the quality guidelines under Hon'ble Supreme Court of India directives. Continuing the stewardship role these Government bodies monitor the quality and streamline the financial flow (for implementation of Government schemes) to private accredited centres.

> ***Government regulatory models also offers the risk pooling mechanisms for accredited private providers, while also offering the subsidies on products and strategic purchasing opportunities.***

2. Improving Access to Family Planning Services

Existing Public Private Partnership models played a vital role in addressing equity and reducing out-of-pocket expenditures. The Government works in close collaboration with various development partners, professional bodies and civil societies, to enhance technical expertise and provide efficient services.

- **Accreditation and empanelment of private providers:** India was an early starter in terms of implementing the clinic approach. Accreditation and empanelment of private and NGO facilities is a way to monitor quality, address the provider dearth and

facilitate greater coordination. The strategy works on mutual benefit as the private facilities get cover for the FP service provision and protection under Government's indemnity scheme; the public system on other hand is able to address the dearth of skilled human resources and logistics while the clients get wider FP choices free of cost. Currently 22,181 private providers and facilities are accredited/empaneled under the National FP program across India.

Innovations for private sector accreditation (illustrative example)

Hausla Sajhedaari model: a web-enabled e-governance digital platform' in Uttar Pradesh that addresses the entire value chain from online application for accreditation, verifications, approvals, online MOU, maintaining digital data of FP beneficiaries by the accredited private providers, to submission of online claim and online reimbursement of claims using PFMS systems of GoI.

- **Social Franchising for Family Planning:** Social franchising in FP/RH helps in expanding access to high-quality, affordable FP services. This concept started in India two and half decades ago with the establishment of Surya clinics through 'Janani'. Other successful models followed e.g. 'Merrygold health network'.
- **Clinical Outreach Team (COT) scheme:** GoI and State Governments have been partnering with the private providers and NGOs for providing outreach services. To further augment the services GoI formalized this strategy as Mission Parivar Vikas Districts scheme in 2017. The States/Districts were encouraged to engage with private accredited providers and NGOs to provide services to the last mile through mobile teams while utilizing the public health infrastructure. GoI also came up with a special package to give financial cover to COT.

Social franchising for family planning (illustrative example):

Surya Family Planning Clinics: Janani operates 14 family planning clinics and outreach programs in Bihar, Jharkhand and Uttar Pradesh. Established in 1998, the Surya Clinic Family Planning network was the first reproductive health franchising network in India and one of the first in the world. Janani works in close partnership with the GoI under the Public Private Partnership (PPP) component of the National Health Mission (NHM). In order to increase knowledge, awareness and demand for family planning services, the clinics collaborate closely at the District and community levels with community health workers and key community members to highlight the importance of family planning and to improve the overall awareness about our products and services.

- **Mission Parivar Vikas scheme:** Government's flagship program- Mission Parivar Vikas tried to address the service access issues. A special strategy for engaging with the private providers was carved in 2016 whereby the private providers from adjacent Districts were encouraged to provide FP services during Mission Parivar Vikas Campaigns (4 times a year).
- **Social marketing of contraceptives:** India started the concept of social marketing in 1968 with the launch of "Nirodh" (condom brand). Subsequently, oral contraceptive pills were added in 1987. Based on the total market approach, the Government of India successfully partners with Social Marketing Organizations (SMOs) for the provision of accessible and affordable modern contraceptives at subsidized rates. SMOs are also given the flexibility to promote Government brands as well as their own branded products.

  Social marketing has made a significant contribution to strengthening India's contraceptive market. As per the evaluation report by UNFPA, the social marketing products drove more than half of CYPs (FP health impact) in India for methods other than sterilization and IUCDs; 50% of the contribution of these products is in rural areas, driven by condoms and OCPs (addressing rural urban inequity) and it increased the choices of brands and affordability for low income group. In the private sector, Social marketed condoms had a market share of 42% nationally and 63% in rural areas in 2019-20.

  The market for family planning products thus gets strengthened with the combined efforts of the public, private and non-Governmental sectors.
- **Expanding contraceptive basket:** Private sector role entails product manufacturing, research, marketing and service provision for newer contraceptives.

3. Improving the Quality of Family Planning Services

- **Unified guidelines and SOPs:** One of the key stewardship roles of the Government is to monitor adherence to standard guidelines. The existing accreditation and empanelment system is as per uniform facility audit protocols in all States and UTs in the country. State and District quality assurance committees play a pivotal role in conducting regular facility audits. The minimum mandate of monitoring is laid down as per the Honb'le Supreme court directives.
- **Integrated service delivery:** RMNCHA strategy brought in the concept of integrated service delivery in the country. Many Government-led efforts were focused on integrated service delivery.

Private sector led service delivery model (illustrative example):

FOGSI concept of I care: I care clinics are dedicated FP units to create an interface between the couple and health care worker. The overall concept is to utilize various platforms of care for eg- Adolescent care with contraceptive awareness; Pre conceptional care with reproductive planning; Antenatal care and counselling for post-partum contraception; Post-partum care ingrained with counselling and uptake for post-partum contraception; Comprehensive abortion care for post abortal contraception provision; Premenopausal women for counselling on her contraceptive need; Integration with other services like immunization, ICTC/PPTCT, RTI/STI clinic, mental health care etc.

Providing comprehensive quality sexual reproductive healthcare including safe abortion and HIV/AIDS services: Sexual and reproductive health (SRH) services are provided directly through static and outreach-based service delivery points managed by **FPA India** and are also enabled through Associated Clinics. The services offered include counselling, consultation, examination, basic laboratory tests (relevant to the services) and treatment as required. The Static clinics (also known as Reproductive Health and Family Planning Centres) provide an integrated package of Essential SRH services. Outreach based service delivery points are a need-based model of service delivery to maximize access to poor, marginalized and underserved communities

Social marketing of clinical services: Parivar Seva Sanstha provides need based affordable clinical services to the community across 11 States in the country through its 31 comprehensive Reproductive Health (RH) Care service clinics. The services are recognised by the concerned District officers in the State. Clinics are accredited and doctors empanelled for sterilization procedures. They offer client-centred quality services with warmth and care in a friendly atmosphere.

4. Strengthening Health Financing for Improved Outcomes

India significantly increased the resource envelope for improving FP services. The main strategic intervention for the achievement of FP 2020 goals was to mobilize funds for ensuring private sector engagement. As discussed above various Government financed strategies were implemented during this phase.

In addition, large donor investments were also diverted to augment private sector engagement.

5. Ensuring Commodity Security

- **Contraceptive product manufacturing and marketing:** Private sector manufacturers have a major role in ensuring contraceptive product availability in the market. These private manufacturers are also the marketers for their products. SMOs also function as marketers and use commercial distribution and promotional channels, however most SMO's are dependent on Government or donor funds for product subsidy and promotional costs so that they can make affordable contraceptives available to their target audiences.

  25-45% of contraceptives (Condoms, pills, IUCD, tubal rings) and 100% of Injectable MPA are being procured through private manufacturers under the National FP program (for consumption at public facilities).

  For contraceptive promotion the efforts of the private sector are limited to over-the-counter contraceptives and are focused more on urban areas, where they have greater presence and reach. SMOs serve and provide affordable contraception options in rural areas and for vulnerable groups.

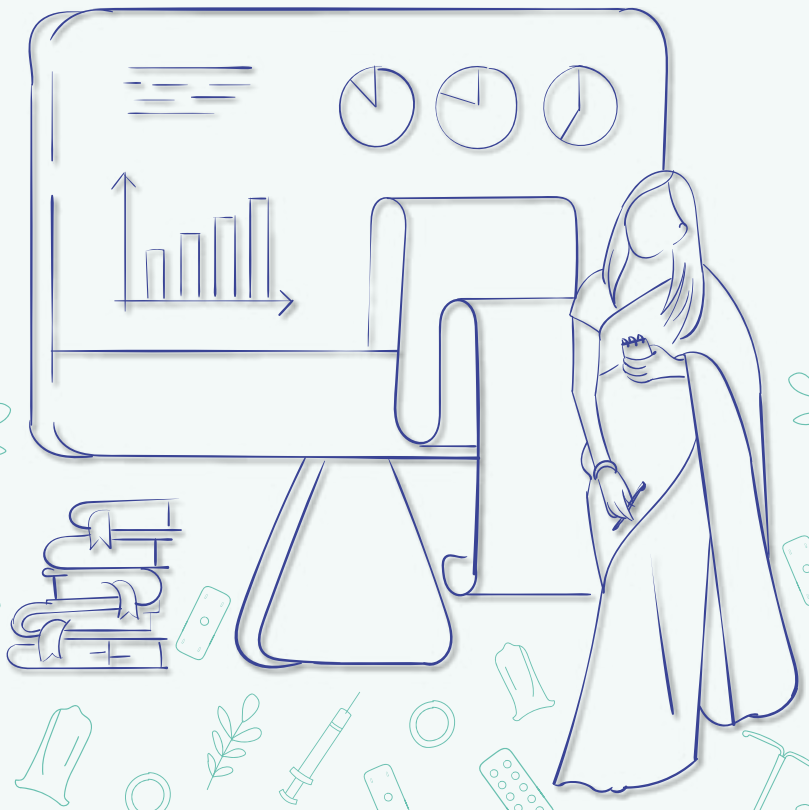
Charting the Roadmap for Vision 2030

The private sector has the potential to complement the public sector for FP services, but the roadmap to engage these two sectors remains a challenge. India envisions institutionalizing an approach where the public and private players coordinate to jointly meet the FP needs and leverage each other's strengths for maximizing the reach and quality of services. The Government's stewardship role will be central to all efforts for improving private sector engagement in India. Besides this the development partners can give technical assistance; be the neutral broker to establish trust between the public and private sector for market expansion; support State Governments; and pilot and test PPP models for market expansion.

Policy and governance	✦ **Developing the country's roadmap/guidance for improved private sector engagement through establishing a national level platform/Leveraging the existing private sector platforms (with participation from all health-related private sector).** The platform can play a crucial role in advocacy for improving involvement of the private sector, strengthening inter-sectoral convergence, strengthening a market development approach, expanding social health insurance schemes and building partnerships with pharmaceutical companies to understand the requirements and align them with 'Make in India' campaign.
Improving access to FP services	✦ **Revamping Social marketing** -GoI envisions revamping the social marketing scheme and identifies it as one of the potential strategies to improve supplies and demand. ✦ **Expansion of contraceptive basket with the introduction of implants and SC MPA:** Moving ahead the private sector has a crucial role to play in terms of product availability (manufacturing), demand generation and service provision. **India also envisions increasing the basket of choice in social marketing.** ✦ **Exploring digital innovations-** India envisions leveraging digital technology for FP information and services; data collection and analysis and contraceptive social marketing. Through development partners the innovative models will be tested. The Ayushman Bharat Digital Mission could serve as the bedrock on which this ecosystem can be built. ✦ **Strengthening social franchising.** ✦ **Extension of the COT model for all States.** ✦ **Fostering collaborations** from professional bodies and corporates to improve access to Family Planning services.
Improving quality of FP services	✦ **Integrated approach** for capacity building of providers for FP quality guidelines, need for adolescent and youth reproductive health. ✦ **Strengthening Quality assurance mechanisms.** ✦ **Frequent mapping and engagement with the private sector (at the local level- District/block) for improved data reporting.** ✦ **Strengthening the beneficiary-based reporting systems.**
Strengthening health financing	✦ Demonstrating Innovative financing schemes through development partners and Integrating technology-based solutions. ✦ Creating a platform for Corporate partners to pledge their support through workplace and CSR initiatives (Like Corporate TB Pledge).
Commodity security	✦ **Strengthening capacity** of private sector on efficient FP logistic management. ✦ **Testing digital innovations** for improving reporting across different supply chain models.

CHAPTER 11

Strengthening Data Systems



Robust data monitoring has always been an integral part of the National Family Planning Program in India. However, the advent of FP 2020 instilled a new enthusiasm and perspective in the program wherein the quality of data was emphasized in the existing data sources whilst new data sources were created to cover all aspects of the program. The program, since then, has laid special emphasis on the utilization of data for decision-making all through the levels of program planning and implementation. This led to an increased focus on data monitoring and led the country in realizing its FP 2020 goals within the stipulated time.

Now as we move towards the FP 2030 vision, data collection, analysis, and its utilization would remain at the core of the program.

Existing Monitoring Mechanisms

The National Family Planning Program in India utilizes multiple data sources, each one playing its role in ensuring quality and providing a holistic interpretation of the program from a data point of view.

Source of Data	Periodicity	Type of FP Data / Indicators	Remarks
Census (Population)	Decadal	Denominators; program planning	Provides population projections and information on population by age, gender, and other social characteristics
SRS (Fertility / Mortality)	Annual	Impact	Provides tracking information on key fertility and mortality indicators in India and its States;
NFHS (District Surveys)	Periodic	Outcome / Outputs/Impact	Provides important information on FP, MCH & mortality, nutrition, at national, State and District level (District level for select indicators). It is also the only large-scale & nationwide data
HMIS	Realtime (Monthly)	Coverage, Inputs/Processes (Service Delivery; infrastructure; HR)	Monthly data for tracking the progress at the District and sub-District level;
FP-LMIS	Realtime (Monthly)	Coverage, Inputs (Logistics Delivery)	Provides information on contraceptive stock availability and supply chain

Source of Data	Periodicity	Type of FP Data / Indicators	Remarks
RCH Portal	Realtime (Daily)	Coverage, Inputs, and Processes	Beneficiary wise tracking
State quarterly progress reports	Quarterly	Coverage, Inputs, Processes	Provides information on key FP schemes- HDC, ESB, PTK etc; trainings; State Indemnity Sub Committee (SISC) and District Indemnity Sub Committee (DISC) meetings, monitoring and client exit interviews
State MPV reports	Quarterly	Coverage, Inputs, Processes	Provides District wise information of all strategies under MPV
State specific MIS	Realtime (Daily/ Monthly)	Coverage, Inputs, and Processes	Daily information, at facility and/ or beneficiary level
Longitudinal Surveys	Special studies	Coverage of specific indicators	Provides answers to key critical questions about causality
Evaluative Surveys	State Specific (Infrequent)	Coverage, evaluation, impact assessment	Surveys are meant to evaluate programs running in the State, very specific in nature
National Sample Survey (NSS)	Periodic	Consumption and expenditures; labour force participation, employment	Only source to provide information on expenditure on health, economic aspects at State and region level

In addition to above data sources a robust feedback mechanism is in place wherein the information is disseminated from higher to lower levels (through review meetings, supportive supervision visits, etc.)

Moving Ahead – Roadmap for FP 2030

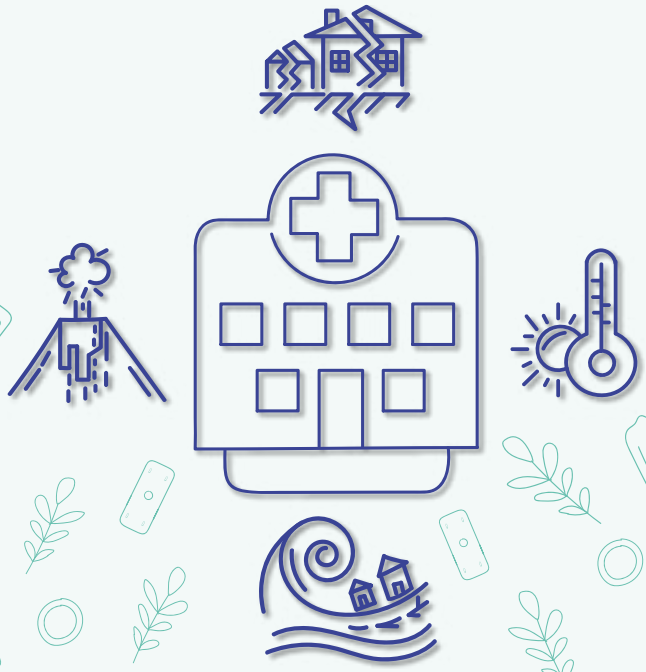
The National Family Planning Program is committed to improving the availability and utilization of data for program strengthening at all levels. India's FP 2030 vision emphasizes on various aspects of data systems, including but not limited to generating data on new indicators, addressing the data quality in the current sources, building capacities, and promoting the use of data for program decision-making.

As India makes strides towards the FP 2030 goals, robust data monitoring, review and evaluation would form the foundation of our policy and programmatic strategies in the following ways:

- Emphasizing on Qualitative metadata in addition to the quantitative data for a well-rounded program.
- Strengthening platforms like State and District level review meetings for sharing feedback with the program implementers to ensure concerted and focused efforts.
- Capacity building of the program managers and implementers to record and report accurate data, conduct data analysis, and use the same to identify the programmatic priorities.
- Involving partners for conducting evaluation studies as per the programmatic need of the Ministry of Health and Family Welfare and increasing accountability and funding towards improving data management.
- Mapping of Technical Partners and utilizing their services for supporting the periodic data analysis and suggesting feasible mid-course corrections.

CHAPTER 12

Increasing Resilience: Addressing FP Needs in Disaster and Humanitarian Settings



Disaster-Risks in India

India is one of the ten most disaster-prone countries of the world. Around 59% of the landmass is prone to earthquakes, 12% to floods, close to 5,700 kms out of the 7,516 kms long coastline is prone to cyclones and tsunamis and nearly 68% of the cultivable area is vulnerable to droughts; and the hilly areas are at risk from landslides and avalanches. In the recent past the intensity and frequency of disasters have risen and are increasingly affecting newer geographies. Furthermore, India is also vulnerable to chemical, biological, radiological and nuclear (CBRN) disasters.

Disaster risks in India are further compounded by increasing vulnerabilities related to changing demographics and socio-economic conditions, unplanned urbanization and development within high-risk zones displacing people. Climate change and environmental degradation are some of the major concerns that the country is currently grappling with. The COVID 19 pandemic has challenged health care delivery and has underscored the need to build resilience of the health system to deliver health care at all times.

Importance of Addressing Reproductive Health (RH) including FP Needs in Humanitarian Situations

Larger populations and high fertility impact the climate crisis/disasters which in turn augment the FP/RH needs of the country.

Owing to high migration (due to disaster) the FP/RH needs require addressal in terms of contraceptive access, availability of a resilient health system that prioritizes FP/RH, well placed structures and policies to address RH rights, teenage childbearing, child/early marriages and GBV.

Disruption in access to contraceptives and family planning services during and after disasters can lead to unintended pregnancies, unsafe abortions and unplanned births. There is also an increased risk for STI/HIV transmission where methods that offer dual protection are not available. Ensuring uninterrupted access to contraceptives and RH/FP services for communities experiencing a humanitarian crisis, is lifesaving, as women and young people in such situations tend to have high unmet needs.

To achieve the FP 2030 vision of providing universal access to high quality comprehensive FP services to women of reproductive age especially to those from the marginalised and vulnerable communities, it is crucial to ensure reproductive health needs are addressed

at all times, including during disasters and health emergencies such as pandemics. Continued access to voluntary contraception ensures women are able to make informed decisions regarding whether, when and how often to have children, and are able to realise their reproductive rights even during a crisis situation.

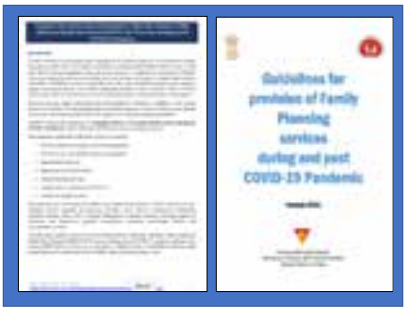
Existing Strategies

In India the disaster response is guided by the integrated efforts from various sectors and ministries. While health has been identified as one of the priority areas under the country's disaster response, the focus on reproductive health however remains limited.

FP Service Provision during COVID-19 Pandemic

COVID-19 pandemic offers many lessons on strengthening service provision during disaster settings. GoI initiated the response early. FP services were deemed essential during and post pandemic. Several guidelines and advisories were issued and the States were supported with adequate finances and technical assistance. In few States contraceptive provision was integrated with the COVID response (COVID surveys). This led to minimizing the service disruptions in the country.

Figure 24: Guidelines for Continuation of Services



The table below summarizes the strategic interventions in India across the health systems strengthening pillars:

Service delivery	✦ FP/RH and abortion services were deemed essential during crisis situations and appropriate guidelines on delivering RH/FP services disseminated. ✦ E-platforms (for eg. E-Sanjeevani) for service provision strengthened. ✦ Manual for integrated RMNCAH+N counselling with focus on counselling during disaster and pandemics developed. ✦ Focused guidelines to promote self-care methods and post pregnancy contraception developed. ✦ Continued community-based engagements and involvement of ASHAs to support availability, accessibility and acceptability of FP/RH information and services for all women and girls in the affected communities.

Health workforce	✦ E-learning modules for continued capacity building on FP/RH were developed. ✦ Rational deployment of HR for provision of services. ✦ GoI also devised health protection scheme for health workforce.
Health information system	✦ Focussed monitoring of services including online reviews and capacity building for all States.
FP supplies	✦ Adequate supplies provisioned at State/District/block and facility level specifically for self-care methods such as condoms, oral contraceptive pills, emergency contraceptive pills. ✦ Continued implementation of Family Planning Logistics Management Information System (FP-LMIS) for ensuring availability of adequate stocks. ✦ State specific innovations fostered for alternate contraceptive delivery.
Financing	✦ Adequate allocation of finances ensured.

Examples of effective interventions to tide over the crisis period:

Following are some practices implemented in India in disaster situations or during the recent COVID 19 pandemic, which can be considered for further evaluation and scale-up:

- **Deploy alternate transport mechanisms** to maintain supply of FP commodities. In Odisha there is a collaboration with the India Post Express Parcel Services to transport family planning commodities to Districts which worked efficiently during the COVID-19 Pandemic as well.
- **Task shifting for provider dependent services:** Initiation of injectable contraceptive MPA (Antara Program) at sub-centres by ANMs through teleconsultation with PHC doctors, in Rajasthan.
- **Alternative service delivery solutions:** Online counselling and telemedicine; mobile outreach clinics; helplines and hotlines for FP/ RH services specially to reach out young people; remote monitoring to ensure quality service provision; virtual training of health and social workers on emergency preparedness and continuity of services as evident from different experiences from different parts of the country.
- **Use of emergency reproductive health kits** containing essential SRH supplies including FP commodities by front line workers such as ANMs and ASHAs with timely frequent replenishment of contents of the kits, during the crisis situation.

Charting the Roadmap for Vision 2030

To ensure continuity of RH/ family planning services during disasters and humanitarian settings following actions are envisaged:

- Include access to RH/FP services and contraceptives during disasters in the FP 2030 road maps of the States including vulnerability assessment and identification of appropriate strategies, approaches and actions.
- Integrate provision of Minimum Initial Service Package (MISP) for RH/FP services which is inclusive of the needs of all population groups within the health sector's disaster preparedness and response plans of the States especially in regions that are highly prone to disasters.
- Promote coordinated and integrated efforts among all stakeholders viz. Government, civil society organisations, UN agencies and other donor partners to ensure that the RH needs of women are acknowledged and addressed during disasters.
- Strengthen the capacity of health facilities and functionaries including the frontline workers in providing RH services during crisis situations.

Annexure

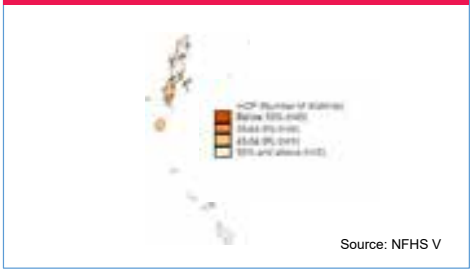
FACTSHEET – ANDAMAN AND NICOBAR ISLANDS

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the UT witnessed-

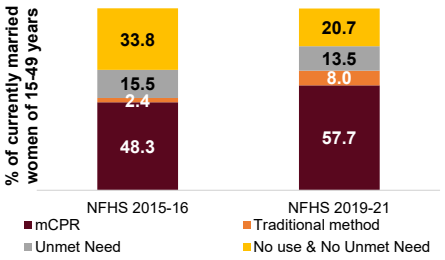
- 2% point increase in modern contraceptive prevalence
- 4 thousand additional users
- Increase in the share of reversible modern methods from 18% in 2015-16 to 32% in 2019-21

Modern contraceptive prevalence, 2019-21

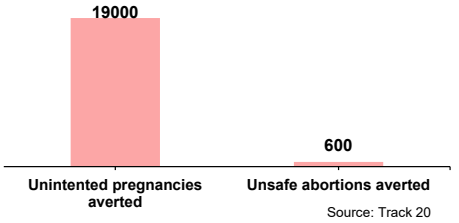


Source: NFHS V

Trend in key FP indicators, 2015-2021

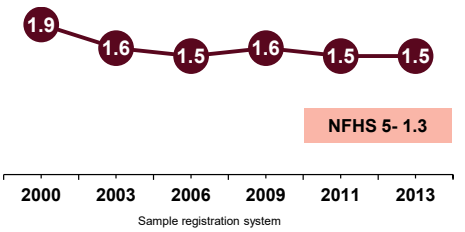


Impact of FP programming, 2021



Source: Track 20

Total fertility rate

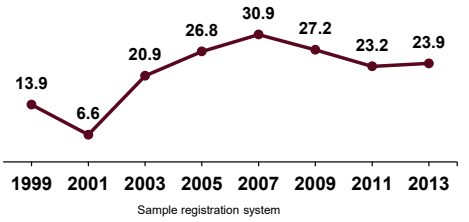


Sample registration system

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	19.4	32.7
Parity 2+	64.1	73.4
Reversible contraceptive methods use	8.5	18.4
Unmet need for spacing	8.1	6.1
Unmet need for limiting	7.4	7.4
FP demand satisfied by modern method	73.0	72.8
Postpartum (12m) use of modern contraceptive method	42.9	34.8
Postabortion (3m) use of modern contraceptive method	3	(34.8)
Mean number of children at first contraceptive use	2.1	1.4
Median age at sterilization	24	24
Mean number of children at sterilization	2.5	2.3

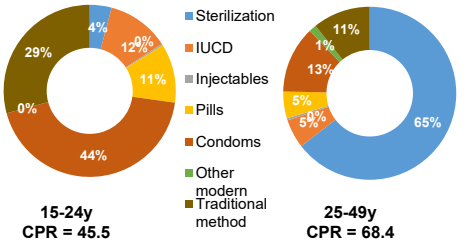
Trends in Infant Mortality Rate



Sample registration system

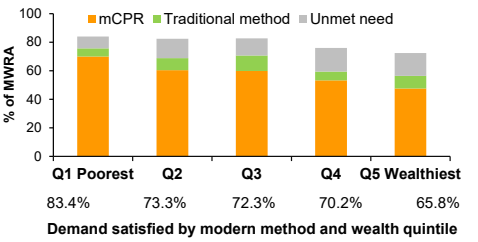
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Andaman and Nicobar Islands

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	95.7	(100)	89.6
Informed about side-effects or problems of the selected method*, %	89.4	(83.6)	70.9
Informed about managing side-effects of the selected method*, %	88.8	(83.6)	63.8
Method information index**, %	84.5	(83.6)	63.8

**Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date*

*** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do*

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	57.0	57.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.0	1.3

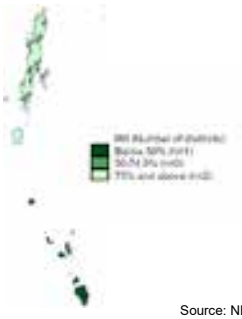
Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	NA	16.6
Desire to become pregnant, %	NA	4.8
Other fertility related, %	NA	1.9
Side effects/health concerns, %	NA	0.2
Wanted more effective method, %	NA	6.0
Other method related reason, %	NA	6.1
Other reason, %	NA	35.5
Switched to another method, %	NA	17.0

Summary and programmatic recommendations

- UT has shown a substantial increase in modern contraceptive use. However, contraceptive use among young women is low. This highlights the need for focused program planning and action
- Unmet need for modern contraception has increased from 17.9% to 21.5% (from NFHS 4 to NFHS 5). This necessitates the need for strengthening the supply side interventions
- Overall use of modern methods during post partum period has declined in UT from NFHS 4 to 5. The finding also corroborates with service delivery pattern in the UT. UT needs to focus on expansion of post partum contraception.

Distribution of method information index (MII), 2019-21

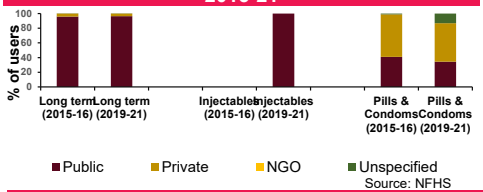


Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21



Source: NFHS

Private sector market by district, 2019-21

Source: NFHS V

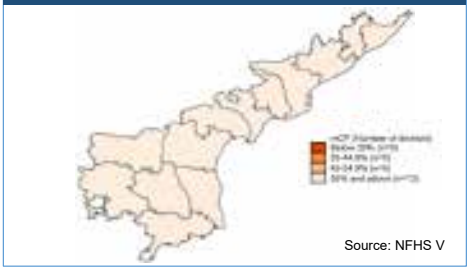
FACTSHEET – ANDHRA PRADESH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-

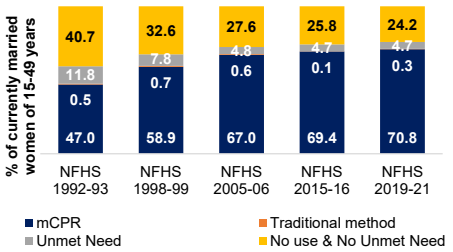
- 4% point increase in modern contraceptive prevalence
- 0.6 million additional users

Modern contraceptive prevalence, 2019-21



Source: NFHS V

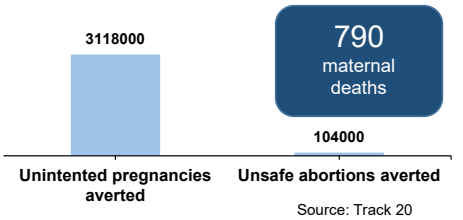
Trend in key FP indicators, 1992-2021



Progress in other select FP indicators

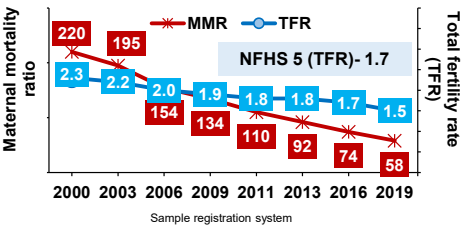
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	15.4	19.7
Parity 2+	88.4	88.4
Reversible contraceptive methods use	0.6	0.8
Unmet need for spacing	3.1	2.6
Unmet need for limiting	1.5	2.0
FP demand satisfied by modern method	93.6	93.5
Postpartum (12m) use of modern contraceptive method	38.8	38.9
Postabortion (3m) use of modern contraceptive method	30.7	11.3
Mean number of children at first contraceptive use	2.3	2.1
Median age at sterilization	23.0	22.0
Mean number of children at sterilization	2.5	2.4

Impact of FP programming, 2021



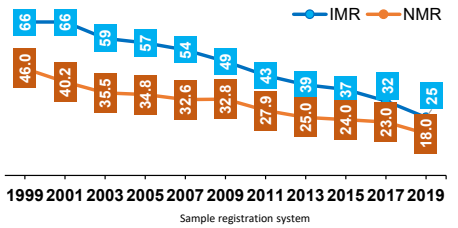
Source: Track 20

Maternal mortality ratio and TFR



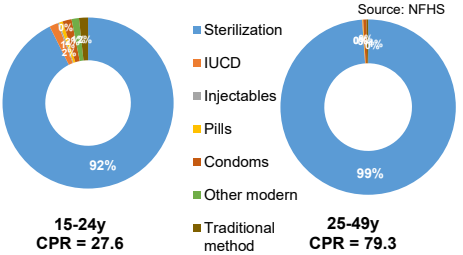
Sample registration system

Trends in Infant and Neonatal mortality

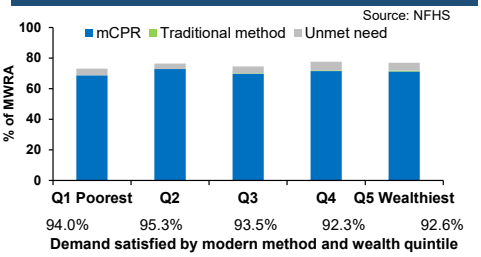


Sample registration system

Contraceptive method mix by age group, 2019-21



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Andhra Pradesh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	(78.8)	NA	NA
Informed about side-effects or problems of selected method*, %	(66.2)	NA	NA
Informed about managing side-effects of the selected method*, %	(58.0)	NA	NA
Method information index**, %	(58.0)	NA	NA

**Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date*

*** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do*

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	67.1	70.7
Talked about family planning with health workers in last 3 months, % (among fecund women)	0.9	0.8

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	(83.9)
IUCD	NA	(0.0)
Injectables	NA	NA
Condom	NA	(0.0)

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	NA	9.7
Desire to become pregnant, %	NA	10.1
Other fertility related, %	NA	11.1
Side effects/health concerns, %	NA	5.9
Wanted more effective method, %	NA	2.5
Other method related reason, %	NA	18.2
Other reason, %	NA	57.3
Switched to another method, %	NA	NA

Summary and programmatic recommendations

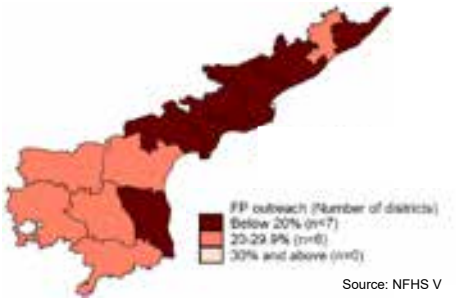
- The state has the lowest unmet need in the country,
- The use of spacing methods is very low in the state , additionally the birth spacing is poor in the state. The state needs to focus on ensuring healthy birth spacing.
- The use of modern methods in postpartum period is also low in state which necessitates focus on post pregnancy contraception services.
- Although the unmet need is low, but the state has a potential to increase the contraceptive demand (eligible couple in need of contraception), Therefore state needs robust SBCC interventions.

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

Source: NFHS V

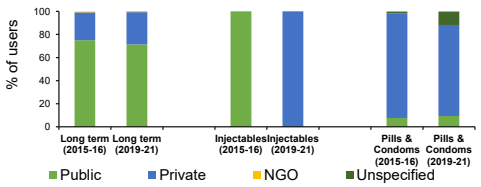
Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21

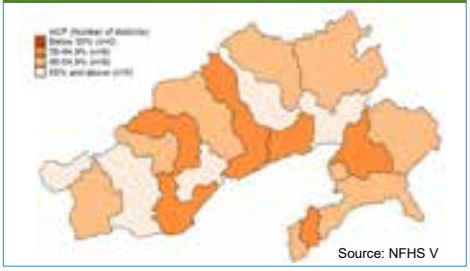
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

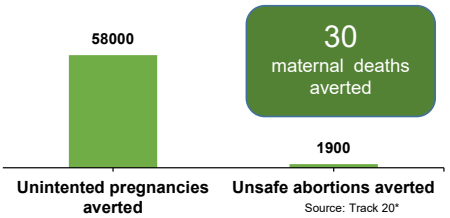
FACTSHEET – ARUNACHAL PRADESH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-

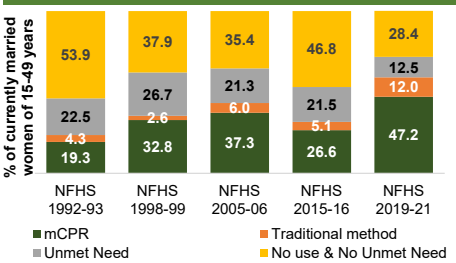
- 5% points increase in modern contraceptive prevalence*
- 0.05 million additional users*
- Increase in share of reversible modern methods from 58% in 2015-16 to 61% in 2019-21

Impact of FP programming, 2021

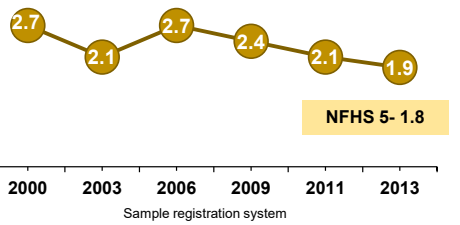


Source: Track 20*

Trend in key FP indicators, 1992-2021



Total Fertility Rate (TFR)

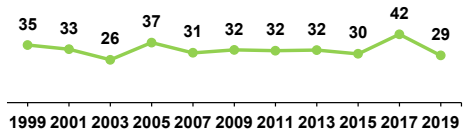


Sample registration system

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	14.2	34.0
Parity 2+	32.1	52.9
Reversible contraceptive methods use	15.4	28.9
Unmet need for spacing	12.7	7.0
Unmet need for limiting	8.9	5.4
FP demand satisfied by modern method	50.0	65.9
Postpartum (12m) use of modern contraceptive method	18.2	38.8
Postabortion (3m) use of modern contraceptive method	29.3	32
Mean number of children at first contraceptive use	1.8	1.6
Median age at sterilization	28	28
Mean number of children at sterilization	3.3	3.2

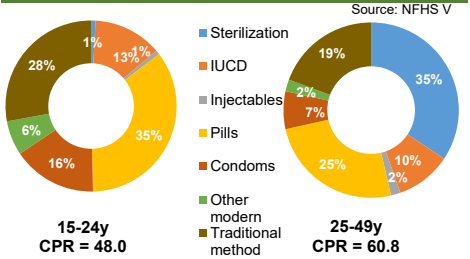
Trends in Infant Mortality Rate



Sample registration system

Contraceptive method mix by age group, 2019-21

Source: NFHS V

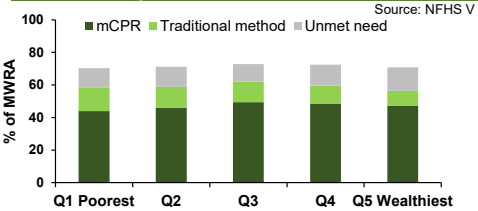


15-24y CPR = 48.0

25-49y CPR = 60.8

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Arunachal Pradesh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	75.3	80.8	75.8
Informed about side-effects or problems of the selected method*, %	77.8	77.0	73.6
Informed about managing side-effects of the selected method*, %	66.7	70.9	62.2
Method information index**, %	62.6	66.6	59.6

**Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date*

*** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do*

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	26.5	23.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.4	5.1

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	51.2
IUCD	NA	31.1
Injectables	NA	61.8
Condom	NA	77.2

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.1	0.8
Desire to become pregnant, %	10.5	10.9
Other fertility related, %	13.1	12.3
Side effects/health concerns, %	8.9	10.7
Wanted more effective method, %	3.5	3.8
Other method related reason, %	7.1	5.2
Other reason, %	16.7	17.0
Switched to another method, %	11.4	10.1

Summary and programmatic recommendations

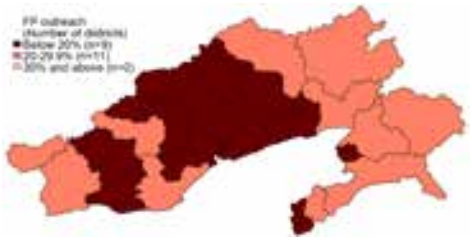
- Use of modern contraceptive has increased considerably in the state, with more than half of the couples using reversible contraceptive methods. However, the state needs to focus on reducing the method discontinuation rates.
- The district data highlights the districts of focus for the program, and suggests on implementing public-private partnership models to further the FP coverage, quality and access to young and low parity couples.
- State needs to focus on expansion of postpartum contraception.

Note: na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

Source: NFHS V

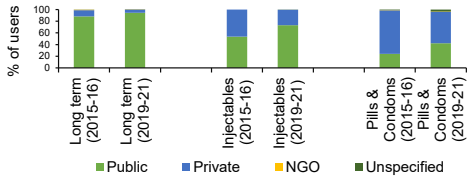
Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

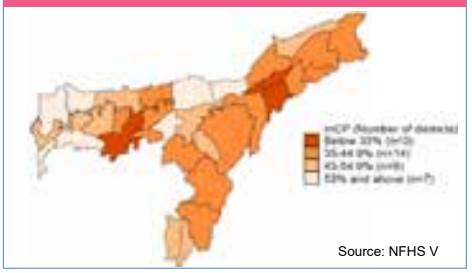
Source: NFHS V

FACTSHEET – ASSAM

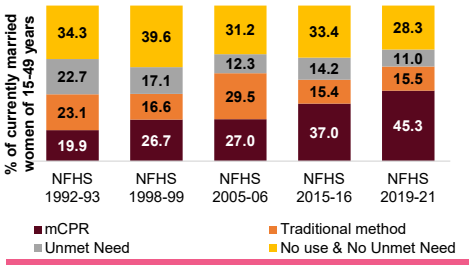
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-
- 6% point increase in modern contraceptive prevalence
- 7.4 million additional users
- Increase in share of reversible modern methods from 74% in 2015-16 to 80% in 2019-21

Modern contraceptive prevalence, 2019-21



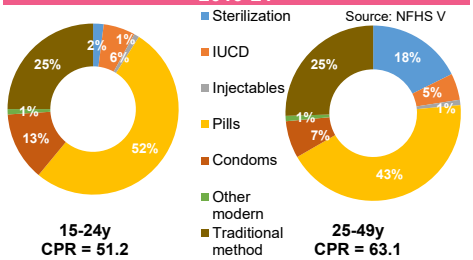
Trend in key FP indicators, 1992-2021



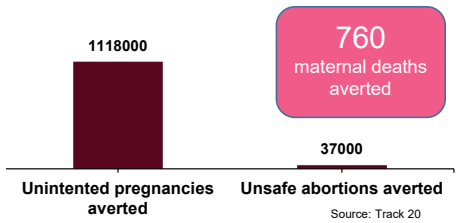
Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	26.1	34.2
Parity 2+	43.2	52.0
Reversible contraceptive methods use	27.4	36.3
Unmet need for spacing	5.8	4.1
Unmet need for limiting	8.4	6.8
FP demand satisfied by modern method	55.6	63.2
Postpartum (12m) use of modern contraceptive method	36.1	47.1
Postabortion (3m) use of modern contraceptive method	31.7	34.9
Mean number of children at first contraceptive use	1.8	1.5
Median age at sterilization	27.0	28.0
Mean number of children at sterilization	3.1	2.8

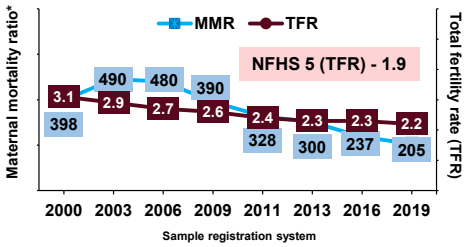
Contraceptive method mix by age group, 2019-21



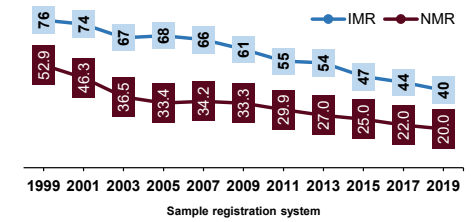
Impact of FP programming, 2021



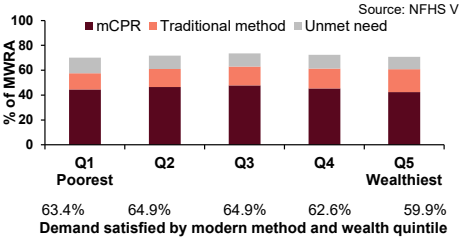
Maternal mortality ratio and TFR



Trends in Infant and Neonatal mortality



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Assam

Indicators for Access, Equity, Quality,

Method Information Index by method, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	78.1	86.8	77.5
Informed about side-effects or problems of the selected method*, %	75.9	80.6	69.3
Informed about managing side-effects of the selected method*, %	71.6	74.8	62.2
Method information index**, %	67.8	72.1	61.1

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	55.0	53.1
Talked about family planning with health workers in last 3 months, % (among fecund women)	8.8	11.2

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	35.9	43.8
IUCD	12.3	18.9
Injectables	(30.1)	30.0
Condom	65.0	65.74

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.0	2.5
Desire to become pregnant, %	11.2	8.6
Other fertility related, %	4.1	5.1
Side effects/health concerns, %	5.7	6.5
Wanted more effective method, %	3.0	2.8
Other method related reason, %	4.0	4.4
Other reason, %	12.0	14.3
Switched to another method, %	8.4	8.3

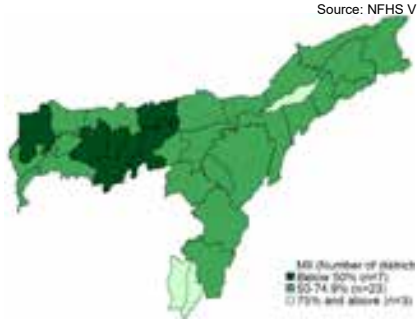
Summary and programmatic recommendations

- The state has shown an increase in modern contraceptive use, however, the demand satisfied by modern contraceptives continues to be low. This necessitates focus on both demand as well as supply side strategies.
- Teenage fertility continues to be high in the state. State needs to implement innovative SBCC strategies at community level (converting traditional users to MCPR and addressing teenage fertility).
- Facility level counselling services to be maintained
- State needs to focus on post pregnancy contraception esp. post abortion FP services

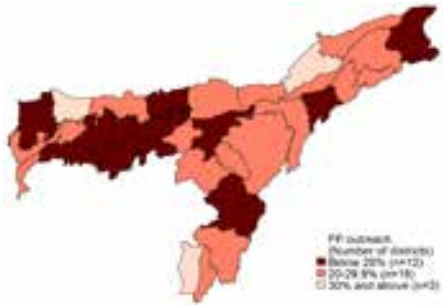
Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

Source: NFHS V



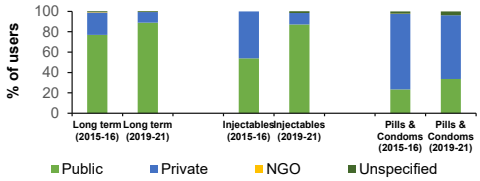
Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

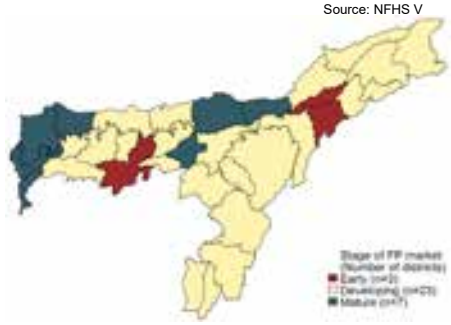
Sources of select contraceptive methods, 2015-21

Source: NFHS

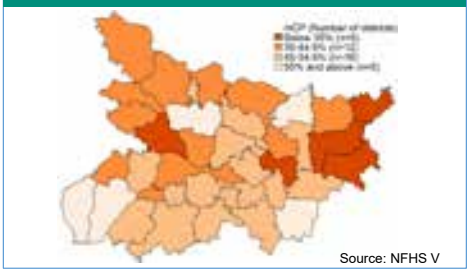


Private sector market by district, 2019-21

Source: NFHS V



Modern contraceptive prevalence, 2019-21

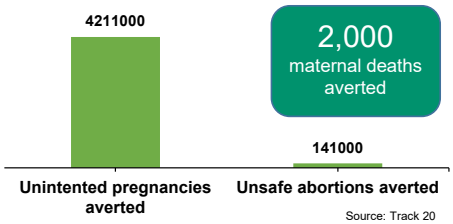


FACTSHEET – BIHAR

Achievements of FP program in the state and roadmap for FP2030 towards universal access

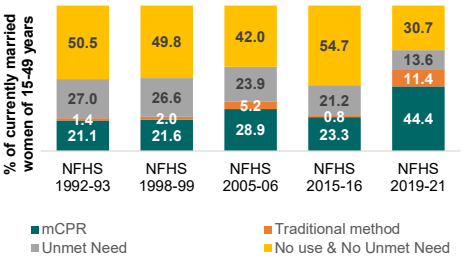
During FP2020 era, the state witnessed-
- 9% point increase in modern contraceptive prevalence
- 3.5 million additional users
- Increase in share of reversible modern method from 11% in 2015-16 to 21% in 2019-21

Impact of FP programming, 2021

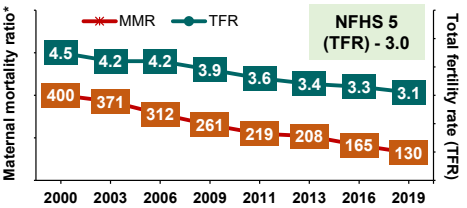


Source: Track 20

Trend in key FP indicators, 1992-2021



Maternal mortality ratio and TFR



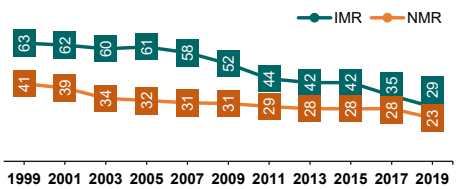
Sample registration system

Note: Maternal mortality ratio calculated in combination with Jharkhand

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	2.7	12.5
Parity 2+	30.3	54.6
Reversible contraceptive methods use	2.5	9.5
Unmet need for spacing	9.4	6.1
Unmet need for limiting	11.7	7.5
FP demand satisfied by modern method	51.4	64.0
Postpartum (12m) use of modern contraceptive method	9.8	26.3
Postabortion (3m) use of modern contraceptive method	10.9	14.9
Mean number of children at first contraceptive use	3.2	2.4
Median age at sterilization	28.0	27.0
Mean number of children at sterilization	3.6	3.6

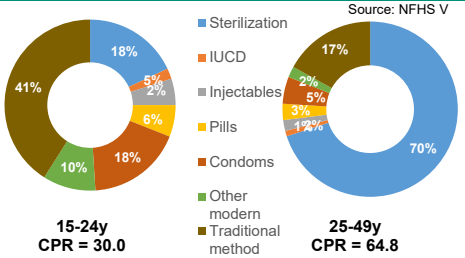
Trends in Infant and Neonatal mortality



Sample registration system

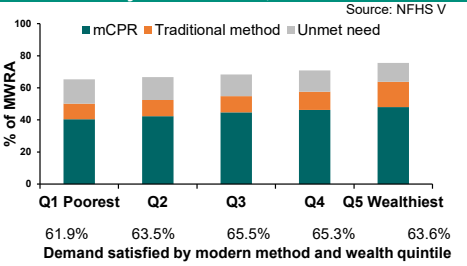
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Bihar

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	83.0	82.5	78.9
Informed about side-effects or problems of selected method*, %	67.0	64.1	61.3
Informed about managing side-effects of the selected method*, %	58.6	52.0	50.4
Method information index**, %	57.6	49.9	47.6

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	31.9	33.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.4	4.9

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	65.6	61.7
IUCD	44.2	36.7
Injectables	52.1	62.9
Condom	69.2	67.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	6.0	3.9
Desire to become pregnant, %	17.1	15.7
Other fertility related, %	15.9	15.5
Side effects/health concerns, %	2.7	2.8
Wanted more effective method, %	2.3	2.0
Other method related reason, %	3.4	3.4
Other reason, %	19.0	18.0
Switched to another method, %	5.4	5.1

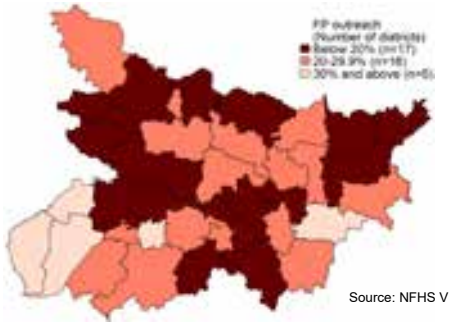
Summary and programmatic recommendations

- State needs to strategize on improving modern contraceptive services for addressing the low contraceptive use, especially in younger age group
- Addressing/ reducing discontinuation rates shall be a program priority to improve mCPR as well as to improve method-mix (improving the share of spacing methods).
- Addressing the unmet need of modern contraception-Demand generation efforts at community level (converting traditional users to MCPR).
- Post-pregnancy contraception share has increased in state but needs further strengthening
- The high contribution of public sector in FP market demands focus on public-private partnership to improve program coverage and quality of care.

Distribution of method information index (MII), 2019-21

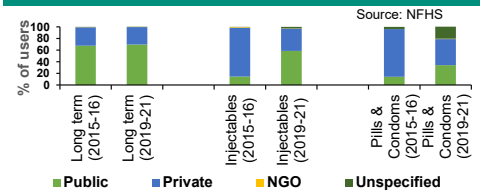
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21



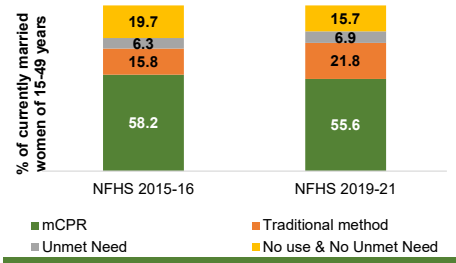
Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

Source: NFHS V

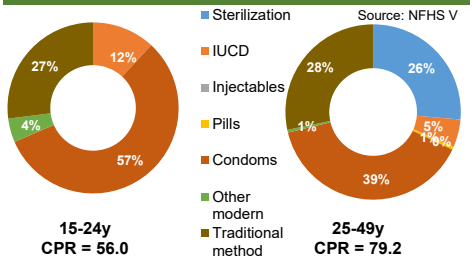
Trend in key FP indicators, 2015-2021



Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	32.9	33.7
Parity 2+	67.8	63.3
Reversible contraceptive methods use	36.3	36.3
Unmet need for spacing	1.8	2.5
Unmet need for limiting	4.5	4.4
FP demand satisfied by modern method	72.5	65.9
Postpartum (12m) use of modern contraceptive method	52.3	59.4
Postabortion (3m) use of modern contraceptive method	45.4	12.2
Mean number of children at first contraceptive use	1.2	1.7
Median age at sterilization	27	27
Mean number of children at sterilization	3.0	2.8

Contraceptive method mix by age group, 2019-21



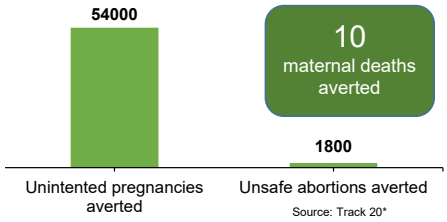
FACTSHEET – CHANDIGARH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

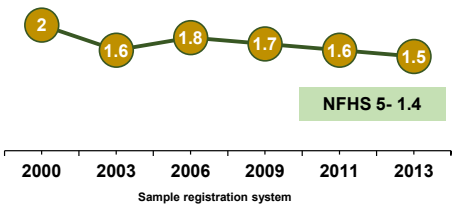
During FP2020 era, the UT witnessed-

- 5% points decrease in modern contraceptive prevalence*
- 14 thousand additional users*
- Increase in share of reversible modern methods from 62% in 2015-16 to 65% in 2019-21

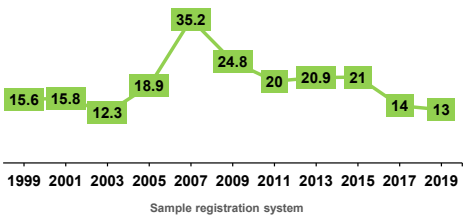
Impact of FP programming, 2021



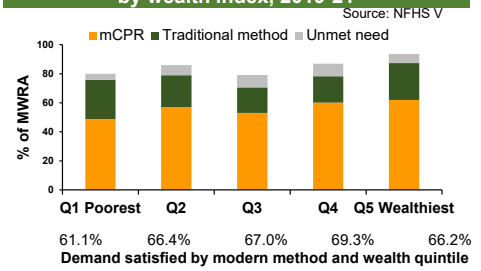
Total Fertility Rate



Trends in Infant Mortality Rate



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Chandigarh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	(90.7)	NA	NA
Informed about side-effects or problems of the selected method*, %	(94.1)	NA	NA
Informed about managing side-effects of the selected method*, %	(90.7)	NA	NA
Method information index, %**	(90.7)	NA	NA

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date
** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	57.4	55.2
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.1	0.8

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	NA
IUCD	NA	(15.6)
Injectables	NA	NA
Condom	NA	37.5

Summary and programmatic recommendations

- Use of modern contraceptive shows a declining trend in the UT which demands strengthening contraceptive service delivery.
- Unmet need for modern contraception has increased in UT with a substantial increase in the traditional method use. The UT needs to focus on improving the services and counselling for FP.
- Family planning program of the UT should focus on reducing high discontinuation rate.
- Engaging private sector for family planning service provision can be a model to reduce the discontinuation and increase contraceptive use in the UT.

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

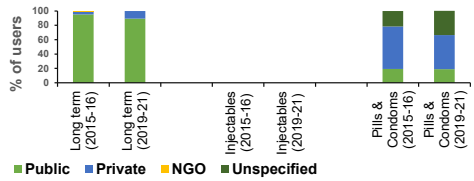
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

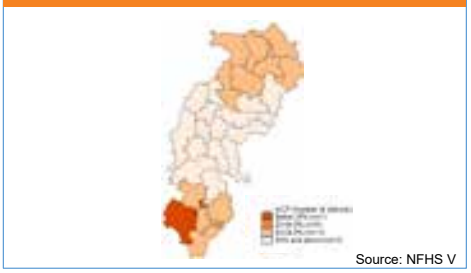
FACTSHEET – CHHATTISGARH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-

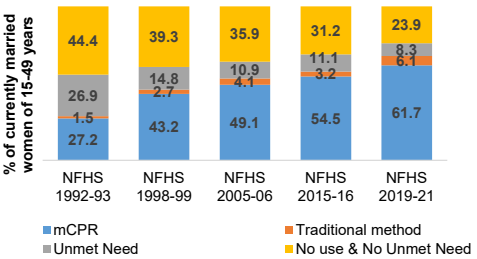
- 8% point increase in modern contraceptive prevalence
- 0.8 million additional users
- Increase in share of reversible modern methods from 14% in 2015-16 to 22% in 2019-21

Modern contraceptive prevalence, 2019-21

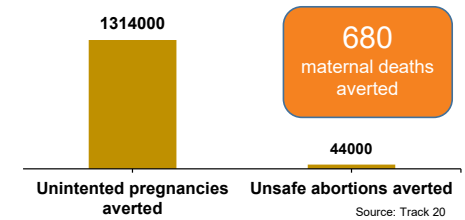


Source: NFHS V

Trend in key FP indicators, 1992-2021

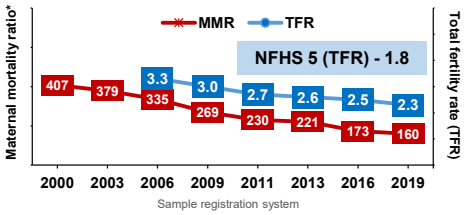


Impact of FP programming, 2021



Source: Track 20

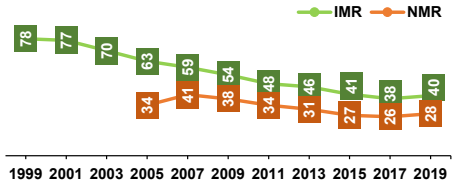
Maternal Mortality Ratio and TFR



Sample registration system

Note: Maternal mortality ratio calculated in combination with Madhya Pradesh

Trends in infant and Neonatal mortality



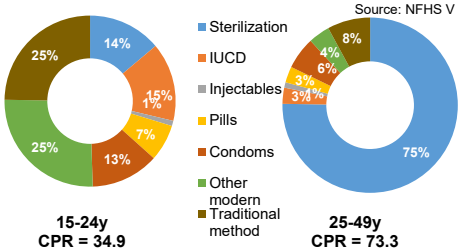
Sample registration system

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	16.2	25.5
Parity 2+	69.2	75.4
Reversible contraceptive methods use	7.7	13.4
Unmet need for spacing	5.3	3.4
Unmet need for limiting	5.8	4.8
FP demand satisfied by modern method	79.3	81.1
Postpartum (12m) use of modern contraceptive method	27.2	48.8
Postabortion (3m) use of modern contraceptive method	25.3	21.2
Mean number of children at first contraceptive use	2.4	2.1
Median age at sterilization	26.0	25.0
Mean number of children at sterilization	3.1	2.9

Contraceptive method mix by age group, 2019-21

Source: NFHS V

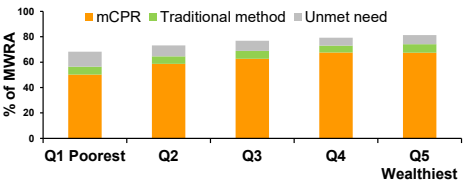


15-24y CPR = 34.9

25-49y CPR = 73.3

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



73.4% 80.1% 81.6% 85.4% 82.9%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Chhattisgarh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	90.9	100.0	87.5
Informed about side-effects or problems of the selected method*, %	88.8	83.8	75.0
Informed about managing side-effects of the selected method*, %	85.7	73.9	72.6
Method information index**, %	82.8	73.9	71.9

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	73.1	77.1
Talked about family planning with health workers in last 3 months, % (among fecund women)	4.8	6.3

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	72.6	64.0
IUCD	26.2	25.9
Injectables	84.4	61.6
Condom	62.1	56.1

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	1.8	1.6
Desire to become pregnant, %	18.8	13.4
Other fertility related, %	3.1	3.9
Side effects/health concerns, %	3.1	2.7
Wanted more effective method, %	15.7	11.0
Other method related reason, %	5.3	6.1
Other reason, %	17.1	14.9
Switched to another method, %	17.1	14.2

Summary and programmatic recommendations

- The state has shown an increase in overall modern contraceptive use, however, it remains low in the younger age groups. This demands innovative supply side strategies.
- Low use of reversible modern methods, high discontinuation, and switching highlight that demand for effective reversible methods exists in the state and needs programmatic focus and improved quality of care.
- State needs to improve the efforts for demand generation (converting traditional users to MCPR).
- District-wise estimates highlight the need for programmatic attention in central districts of the state for FP coverage, and quality of care.

Distribution of method information index (MII), 2019-21

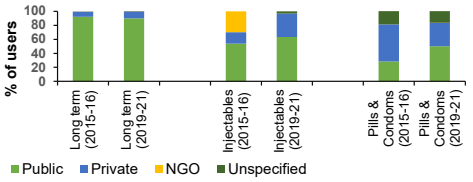
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – DADRA AND NAGAR HAVELI + DAMAN AND DIU

Achievements of FP program in the state and roadmap for FP2030 towards universal access

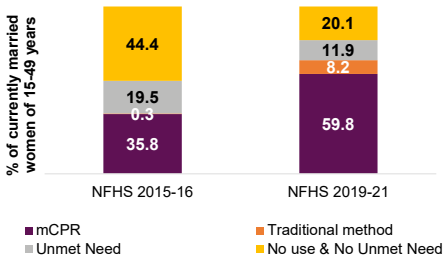
During FP2020 era, the UT witnessed-

- 19% point increase in modern contraceptive prevalence
- 71 thousand additional users
- Increase in share of reversible modern methods from 17% in 2015-16 to 30% in 2019-21

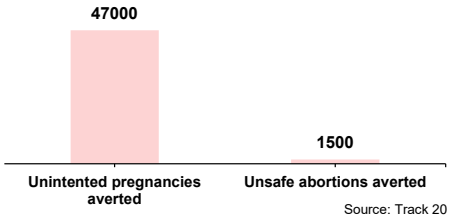
Modern contraceptive prevalence, 2019-21

Source: NFHS V

Distribution of FP indicators, 2019-2021



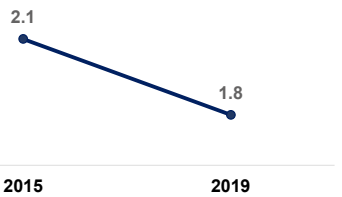
Impact of FP programming, 2021



Source: Track 20

Total Fertility Rate

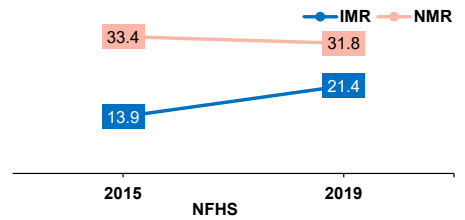
Source: NFHS



Progress in other select FP indicators

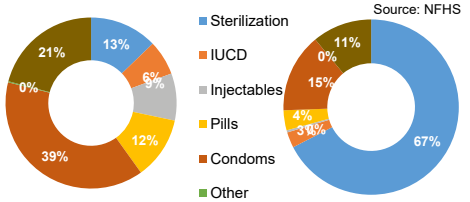
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	12.7	26.2
Parity 2+	47.5	73.9
Reversible contraceptive methods use	6.1	18.0
Unmet need for spacing	10.7	5.3
Unmet need for limiting	8.7	6.7
FP demand satisfied by modern method	64.4	74.8
Postpartum (12m) use of modern contraceptive method	11.6	36.5
Postabortion (3m) use of modern contraceptive method	12.1	30.4
Mean number of children at first contraceptive use	2.1	2.2
Median age at sterilization	26	26
Mean number of children at sterilization	3.0	2.9

Trends in Infant and Neonatal mortality



Contraceptive method mix by age group, 2019-21

Source: NFHS

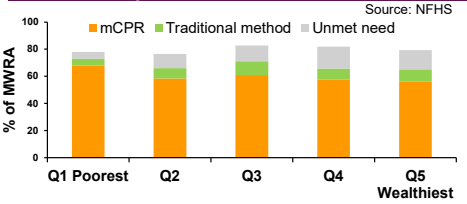


15-24y
CPR = 43.6

25-49y
CPR = 73.0

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS



87.2% 76.4% 73.5% 70.3% 70.5%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Dadra and Nagar Haveli + Daman and Diu

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	(72.8)	(95.8)	73.6
Informed about side-effects or problems of the selected method*, %	(83.4)	(95.8)	67.1
Informed about managing side-effects of the selected method*, %	(81.5)	(95.8)	67.1
Method information index, %**	(72.8)	(95.8)	63.4

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	70.5	69.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	8.0	6.6

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	NA	NA
Desire to become pregnant, %	NA	NA
Other fertility related, %	NA	NA
Side effects/health concerns, %	NA	NA
Wanted more effective method, %	NA	NA
Other method related reason, %	NA	NA
Other reason, %	NA	NA
Switched to another method, %	NA	NA

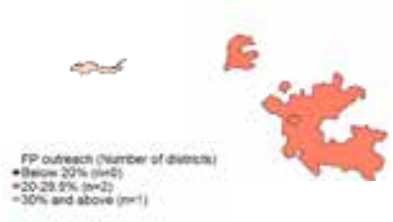
Summary and programmatic recommendations

- The UT shows an increase in modern contraceptive use in 15-49 years age group. However, the modern contraceptive use among the younger population is still a cause of concern in the UT.
- Overall share of reversible contraceptives is low.
- UT needs to focus on strengthening post pregnancy contraception.
- UT needs to implement innovative SBCC strategies and strengthen the health worker interaction with the non-users.
- The private sector is in a developing stage, UT needs to strategize for engagement of private sector for Family Planning services.

Distribution of method information index (MII), 2019-21

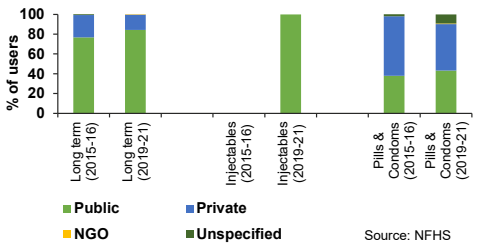
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21



Source: NFHS

Private sector market by district, 2019-21

Source: NFHS V

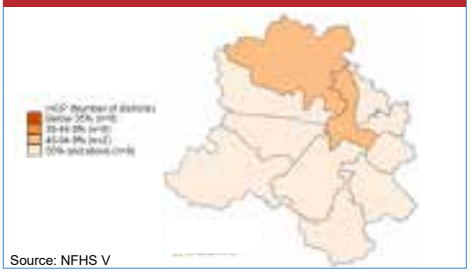
FACTSHEET – DELHI

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-

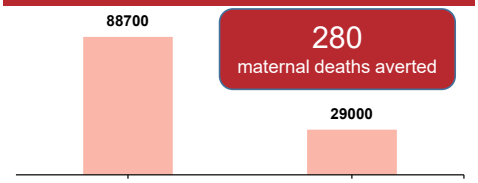
- 9% point increase in modern contraceptive prevalence
- 0.7 million additional users
- Increase in share of reversible modern methods from 59% in 2015-16 to 68% in 2019-21

Modern contraceptive prevalence, 2019-21



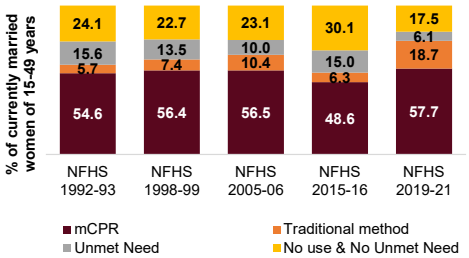
Source: NFHS V

Impact of FP programming, 2021

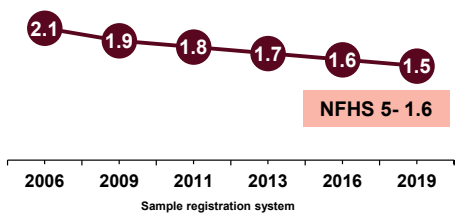


Source: Track 20

Trend in key FP indicators, 1992-2021



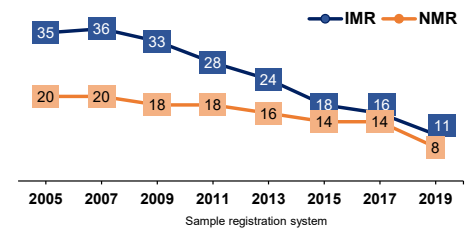
Total Fertility Rate



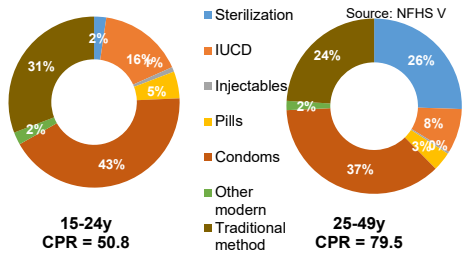
Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	26.9	42.3
Parity 2+	57.7	64.0
Reversible contraceptive methods use	28.5	39.5
Unmet need for spacing	4.5	2.0
Unmet need for limiting	10.5	4.1
FP demand satisfied by modern method	69.5	69.9
Postpartum (12m) use of modern contraceptive method	42.6	56.1
Postabortion (3m) use of modern contraceptive method	47.8	43.2
Mean number of children at first contraceptive use	2.0	1.5
Median age at sterilization	26	27
Mean number of children at sterilization	3.0	3.0

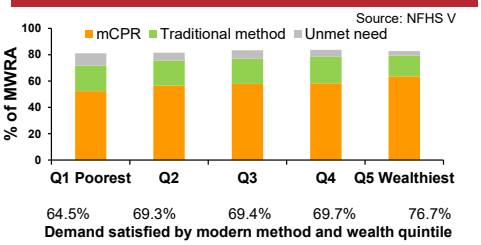
Trends in Infant and Neonatal Mortality



Contraceptive method mix by age group, 2019-21



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Delhi

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	75.6	(82.3)	75.8
Informed about side-effects or problems of the selected method*, %	81.2	(67.4)	59.7
Informed about managing side-effects of the selected method*, %	66.0	(54.4)	46.9
Method information index, %**	57.7	(46.9)	46.1

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	50.3	49.1
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.4	4.0

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	na	47.7
IUCD	na	19.0
Injectables	na	57.1
Condom	na	26.1

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.9	1.6
Desire to become pregnant, %	22.2	15.0
Other fertility related, %	2.3	2.0
Side effects/health concerns, %	5.0	3.0
Wanted more effective method, %	4.1	5.0
Other method related reason, %	1.5	0.8
Other reason, %	5.6	4.2
Switched to another method, %	5.3	5.8

Summary and programmatic recommendations

- The state has shown an increase in modern contraceptive use. The state needs to focus on improving the modern contraceptive use in adolescent and young population, where it is still low.
- The unmet need for modern contraception has almost doubled in the state, which reflects the supply and demand mismatch. There has been a minimal increase in demand satisfied by modern contraceptives. State needs to innovate the supply side strategies to reach out to the vulnerable sections.
- The health worker outreach for FP is a concern and needs attention.

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
na: sample size is too low tho sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

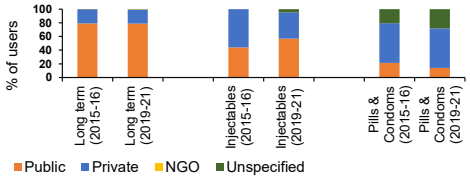
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

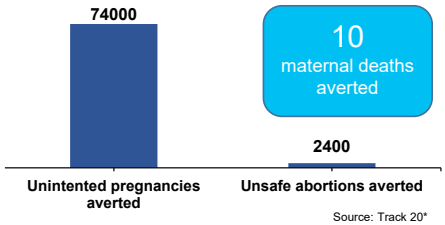
FACTSHEET – GOA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed-

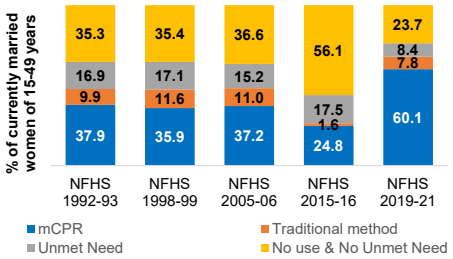
- 33% points increase in modern contraceptive prevalence*
- 0.12 million additional users*
- An increase in the share of reversible modern methods from 34% in 2015-16 to 50% in 2019-21

Impact of FP programming, 2021

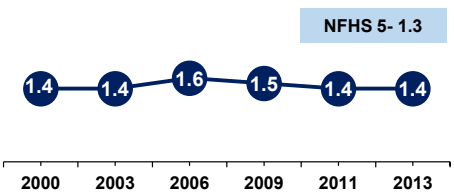


Source: Track 20*

Trend in key FP indicators, 1992-2021



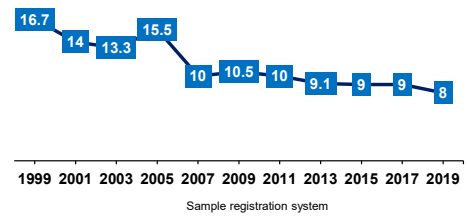
Total Fertility Rate



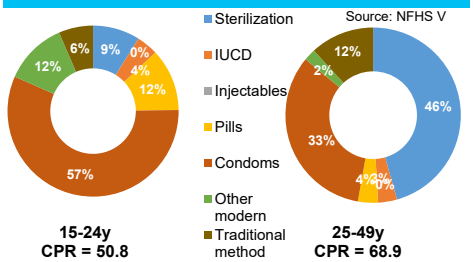
Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	12.5	45.8
Parity 2+	33.3	71.2
Reversible contraceptive methods use	8.5	30.1
Unmet need for spacing	8.3	4.0
Unmet need for limiting	9.2	4.4
FP demand satisfied by modern method	56.5	78.7
Postpartum (12m) use of modern contraceptive method	27.9	65.3
Postabortion (3m) use of modern contraceptive method	7.7	12.2
Mean number of children at first contraceptive use	2.0	1.5
Median age at sterilization	26.0	29.0
Mean number of children at sterilization	2.7	2.4

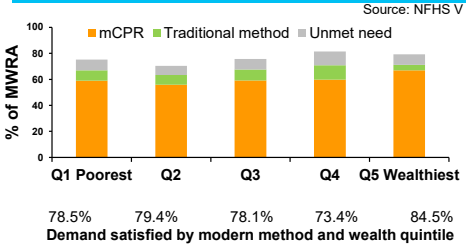
Trends in Infant Mortality Rate



Contraceptive method mix by age group, 2019-21



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Goa

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	(100)	NA	(93.2)
Informed about side-effects or problems of the selected method*, %	(93.9)	NA	(81.9)
Informed about managing side-effects of the selected method*, %	(65.0)	NA	(62.3)
Method information index, %**	(65.0)	NA	(62.3)

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	71.6	81.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.0	1.3

Reasons for discontinuation, among youth and low parity

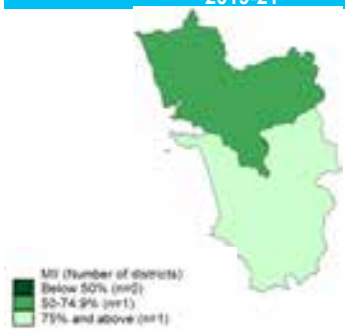
	15-24y	Parity 0-1
Method failure, %	NA	NA
Desire to become pregnant, %	NA	NA
Other fertility related, %	NA	NA
Side effects/health concerns, %	NA	NA
Wanted more effective method, %	NA	NA
Other method related reason, %	NA	NA
Other reason, %	NA	NA
Switched to another method, %	NA	NA

Summary and programmatic recommendations

- Use of modern contraceptive doubled in the state in last 5 years. During this period, the method mix too improved considerably in the state.
- The state has a potential to further increase the contraceptive demand and needs to implement innovative SBCC strategies to promote use of modern methods among the traditional method users and to improve the health worker outreach to the non FP users.
- The private sector is in a developing stage, UT needs to strategize for engagement of private sector for Family Planning services.

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21



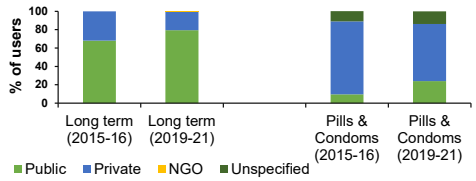
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

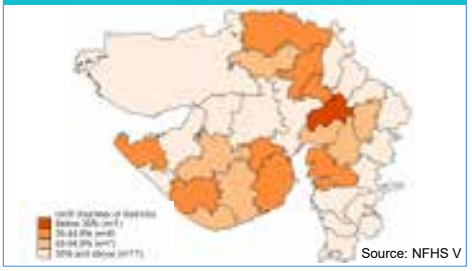
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

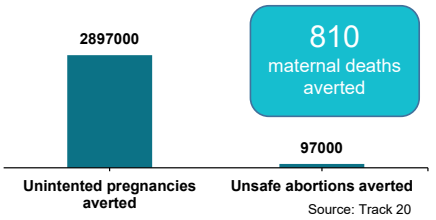


FACTSHEET – GUJARAT

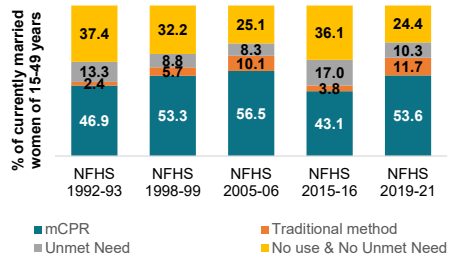
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 0.8 million additional users
- Increase in share of reversible modern method from 22% in 2015-16 to 33% in 2019-21

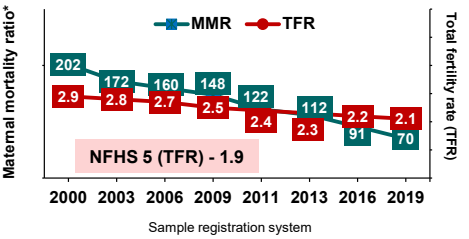
Impact of FP programming, 2021



Trend in key FP indicators, 1992-2021



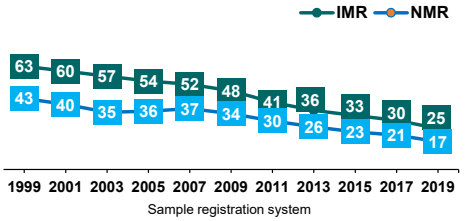
Maternal mortality ratio and TFR



Progress in other select FP indicators

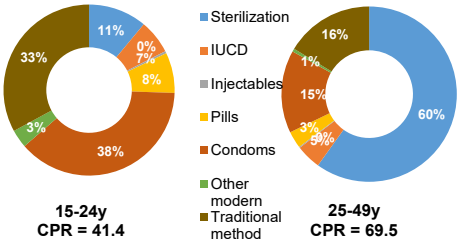
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	15.9	29.8
Parity 2+	55.5	64.3
Reversible contraceptive methods use	9.4	17.5
Unmet need for spacing	6.7	4.5
Unmet need for limiting	10.3	5.9
FP demand satisfied by modern method	67.4	70.9
Postpartum (12m) use of modern contraceptive method	20.6	35.8
Postabortion (3m) use of modern contraceptive method	15.2	25.9
Mean number of children at first contraceptive use	2.1	2.0
Median age at sterilization	26.0	26.0
Mean number of children at sterilization	2.9	2.9

Trends in infant and neonatal mortality, 1999-2019



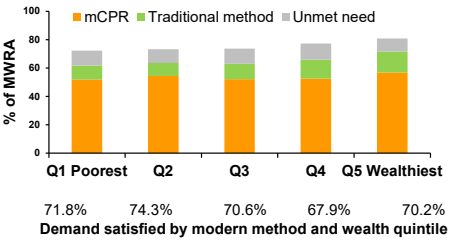
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Gujarat

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	83.2	91.7	80.7
Informed about side-effects or problems of the selected method*, %	82.0	87.1	76.4
Informed about managing side-effects of the selected method*, %	73.5	75.0	67.6
Method information index**, %	69.3	73.2	64.4

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	60.5	64.0
Talked about family planning with health workers in last 3 months, % (among fecund women)	4.6	4.6

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	59.6	63.3
IUCD	36.4	31.2
Injectables	(51.2)	55.2
Condom	48.3	46.9

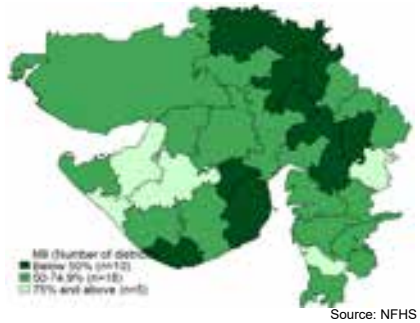
Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	5.7	3.6
Desire to become pregnant, %	13.6	12.6
Other fertility related, %	1.9	2.1
Side effects/health concerns, %	6.1	6.2
Wanted more effective method, %	3.1	4.0
Other method related reason, %	3.0	2.2
Other reason, %	15.1	14.1
Switched to another method, %	3.8	3.7

Summary and programmatic recommendations

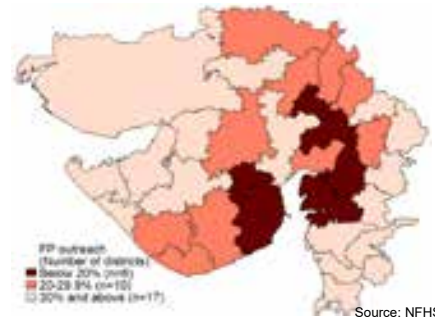
- The modern contraceptive method use has increased in the state, however the contraceptive use is a challenge in adolescent and young population. Given the adolescent and young population size and relatively low use of modern contraceptive methods among them requires greater program planning and action.
- The district data highlights the districts of focus for the program, and also suggests on implementing public-private partnership models to further the FP coverage, quality and access to young and low parity couples.
- Addressing the unmet need of modern contraception- Demand generation efforts at community level (converting traditional users to MCPR).

Distribution of method information index (MII), 2019-21



Source: NFHS V

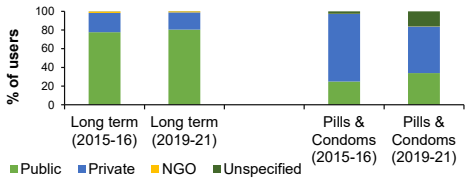
Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – HARYANA

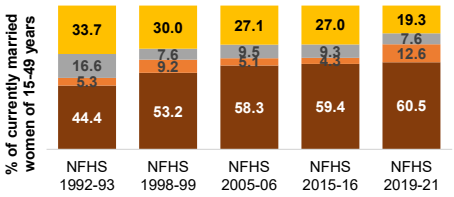
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 10% point increase in modern contraceptive prevalence
- 9.3 million additional users
- Increase in share of reversible modern method use from 35% in 2015-16 to 45% in 2019-21

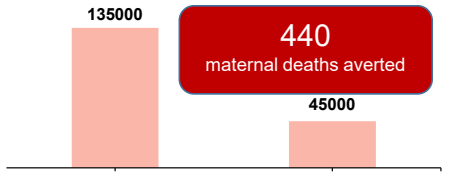
Modern contraceptive prevalence, 2019-21

Source: NFHS V

Trend in key FP indicators, 1992-2021

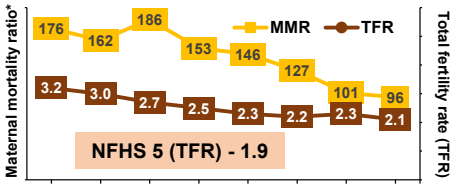


Impact of FP programming, 2021



Source: Track 20

Maternal mortality ratio and TFR

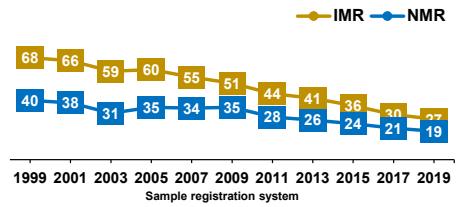


Sample registration system

Progress in other select FP indicators

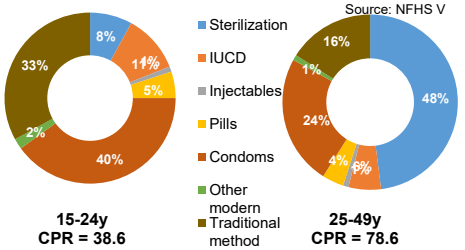
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	32.4	31.2
Parity 2+	70.6	71.4
Reversible contraceptive methods use	20.8	27.3
Unmet need for spacing	3.8	3.3
Unmet need for limiting	5.5	4.2
FP demand satisfied by modern method	81.3	75.0
Postpartum (12m) use of modern contraceptive method	40.4	43.4
Postabortion (3m) use of modern contraceptive method	29.9	27.2
Mean number of children at first contraceptive use	1.9	2.0
Median age at sterilization	26.0	25.0
Mean number of children at sterilization	2.7	2.8

Trends in infant and neonatal mortality



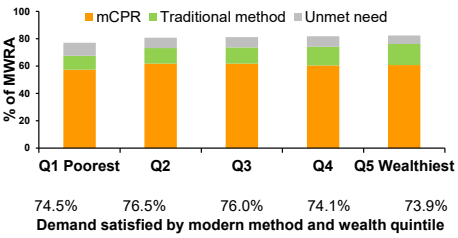
Sample registration system

Contraceptive method mix by age group, 2019-21



Source: NFHS V

Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Haryana

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	78.1	80.8	80.2
Informed about side-effects or problems of the selected method*, %	74.8	74.1	68.8
Informed about managing side-effects of the selected method*, %	66.9	62.8	60.9
Method information index**, %	61.8	61.6	58.6

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	66.1	68.9
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.9	6.6

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	45.9
IUCD	NA	24.9
Injectables	NA	48.8
Condom	NA	36.2

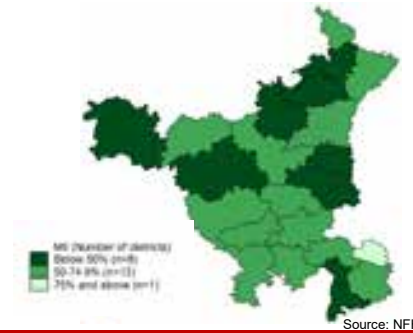
Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.6	1.8
Desire to become pregnant, %	17.7	13.8
Other fertility related, %	4.2	3.9
Side effects/health concerns, %	4.6	3.1
Wanted more effective method, %	3.2	3.0
Other method related reason, %	4.3	3.5
Other reason, %	13.0	8.9
Switched to another method, %	9.3	7.7

Summary and programmatic recommendations

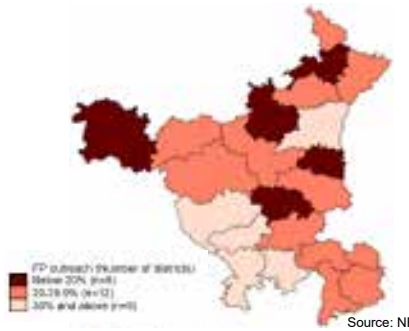
- The modern contraceptive method use has shown an increase in state. However the MCPR is low in young age groups, with substantial share of traditional methods. The state needs to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- The unmet need of modern contraception has increased in the state and this necessitated the need for intensive demand generation efforts at community level. The community outreach needs to be focused.
- The private sector has high potential of growth in FP market of services and products in the state, however.

Distribution of method information index (MII), 2019-21



Source: NFHS V

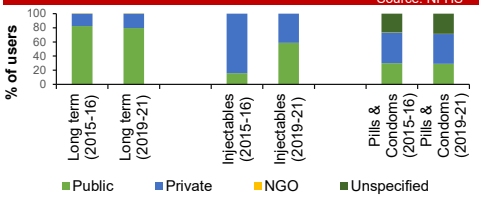
Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – HIMACHAL PRADESH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

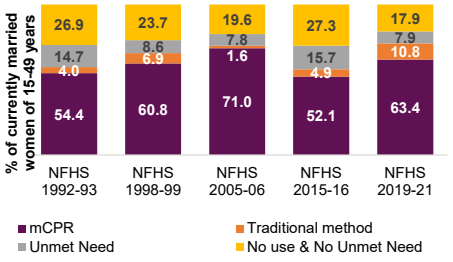
During FP2020 era, the state witnessed

- 9% point increase in modern contraceptive prevalence
- 0.1 million additional users
- Increase in share of reversible modern method use from 29% in 2015-16 to 35% in 2019-21

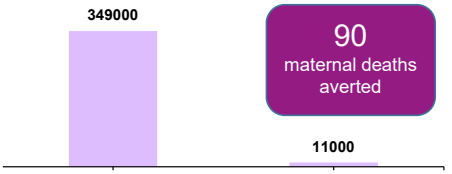
Modern contraceptive prevalence, 2019-21

Source: NFHS V

Trend in key FP indicators, 1992-2021

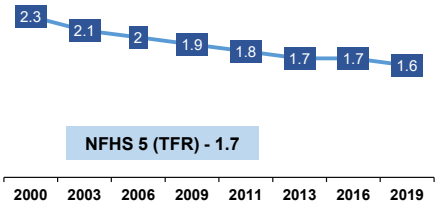


Impact of FP programming, 2021



Source: Track 20

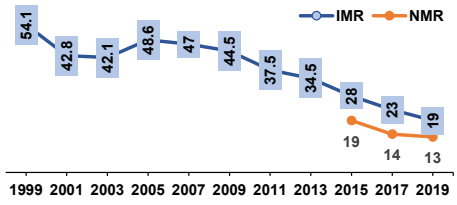
Total Fertility Rate (TFR)



Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	23.6	38.9
Parity 2+	63.1	73.3
Reversible contraceptive methods use	15.2	22.3
Unmet need for spacing	4.8	2.8
Unmet need for limiting	10.9	5.1
FP demand satisfied by modern method	71.7	77.3
Postpartum (12m) use of modern contraceptive method	33.1	49.9
Postabortion (3m) use of modern contraceptive method	15.0	36.7
Mean number of children at first contraceptive use	1.9	1.7
Median age at sterilization	25.0	26.0
Mean number of children at sterilization	2.6	2.5

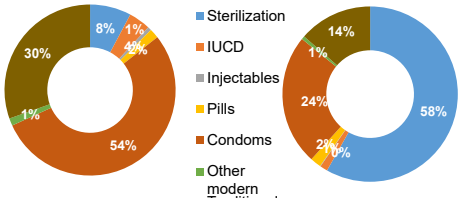
Trends in infant and neonatal mortality, 1999-2019



Sample registration system

Contraceptive method mix by age group, 2019-21

Source: NFHS V

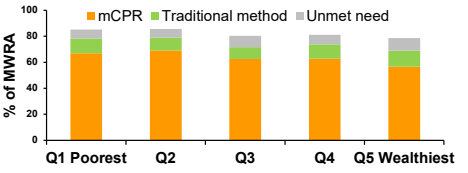


15-24y CPR = 48.4

25-49y CPR = 76.7

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



78.5% 80.7% 78.0% 77.3% 72.1%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Himachal Pradesh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	54.6	(52.1)	76.5
Informed about side-effects or problems of the selected method*, %	56.7	(52.9)	54.6
Informed about managing side-effects of the selected method*, %	48.2	(49.5)	46.1
Method information index**, %	40.4	(29.4)	44.6

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	54.2	56.2
Talked about family planning with health workers in last 3 months, % (among fecund women)	4.1	4.6

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49y
Pills	(59.0)	47.6
IUCD	27.5	26.2
Injectables	(100.0)	(58.5)
Condom	45.3	47.1

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.9	2.2
Desire to become pregnant, %	24.8	16.3
Other fertility related, %	6.0	16.1
Side effects/health concerns, %	2.9	1.8
Wanted more effective method, %	2.8	1.9
Other method related reason, %	0.5	1.0
Other reason, %	6.0	5.4
Switched to another method, %	6.4	4.1

Summary and programmatic recommendations

- The modern contraceptive method use has increased in state. However the MCPR is low in young age groups, with substantial share of traditional methods. The state needs to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- The unmet need of modern contraception has increased in the state and this necessitate the need for intensive demand generation efforts at community level. The community outreach needs to be focused.
- Addressing the high rate of discontinuation rates shall be program priority in the state.
- State needs to strategize for improving health workers outreach and quality of care.

Distribution of method information index (MII), 2019-21

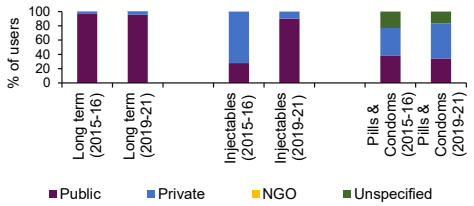
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

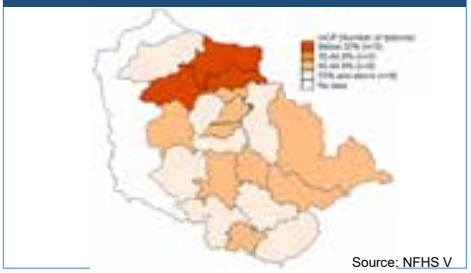
FACTSHEET – JAMMU AND KASHMIR

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the UT witnessed

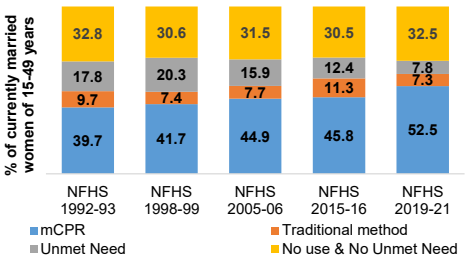
- 8% point increase in modern contraceptive prevalence
- 3.1 million additional users
- Increase in share of reversible modern method from 46% in 2015-16 to 59% in 2019-21

Modern contraceptive prevalence, 2019-21

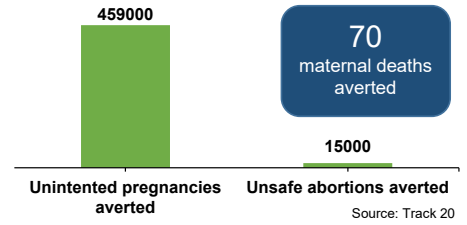


Source: NFHS V

Trend in key FP indicators, 1992-2021

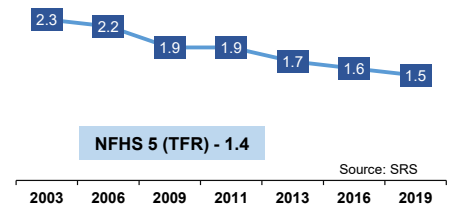


Impact of FP programming, 2021



Source: Track 20

Total Fertility Rate (TFR)

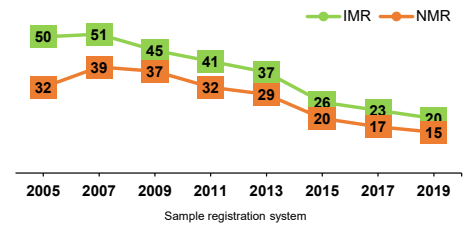


Source: SRS

Progress in other select FP indicators

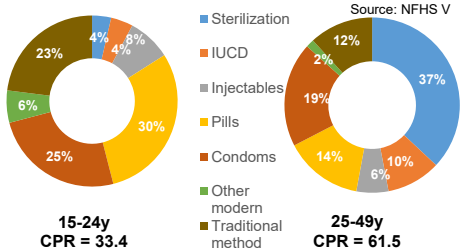
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	20.9	26.7
Parity 2+	54.7	62.7
Reversible contraceptive methods use	21.1	31.1
Unmet need for spacing	5.8	3.9
Unmet need for limiting	6.6	3.9
FP demand satisfied by modern method	65.9	77.7
Postpartum (12m) use of modern contraceptive method	38.9	51.5
Postabortion (3m) use of modern contraceptive method	20.6	11.2
Mean number of children at first contraceptive use	2.1	1.8
Median age at sterilization	28	29
Mean number of children at sterilization	3.2	2.8

Trends in Infant and Neonatal mortality



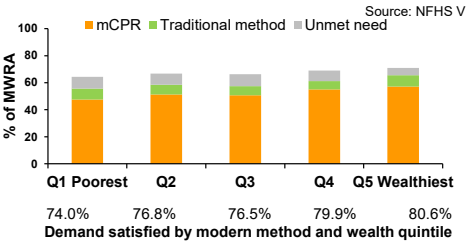
Sample registration system

Contraceptive method mix by age group, 2019-21



Source: NFHS V

Contraceptive method use and unmet need by wealth index, 2019-21



Source: NFHS V

FACTSHEET – Jammu and Kashmir

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	85.0	80.8	74.6
Informed about side-effects or problems of the selected method*, %	77.7	69.4	59.2
Informed about managing side-effects of the selected method*, %	67.6	59.5	47.2
Method information index**, %	65.9	56.8	44.6

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	47.3	48.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.6	6.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	na	57.3
IUCD	na	22.5
Injectables	na	55.7
Condom	na	61.0

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.0	1.3
Desire to become pregnant, %	13.4	9.8
Other fertility related, %	6.2	4.9
Side effects/health concerns, %	5.9	8.6
Wanted more effective method, %	8.8	8.7
Other method related reason, %	10.8	8.2
Other reason, %	13.1	10.1
Switched to another method, %	10.8	12.5

Summary and programmatic recommendations

- Relatively low use of modern contraceptive methods among young and low parity couples requires greater program attention. The state needs to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- The unmet need of modern contraception has increased in the state and this necessitated the need for intensive demand generation efforts at community level. The community outreach needs to be focused.
- The data shows high method discontinuation which necessitates the need for robust counselling by all levels of service providers

Note:na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

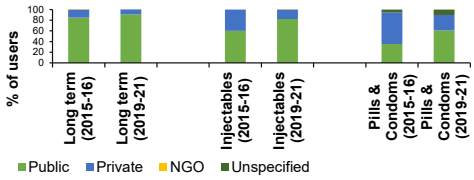
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

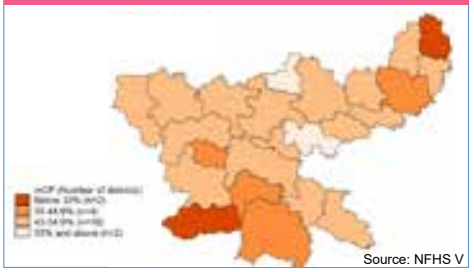
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

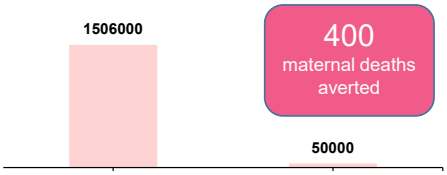


FACTSHEET – JHARKHAND

Achievements of FP program in the state and roadmap for FP2030 towards universal access

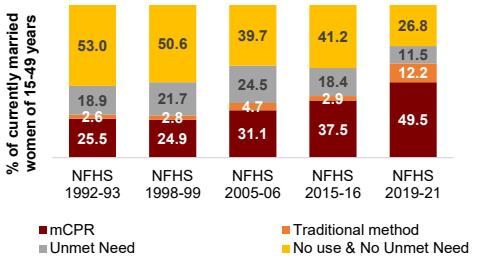
During FP2020 era, the state witnessed
- 10% point increase in modern contraceptive prevalence *
- 1.2 million additional users
- Increase in share of reversible modern method from 16% in 2015-16 to 24% in 2019-21

Impact of FP programming, 2021

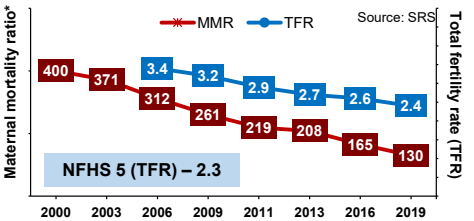


* Source: Track 20

Trend in key FP indicators, 1992-2021



Maternal mortality ratio and TFR

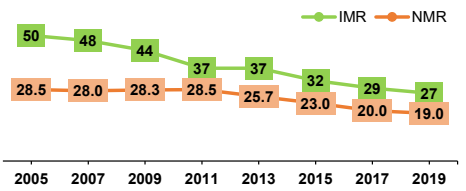


Note: Maternal mortality ratio calculated in combination with Bihar

Progress in other select FP indicators

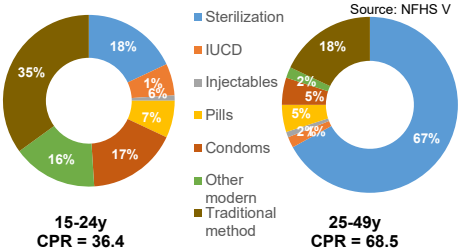
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	8.7	19.1
Parity 2+	48.7	60.6
Reversible contraceptive methods use	6.2	11.8
Unmet need for spacing	9.0	4.8
Unmet need for limiting	9.4	6.7
FP demand satisfied by modern method	63.8	67.6
Postpartum (12m) use of modern contraceptive method	15.7	28.8
Postabortion (3m) use of modern contraceptive method	14.1	16.8
Mean number of children at first contraceptive use	2.7	2.2
Median age at sterilization	27.0	26.0
Mean number of children at sterilization	3.2	3.1

Trends in infant and neonatal mortality

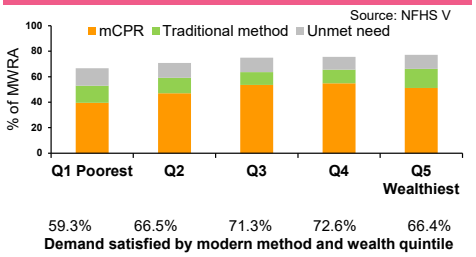


Sample registration system

Contraceptive method mix by age group, 2019-21



Contraceptive method use and unmet need by wealth index, 2019-21



Demand satisfied by modern method and wealth quintile

FACTSHEET – Jharkhand

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	79.2	77.9	79.7
Informed about side-effects or problems of the selected method*, %	69.5	62.0	57.5
Informed about managing side-effects of the selected method*, %	64.2	46.0	48.7
Method information index**, %	61.6	46.0	47.1

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	52.3	52.7
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.1	4.2

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49y
Pills	55.5	54.5
IUCD	28.2	20.2
Injectables	59.7	56.8
Condom	55.3	58.0

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	5.0	4.4
Desire to become pregnant, %	14.6	14.0
Other fertility related, %	6.3	5.4
Side effects/health concerns, %	2.1	2.0
Wanted more effective method, %	4.2	4.3
Other method related reason, %	4.5	5.9
Other reason, %	14.9	12.2
Switched to another method, %	6.4	6.4

Summary and programmatic recommendations

- The modern contraceptive method use has increased in state however the share of spacing methods remains low. The MCPR is low in young age groups, The state needs to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- The unmet need of modern contraception has increased in the state and this necessitated the need for intensive demand generation efforts at community level. The community outreach needs to be focused.
- The demand satisfaction with modern method show considerable gap between different wealth quantiles.

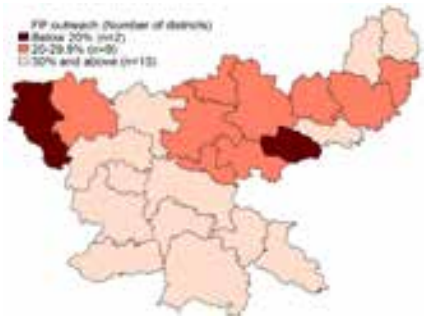
Note: Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

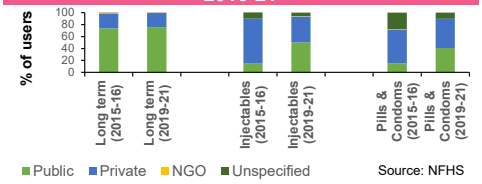
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

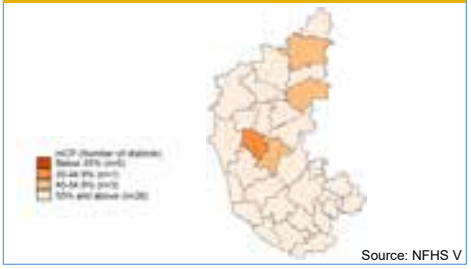


Source: NFHS

Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

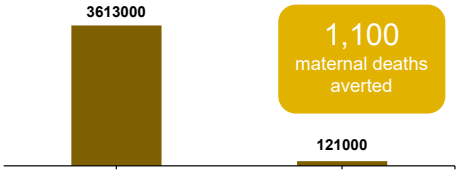
FACTSHEET – KARNATAKA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed

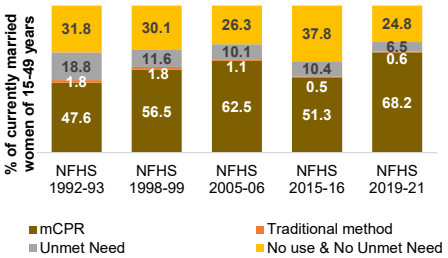
- 7% point increase in modern contraceptive prevalence*
- 1.4 million additional users*
- Increase in share of reversible modern method use from 5% in 2015-16 to 16% in 2019-21

Impact of FP programming, 2021

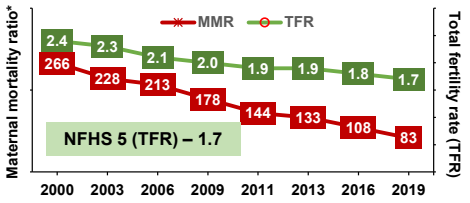


*Source: Track 20

Trend in key FP indicators, 1992-2021



Maternal mortality ratio and TFR

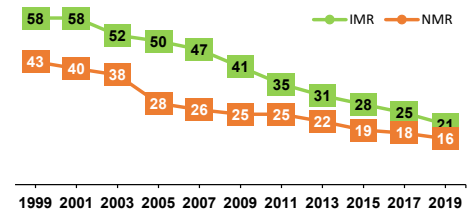


Sample registration system

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	14.7	34.4
Parity 2+	70.1	83.9
Reversible contraceptive methods use	2.7	10.7
Unmet need for spacing	6.0	3.8
Unmet need for limiting	4.4	2.7
FP demand satisfied by modern method	82.5	90.7
Postpartum (12m) use of modern contraceptive method	39.5	49.1
Postabortion (3m) use of modern contraceptive method	1.9	11.3
Mean number of children at first contraceptive use	2.3	2.0
Median age at sterilization	24.0	24.0
Mean number of children at sterilization	2.6	2.5

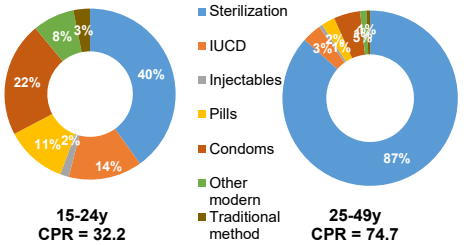
Trends in Infant and Neonatal mortality



Sample registration system

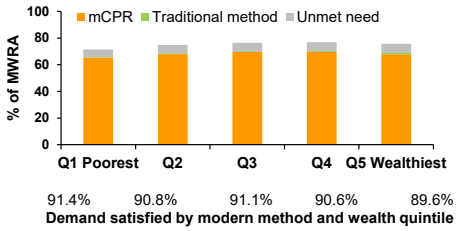
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Karnataka

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	90.7	80.3	91.6
Informed about side-effects or problems of the selected method*, %	88.4	74.8	86.5
Informed about managing side-effects of the selected method*, %	81.5	72.2	78.5
Method information index**, %	81.2	72.2	77.4

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	72.5	70.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	8.5	8.4

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49y
Pills	na	76.1
IUCD	na	53.6
Injectables	na	70.5
Condom	na	65.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.1	1.2
Desire to become pregnant, %	21.9	21.9
Other fertility related, %	5.2	5.4
Side effects/health concerns, %	6.3	7.6
Wanted more effective method, %	6.3	4.2
Other method related reason, %	8.6	4.4
Other reason, %	12.4	12.0
Switched to another method, %	5.7	3.8

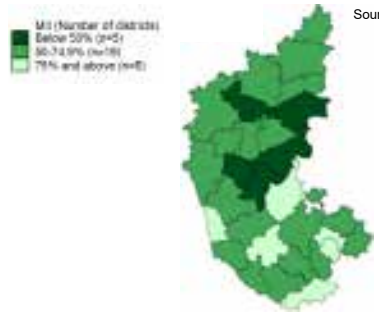
Summary and programmatic recommendations

- The modern contraceptive method use has increased in state however the share of spacing methods remains low.
- Given the large adolescent and young population and relatively low use of modern contraceptive methods necessitate the need to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- The contraceptive discontinuation is high. State needs to strengthen counselling services and health worker interaction of FP.
- Implementing public-private partnership models to further the FP coverage, particularly among young and low parity couples may be program priority.

Note: # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

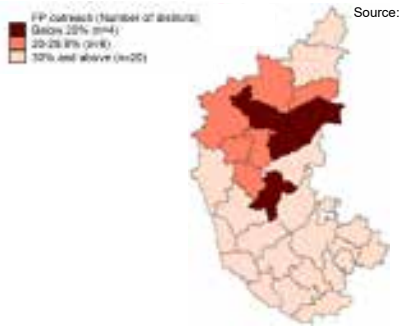
Distribution of method information index (MII), 2019-21

Source: NFHS V



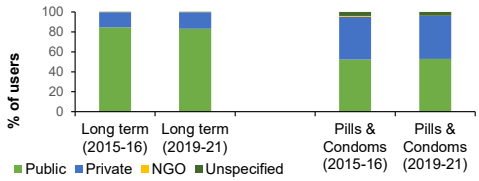
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

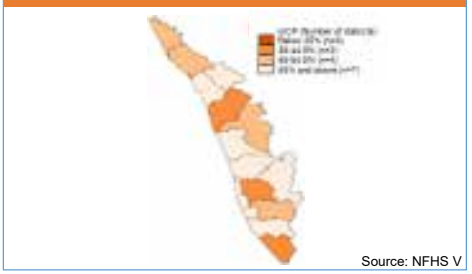
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



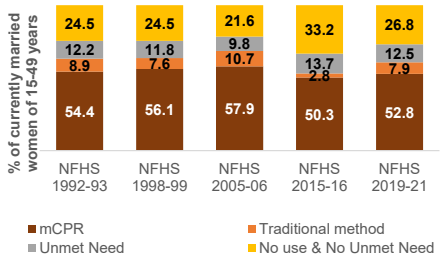
Source: NFHS V

FACTSHEET – KERALA

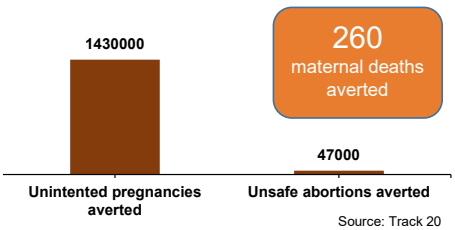
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 1% point increase in modern contraceptive prevalence
- Increase in share of reversible modern method use from 9% in 2015-16 to 12% in 2019-21

Trend in key FP indicators, 1992-2021

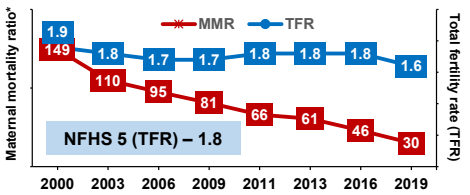


Impact of FP programming, 2021



Source: Track 20

Maternal mortality ratio and TFR

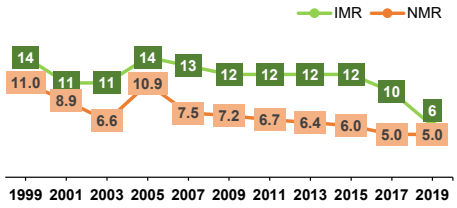


Sample registration system

Progress in other select FP indicators

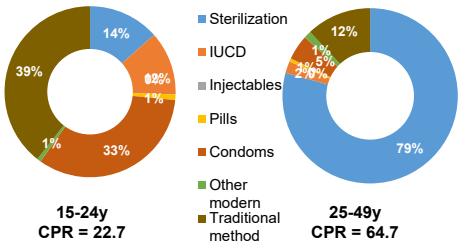
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	15.9	15.2
Parity 2+	67.9	70.0
Reversible contraceptive methods use	4.5	6.2
Unmet need for spacing	8.3	7.0
Unmet need for limiting	5.4	5.5
FP demand satisfied by modern method	75.3	72.2
Postpartum (12m) use of modern contraceptive method	14.8	38.7
Postabortion (3m) use of modern contraceptive method	0.0	6.7
Mean number of children at first contraceptive use	1.6	1.7
Median age at sterilization	27.0	27.0
Mean number of children at sterilization	2.2	2.3

Trends in Infant and Neonatal mortality

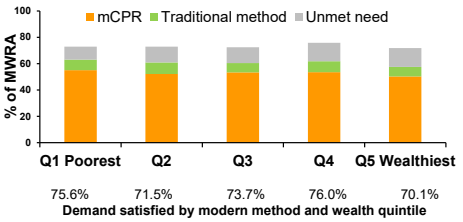


Sample registration system

Contraceptive method mix by age group, 2019-21



Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Kerala

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	80.1	na	(87.1)
Informed about side-effects or problems of the selected method*, %	76.0	na	(77.1)
Informed about managing side-effects of the selected method*, %	65.5	na	(68.8)
Method information index**, %	56.7	na	(68.8)

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	43.5	46.2
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.6	3.3

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	na	85.4
IUCD	na	25.8
Injectables	na	64.0
Condom	na	64.7

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.7	1.6
Desire to become pregnant, %	18.6	20.7
Other fertility related, %	14.5	13.7
Side effects/health concerns, %	0.9	3.0
Wanted more effective method, %	5.5	4.2
Other method related reason, %	5.9	4.6
Other reason, %	7.0	9.4
Switched to another method, %	5.8	3.4

Summary and programmatic recommendations

- The modern contraceptive method use has increased in state however the share of spacing methods remains low.
- State needs to strategize for improving the use of reversible contraceptive method as well as address high discontinuation rates.
- Low use of modern contraceptive methods among young and low parity women indicate the need for greater program planning and action to provide access to this important population group.
- District-level data highlights that almost all districts need to focus on outreach services and quality of FP services

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

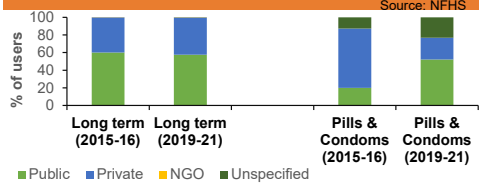
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – LADAKH

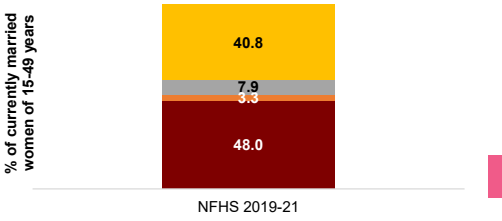
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the UT witnessed
- 12% point decrease in modern contraceptive prevalence
- Decrease in share of reversible modern method use from 66% in 2015-16 to 64% in 2019-21

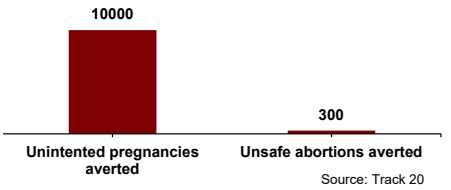
Modern contraceptive prevalence, 2019-21

Source: NFHS V

Distribution of key FP indicators, 2019-2021

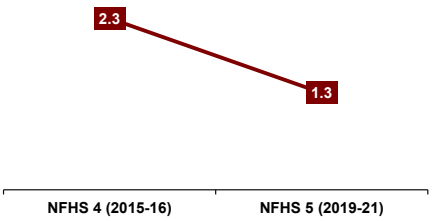


Impact of FP programming, 2021



Source: Track 20

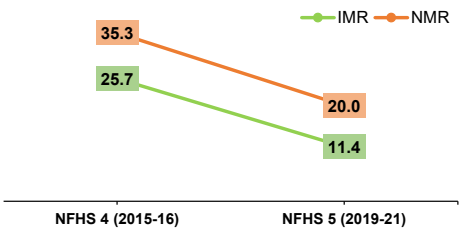
Total Fertility Rate (TFR)



Progress in other select FP indicators

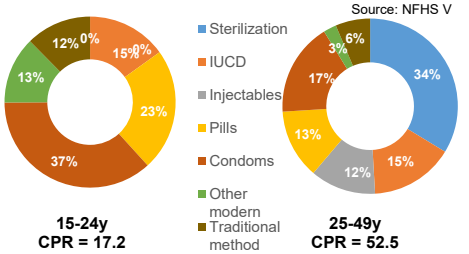
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	37.9	29.9
Parity 2+	74.4	55.8
Reversible contraceptive methods use	42.8	30.9
Unmet need for spacing	5.9	4.0
Unmet need for limiting	3.8	3.9
FP demand satisfied by modern method	84.8	81.1
Postpartum (12m) use of modern contraceptive method	33.5	59.5
Postabortion (3m) use of modern contraceptive method	3.2	31.1
Mean number of children at first contraceptive use	2.2	1.5
Median age at sterilization	30.0	30.0
Mean number of children at sterilization	3.1	2.6

Trends in infant and neonatal mortality



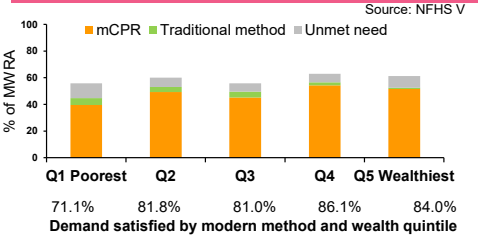
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Ladakh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	85.2	74.7	69.5
Informed about side-effects or problems of the selected method*, %	59.4	59.0	57.5
Informed about managing side-effects of the selected method*, %	46.3	53.4	42.3
Method information index**, %	46.3	53.4	38.9

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	56.8	54.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.9	11.5

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	na	48.3
IUCD	na	19.2
Injectables	na	51.6
Condom	na	50.7

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	(7.7)	1.8
Desire to become pregnant, %	(8.4)	12.0
Other fertility related, %	(18.9)	3.4
Side effects/health concerns, %	(14.7)	5.5
Wanted more effective method, %	(49.7)	3.0
Other method related reason, %	(7.7)	14.5
Other reason, %	(0.8)	3.7
Switched to another method, %	(0.0)	5.0

Summary and programmatic recommendations

- The eligible couple in need of contraception is low in UT .
- UT needs to strengthen the demand generation activities with innovative SBCC measures.
- The overall modern contraceptive use is low specifically in younger age groups which necessitate the need for strengthening quality service delivery.
- UT needs to strengthen health worker outreach and counselling services

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

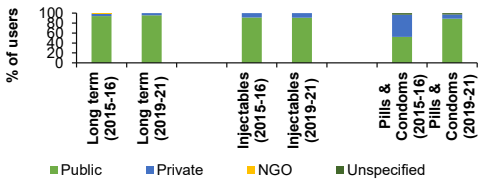
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

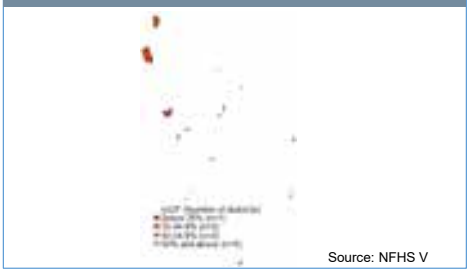
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



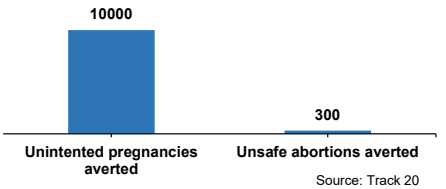
Source: NFHS V

FACTSHEET – LAKSHADWEEP

Achievements of FP program in the state and roadmap for FP2030 towards universal access

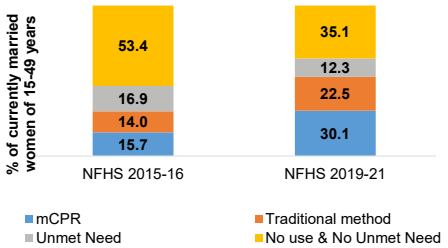
During FP2020 era, the UT witnessed
- 18% point increase in modern contraceptive prevalence
- 3 thousand additional users

Impact of FP programming, 2021

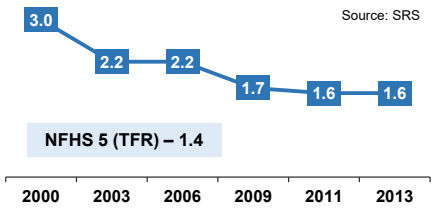


Source: Track 20

Trend in key FP indicators, 2015-2021



Total Fertility Rate (TFR)

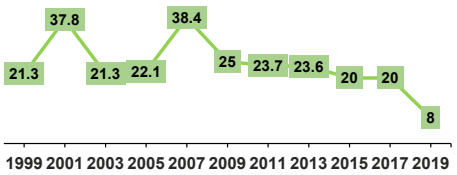


Source: SRS

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	3.3	12.4
Parity 2+	24.9	43.5
Reversible contraceptive methods use	4.9	9.5
Unmet need for spacing	12.7	8.0
Unmet need for limiting	4.3	4.2
FP demand satisfied by modern method	33.6	46.5
Postpartum (12m) use of modern contraceptive method	19.0	40.8
Postabortion (3m) use of modern contraceptive method	21.4	0.0
Mean number of children at first contraceptive use	1.7	1.5
Median age at sterilization	29	30
Mean number of children at sterilization	3.1	2.7

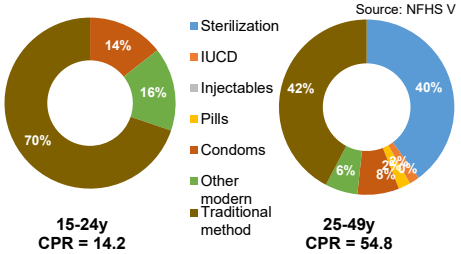
Trends in infant mortality, 1999-2019



Sample registration system

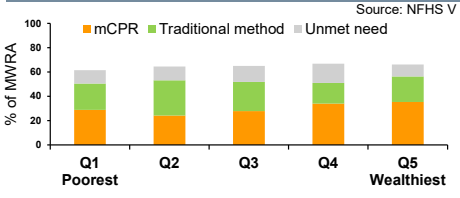
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



46.9% 37.4% 42.8% 50.9% 53.3%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Lakshadweep

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	(100)	na	(100)
Informed about side-effects or problems of the selected method*, %	(100)	na	(100)
Informed about managing side-effects of the selected method*, %	(100)	na	(100)
Method information index**, %	(100)	na	(100)

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date
** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	41.1	43.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.8	0.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	na	12.6
Desire to become pregnant, %	na	30.3
Other fertility related, %	na	9.4
Side effects/health concerns, %	na	52.3
Wanted more effective method, %	na	18.2
Other method related reason, %	na	1.7
Other reason, %	na	44.0
Switched to another method, %	na	na

Summary and programmatic recommendations

- The eligible couple in need of contraception and modern contraceptive use is low in UT which necessitate the need for strengthening quality service delivery.
- The unmet need for modern contraception has increased in UT.
- UT needs to strengthen the demand generation activities with innovative SBCC measures.
- UT needs to strengthen health worker outreach and counselling services

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

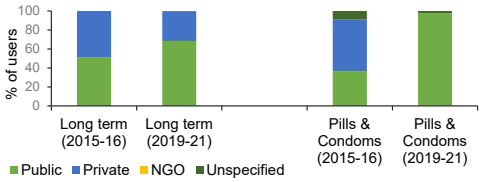
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

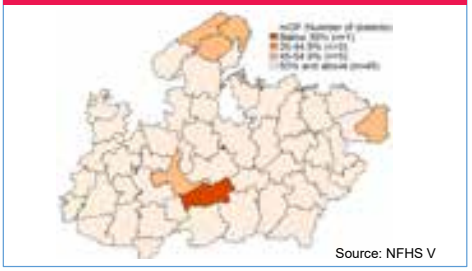
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

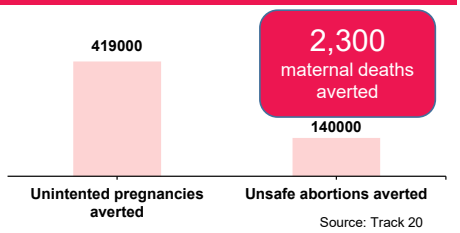
FACTSHEET – MADHYA PRADESH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed

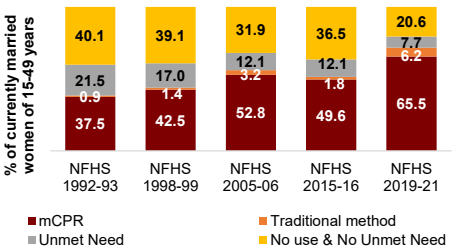
- 8% point increase in modern contraceptive prevalence
- 2.4 million additional users
- Increase in share of reversible modern method use from 14% in 2015-16 to 18% in 2019-21

Impact of FP programming, 2021

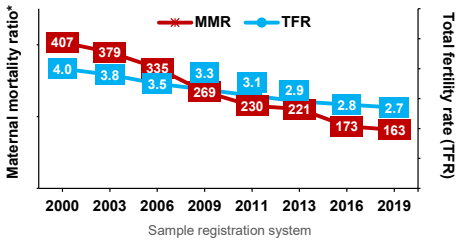


Source: Track 20

Trend in key FP indicators, 1992-2021



Maternal mortality ratio and TFR, 2000-2019

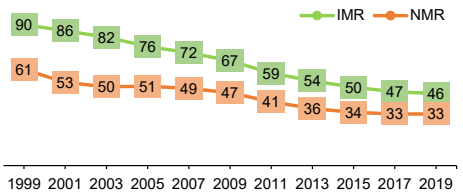


Sample registration system

Progress in other select FP indicators

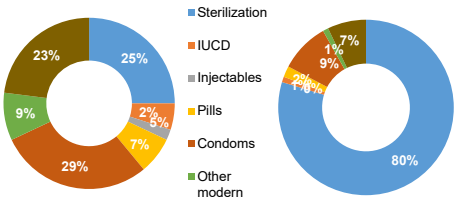
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	14.8	28.4
Parity 2+	61.8	78.1
Reversible contraceptive methods use	6.9	12.9
Unmet need for spacing	5.7	3.9
Unmet need for limiting	6.4	3.8
FP demand satisfied by modern method	78.0	82.5
Postpartum (12m) use of modern contraceptive method	25.1	43.6
Postabortion (3m) use of modern contraceptive method	14.2	34.5
Mean number of children at first contraceptive use	2.6	2.2
Median age at sterilization	26.0	25.0
Mean number of children at sterilization	3.2	3.0

Trends in infant and neonatal mortality, 1999-2019



Sample registration system

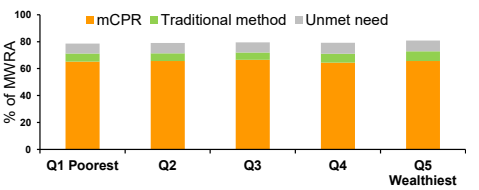
Contraceptive method mix by age group, 2019-21



15-24y
CPR = 39.1

25-49y
CPR = 78.6

Contraceptive method use and unmet need by wealth index, 2019-21



83.0% 83.2% 83.7% 81.5% 81.1%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Madhya Pradesh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	83.1	82.9	89.0
Informed about side-effects or problems of the selected method*, %	78.5	83.8	81.5
Informed about managing side-effects of the selected method*, %	69.9	79.9	73.3
Method information index, %**	66.5	71.9	70.7

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	69.6	70.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.9	3.6

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	72.6	68.6
IUCD	41.1	41.5
Injectables	66.3	70.9
Condom	63.1	55.2

Reasons for discontinuation, among youth and low parity

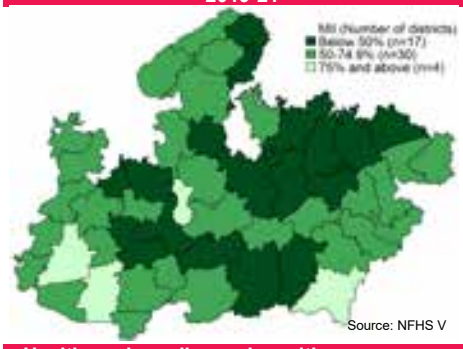
	15-24y	Parity 0-1
Method failure, %	3.1	2.8
Desire to become pregnant, %	16.1	12.2
Other fertility related, %	6.4	7.1
Side effects/health concerns, %	12.0	11.7
Wanted more effective method, %	15.7	14.7
Other method related reason, %	3.5	2.6
Other reason, %	9.4	8.1
Switched to another method, %	7.6	6.6

Summary and programmatic recommendations

- The modern contraceptive method use has increased in state however the share of spacing methods remains low.
- Given the large adolescent and young population and relatively low use of modern contraceptive methods necessitate the need to focus on strengthening contraceptive services and implementing innovative SBCC strategies.
- Maternal mortality ratio remained considerably high in the state and that demands a successful FP programming.
- State needs to strategize for addressing the unmet need of modern contraception which will require focused demand generation efforts at community level (converting traditional users to MCPR).

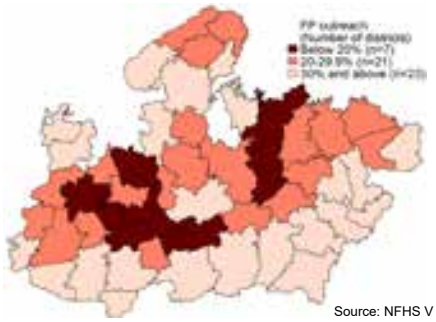
Note: Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21



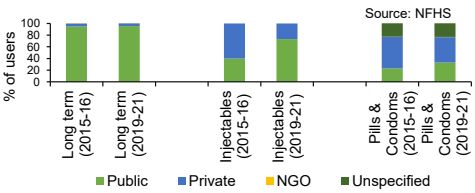
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21



Source: NFHS V

Sources of select contraceptive methods, 2015-21



Private sector market by district, 2019-21

Source: NFHS V

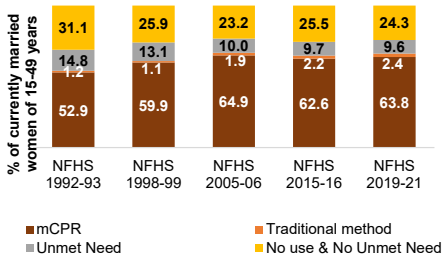
FACTSHEET – MAHARASHTRA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 0% point increase in modern contraceptive prevalence
- 1.35 million additional users
- Increase in share of reversible modern method use from 18% in 2015-16 to 22% in 2019-21

Modern contraceptive prevalence, 2019-21

Trend in key FP indicators, 1992-2021

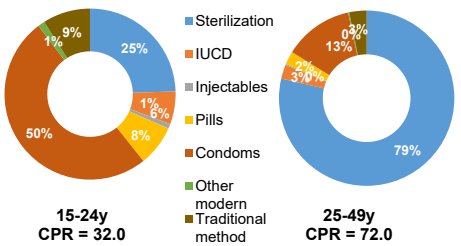


Progress in other select FP indicators

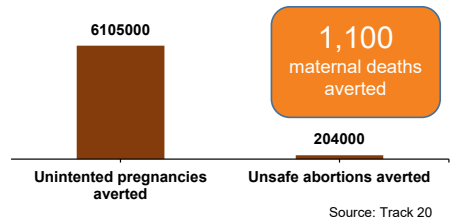
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	25.8	32.5
Parity 2+	78.2	76.9
Reversible contraceptive methods use	11.4	14.3
Unmet need for spacing	4.3	3.9
Unmet need for limiting	5.4	5.7
FP demand satisfied by modern method	84.0	84.2
Postpartum (12m) use of modern contraceptive method	16.5	41.6
Postabortion (3m) use of modern contraceptive method	15.4	24.8
Mean number of children at first contraceptive use	2.1	2.0
Median age at sterilization	25	25
Mean number of children at sterilization	2.7	2.5

Contraceptive method mix by age group, 2019-21

Source: NFHS V

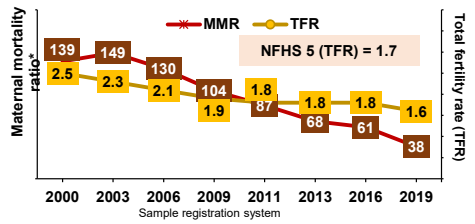


Impact of FP programming, 2021

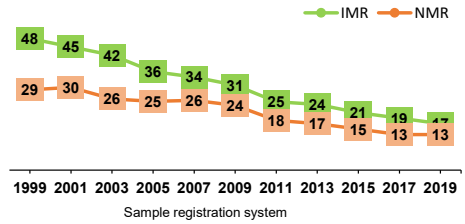


Source: Track 20

Maternal mortality ratio and TFR

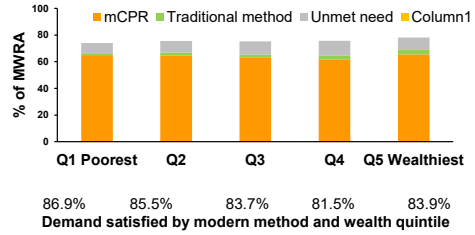


Trends in infant and neonatal mortality



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Maharashtra

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	64.3	84.5	69.6
Informed about side-effects or problems of the selected method*, %	61.4	79.7	51.5
Informed about managing side-effects of the selected method*, %	49.0	65.7	44.7
Method information index**, %	43.1	61.7	41.0

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	40.1	40.7
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.7	2.2

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	70.6	53.9
IUCD	46.4	30.8
Injectables	89.8	76.7
Condom	52.9	46.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	4.5	2.5
Desire to become pregnant, %	29.4	23.4
Other fertility related, %	3.1	3.7
Side effects/health concerns, %	5.6	3.6
Wanted more effective method, %	3.8	3.0
Other method related reason, %	4.5	1.9
Other reason, %	6.5	7.3
Switched to another method, %	6.2	4.1

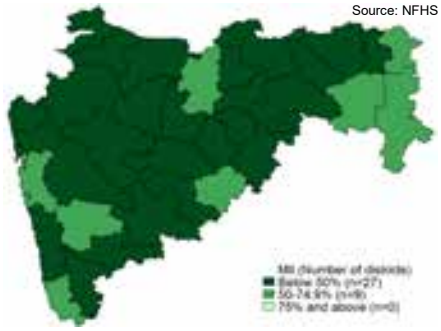
Summary and programmatic recommendations

- Overall share of spacing methods is low in state which indicates the need for improving service delivery and counselling services for Family Planning specially healthy timing and spacing of pregnancies.
- Given the large adolescent and young population in the state and relatively low use of modern contraceptive methods among them, program requires better planning to improve reversible method use among young couples.
- The district-level data highlights concern about low reach of health workers among non-users.
- State needs to utilize the potential pf private sector for improving FP supply and demand.

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
Long-term: Refers to Sterilization and IUCD

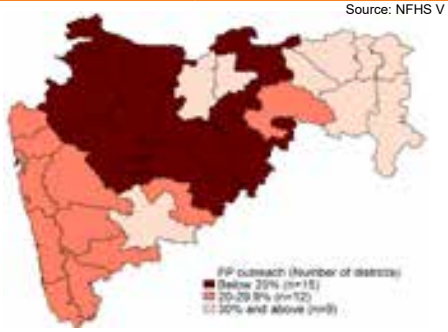
Distribution of method information index (MII), 2019-21

Source: NFHS V



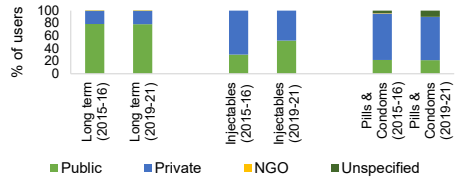
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

Source: NFHS V



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – MANIPUR

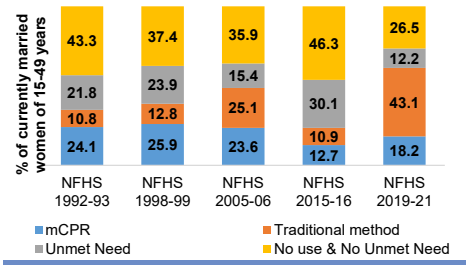
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 13% point increase in modern contraceptive prevalence
- 0.1 million additional users
- Increased share of reversible modern method use from 75% in 2015-16 to 80% in 2019-21

Modern contraceptive prevalence, 2019-21

Source: NFHS V

Trend in key FP indicators, 1992-2021

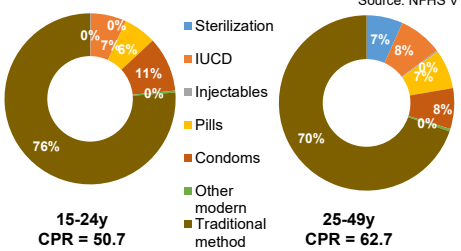


Progress in other select FP indicators

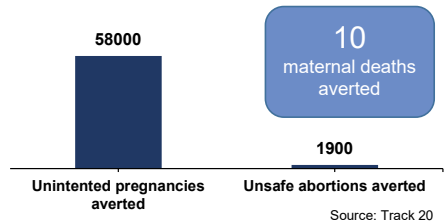
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	5.5	10.3
Parity 2+	16.2	21.9
Reversible contraceptive methods use	9.5	14.5
Unmet need for spacing	12.7	4.7
Unmet need for limiting	17.4	7.5
FP demand satisfied by modern method	23.7	24.7
Postpartum (12m) use of modern contraceptive method	10.7	14.1
Postabortion (3m) use of modern contraceptive method	16.1	26
Mean number of children at first contraceptive use	1.9	1.6
Median age at sterilization	32.0	31.0
Mean number of children at sterilization	3.4	3.3

Contraceptive method mix by age group, 2019-21

Source: NFHS V

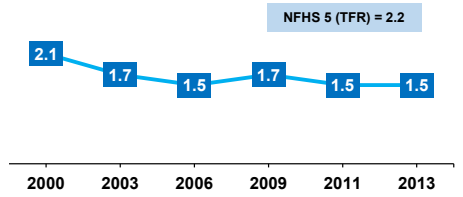


Impact of FP programming, 2021



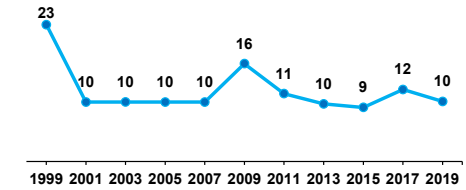
Source: Track 20

Total Fertility Rate (TFR)



Sample registration system

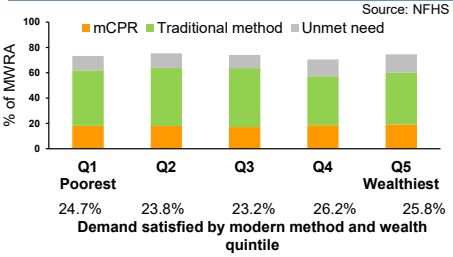
Trends in Infant Mortality Rate



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Manipur

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	51.9	(63.0)	47.8
Informed about side-effects or problems of the selected method*, %	53.7	(68.9)	38.1
Informed about managing side-effects of the selected method*, %	28.8	(45.6)	18.0
Method information index**, %	24.6	(11.5)	15.2

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	6.5	7.0
Talked about family planning with health workers in last 3 months, % (among fecund women)	0.6	1.5

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	58.7
IUCD	NA	38.4
Injectables	NA	(77.4)
Condom	NA	64.1

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	5.8	3.2
Desire to become pregnant, %	14.6	11.8
Other fertility related, %	11.3	12.7
Side effects/health concerns, %	13.2	13.5
Wanted more effective method, %	2.8	2.0
Other method related reason, %	9.0	8.7
Other reason, %	5.0	7.4
Switched to another method, %	5.2	9.0

Summary and programmatic recommendations

- State reports the lowest modern contraceptive use in the country. For reversible contraceptives the discontinuation rates is high.
- State reports the high unmet need for modern methods and low demand satisfied by modern contraceptives which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents
- Districts across the state should be given focus on implementing public-private partnership models to further the FP coverage, quality and access to young and low parity couples.

Note: Numbers in bracket () for tables and in the graph are based on fewer than 25 unweighted cases.
NA: Sample size is too low for sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

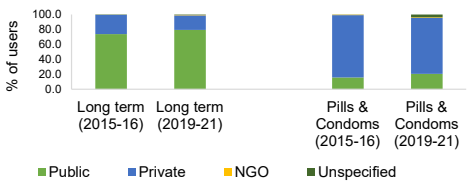
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

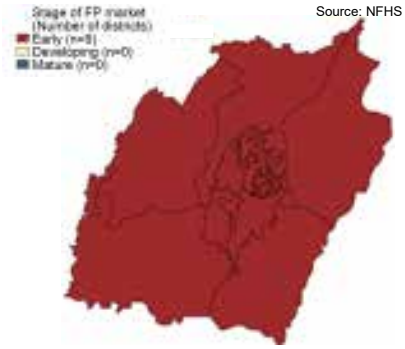
Sources of select contraceptive methods, 2015-21

Source: NFHS

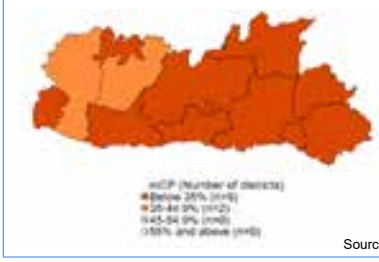


Private sector market by district, 2019-21

Source: NFHS V



Modern contraceptive prevalence, 2019-21



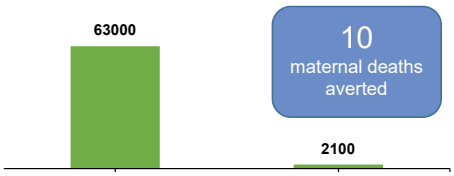
Source: NFHS V

FACTSHEET – MEGHALAYA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

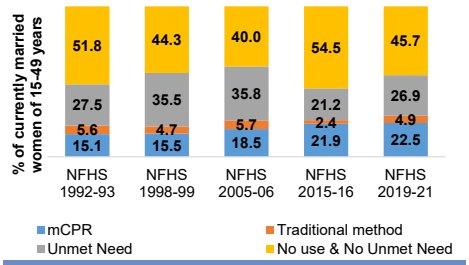
During FP2020 era, the state witnessed
- 7% point increase in modern contraceptive prevalence
- 0.07 million additional users
- Increase share of reversible modern method use from 72% in 2015-16 to 75% in 2019-21

Impact of FP programming, 2021

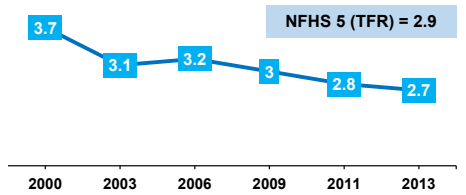


Source: Track 20

Trend in key FP indicators, 1992-2021



Total Fertility Rate

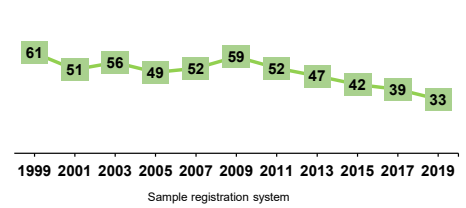


Sample registration system

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	11.6	15.0
Parity 2+	25.7	25.2
Reversible contraceptive methods use	15.7	16.9
Unmet need for spacing	15.3	18.3
Unmet need for limiting	6.0	8.6
FP demand satisfied by modern method	48.1	41.4
Postpartum (12m) use of modern contraceptive method	12.8	16.7
Postabortion (3m) use of modern contraceptive method	36.2	21.6
Mean number of children at first contraceptive use	2.4	2.2
Median age at sterilization	30	30
Mean number of children at sterilization	3.7	3.7

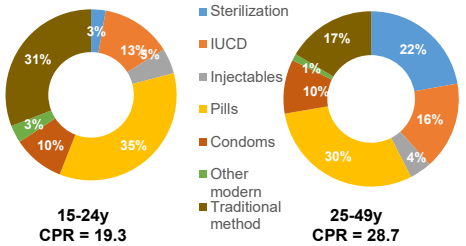
Trends in Infant Mortality Rate



Sample registration system

Contraceptive method mix by age group, 2019-21

Source: NFHS V

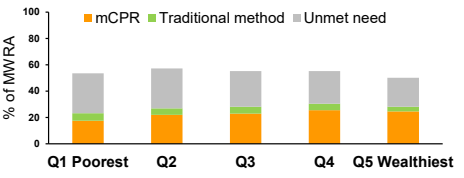


15-24y CPR = 19.3

25-49y CPR = 28.7

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Meghalaya

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectables	Pills
Informed about other methods*, %	74.6	71.4	67.8
Informed about side-effects or problems of the selected method*, %	75.1	67.7	61.6
Informed about managing side-effects of the selected method*, %	63.0	51.9	54.3
Method information index**, %	60.6	48.9	52.5

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers (FLWs) by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	49.9	47.5
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.2	6.6

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	50.7	NA
IUCD	15.7	NA
Injectables	60.8	NA
Condom	66.8	NA

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	1.5	1.9
Desire to become pregnant, %	5.9	7.4
Other fertility related, %	3.4	6.1
Side effects/health concerns, %	7.8	4.9
Wanted more effective method, %	0.6	1.2
Other method related reason, %	13.0	11.9
Other reason, %	17.6	11.3
Switched to another method, %	6.6	6.0

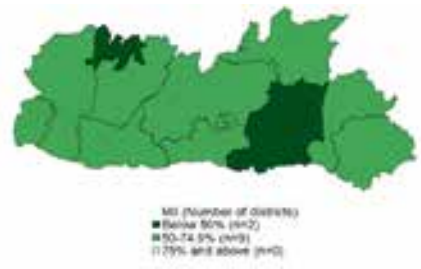
Summary and programmatic recommendations

- State reports the low modern contraceptive use. Method-mix is tilted towards reversible methods, with more than 75% of the users reported using reversible contraceptive methods. However, for reversible contraceptives the discontinuation rates is high.
- State reports the high unmet need for modern methods and low demand satisfied by modern contraceptives which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents
- State need to strengthen the community outreach and counselling for FP.

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

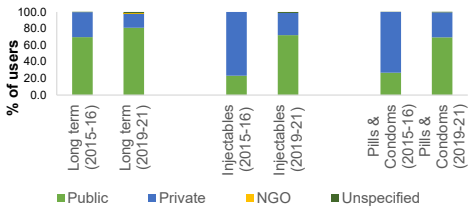
Source: NFHS V



Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

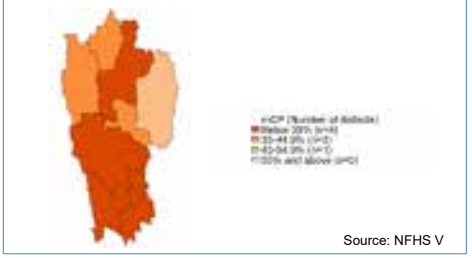
Sources of select contraceptive methods, 2015-21



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



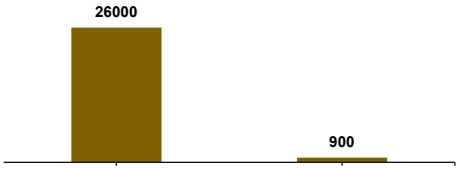
Source: NFHS V

FACTSHEET – MIZORAM

Achievements of FP program in the state and roadmap for FP2030 towards universal access

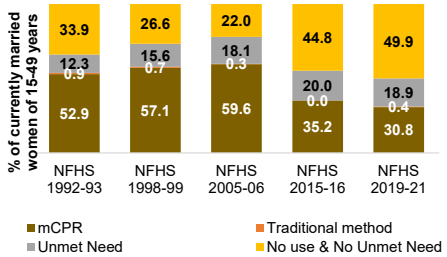
During FP2020 era, the state witnessed
- 22% point decrease in modern contraceptive prevalence
- Increase in share of reversible modern method use from 51% in 2015-16 to 58% in 2019-21

Impact of FP programming, 2021

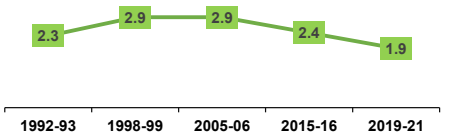


Source: Track 20

Trend in key FP indicators, 1992-2021



Total Fertility Rate

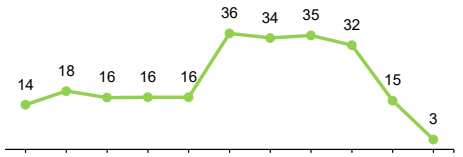


Source: NFHS

Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	14.7	16.0
Parity 2+	41.3	36.3
Reversible contraceptive methods use	17.8	17.7
Unmet need for spacing	12.4	12.8
Unmet need for limiting	7.6	6.0
FP demand satisfied by modern method	63.8	61.4
Postpartum (12m) use of modern contraceptive method	29.6	27.7
Postabortion (3m) use of modern contraceptive method	4.4	14.8
Mean number of children at first contraceptive use	2.3	1.9
Median age at sterilization	28.0	29.0
Mean number of children at sterilization	3.5	3.2

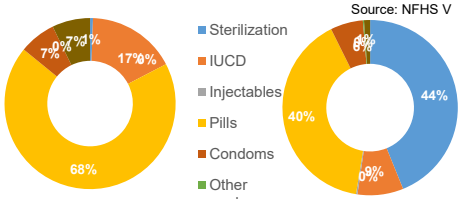
Trends in infant mortality, 1999-2019



Sample registration system

Contraceptive method mix by age group, 2019-21

Source: NFHS V

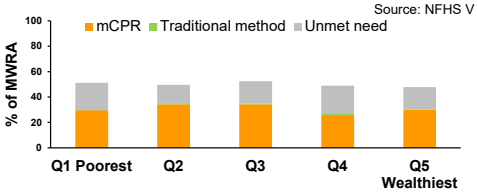


15-24y CPR = 20.5

25-49y CPR = 32.1

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



57.8% 69.0% 65.4% 52.7% 62.3%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Mizoram

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	64.2	NA	55.9
Informed about side-effects or problems of the selected method*, %	69.0	NA	56.4
Informed about managing side-effects of the selected method*, %	57.0	NA	47.1
Method information index**, %	51.6	NA	43.8

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date
** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	35.6	37.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.2	2.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	NA
IUCD	NA	NA
Injectables	NA	NA
Condom	NA	NA

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	NA	NA
Desire to become pregnant, %	NA	NA
Other fertility related, %	NA	NA
Side effects/health concerns, %	NA	NA
Wanted more effective method, %	NA	NA
Other method related reason, %	NA	NA
Other reason, %	NA	NA
Switched to another method, %	NA	NA

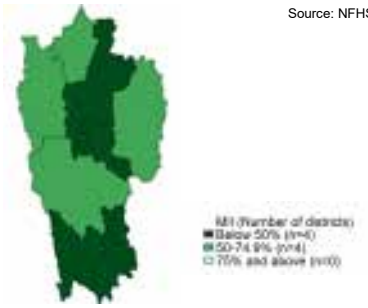
Summary and programmatic recommendations

- State reports the low modern contraceptive use particularly among young and low parity women. The modern contraceptive use shows a declining trend. State needs to focus on strengthening FP service provision.
- State reports the high unmet need for modern methods which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents
- State need to strengthen the community outreach and counselling for FP.

Note: na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

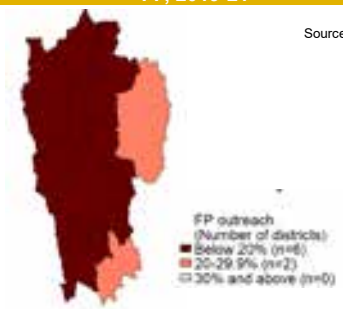
Distribution of method information index (MII), 2019-21

Source: NFHS V

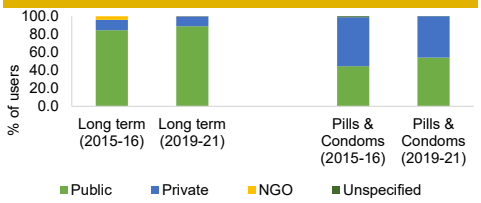


Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

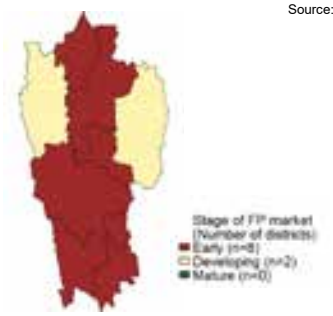


Sources of select contraceptive methods, 2015-21

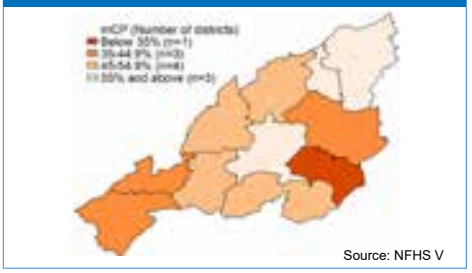


Private sector market by district, 2019-21

Source: NFHS V

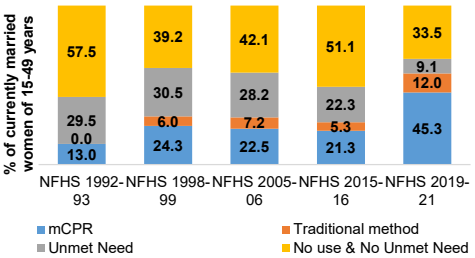


Modern contraceptive prevalence, 2019-21



Source: NFHS V

Trend in key FP indicators, 1992-2021

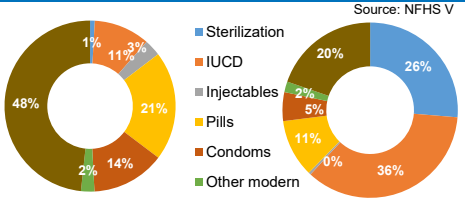


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	6.3	19.6
Parity 2+	26.3	55.5
Reversible contraceptive methods use	12.2	30.9
Unmet need for spacing	11.3	4.5
Unmet need for limiting	10.9	4.7
FP demand satisfied by modern method	43.5	68.2
Postpartum (12m) use of modern contraceptive method	9.4	28.8
Postabortion (3m) use of modern contraceptive method	13.6	15.5
Mean number of children at first contraceptive use	2.9	2.0
Median age at sterilization	30.0	30.0
Mean number of children at sterilization	3.5	3.3

Contraceptive method mix by age group, 2019-21

Source: NFHS V



15-24y
CPR = 31.0

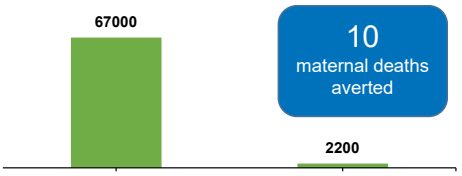
25-49y
CPR = 59.7

FACTSHEET – NAGALAND

Achievements of FP program in the state and roadmap for FP2030 towards universal access

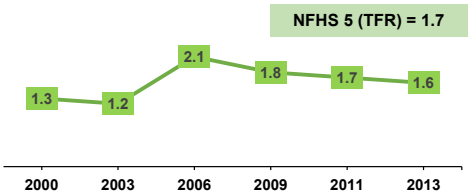
During FP2020 era, the state witnessed
- 25% points increase in modern contraceptive prevalence*
- 0.1 million additional users *
- Increase in share of reversible modern method from 57% in 2015-16 to 68% in 2019-21

Impact of FP programming, 2021



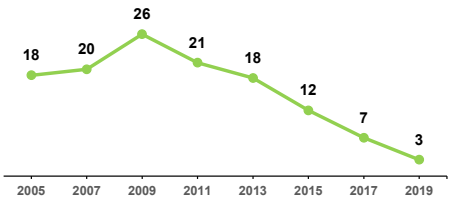
Source: Track 20*

Total Fertility Rate



Sample registration system

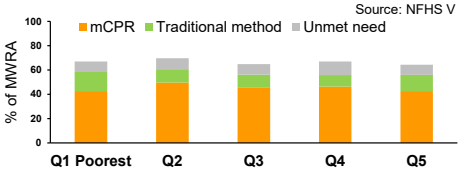
Trends in Infant Mortality Rate



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



63.6% 71.4% 70.0% 69.1% 66.5%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Nagaland

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	70.3	(50.6)	65.8
Informed about side-effects or problems of the selected method*, %	66.2	(26.5)	59.9
Informed about managing side-effects of the selected method*, %	53.5	(17.7)	52.7
Method information index, %**	49.0	(10.3)	51.0

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date
** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	18.2	13.8
Talked about family planning with health workers in last 3 months, % (among fecund women)	0.4	1.0

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	0.9	0.2
Desire to become pregnant, %	15.3	10.6
Other fertility related, %	15.2	15.7
Side effects/health concerns, %	4.8	9.3
Wanted more effective method, %	4.7	5.2
Other method related reason, %	5.3	5.8
Other reason, %	21.1	17.6
Switched to another method, %	12.9	13.9

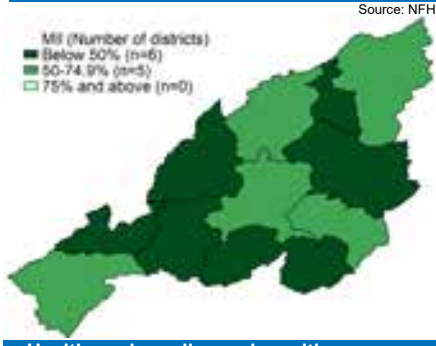
Summary and programmatic recommendations

- The state experienced considerable increase in modern contraceptive use with more than half of the modern methods users using reversible contraceptive methods.
- Given the adolescent and young population size and relatively low use of modern contraceptive methods among them requires greater program planning and action.
- Almost all the districts require FP program coverage, access and quality focus.
- State need to strengthen the community outreach and counselling for FP.

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

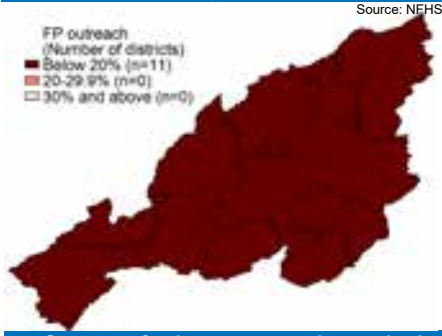
Distribution of method information index (MII), 2019-21

Source: NFHS V



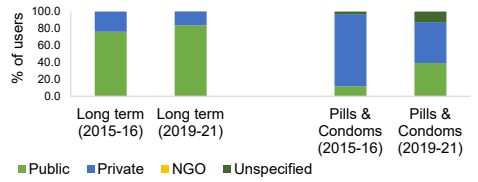
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



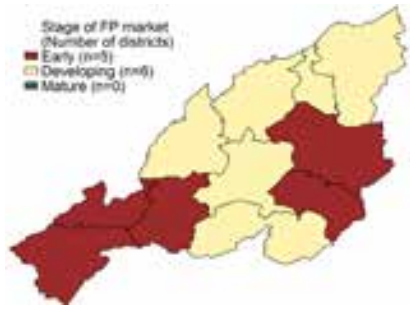
Sources of select contraceptive methods, 2015-21

Source: NFHS

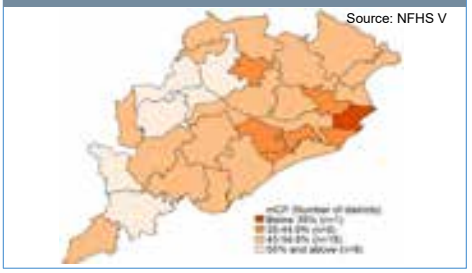


Private sector market by district, 2019-21

Source: NFHS V



Modern contraceptive prevalence, 2019-21

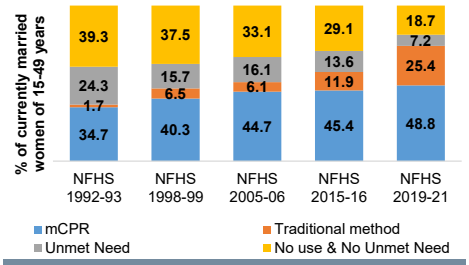


FACTSHEET – ODISHA

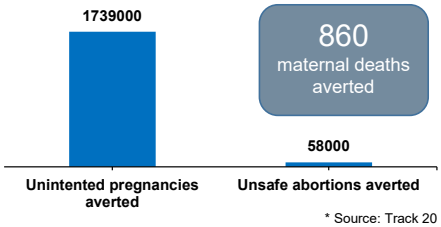
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 8% point increase in modern contraceptive prevalence *
- 0.9 million additional users *
- Increase in share of reversible modern method use from 37% in 2015-16 to 42% in 2019-21

Trend in key FP indicators, 1992-2021



Impact of FP programming, 2021

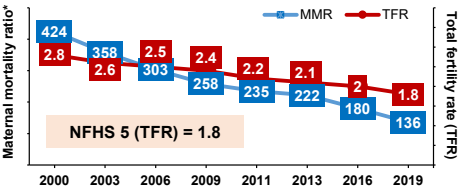


* Source: Track 20

Progress in other select FP indicators

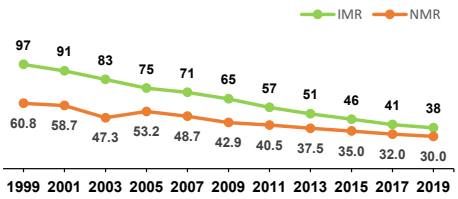
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	24.3	27.1
Parity 2+	56.3	60.4
Reversible contraceptive methods use	17.0	20.5
Unmet need for spacing	4.7	2.5
Unmet need for limiting	8.9	4.6
FP demand satisfied by modern method	64.1	60.0
Postpartum (12m) use of modern contraceptive method	38.5	46.8
Postabortion (3m) use of modern contraceptive method	30.3	32.9
Mean number of children at first contraceptive use	1.9	1.6
Median age at sterilization	27.0	27.0
Mean number of children at sterilization	2.9	2.8

Maternal mortality ratio and TFR



Sample registration system

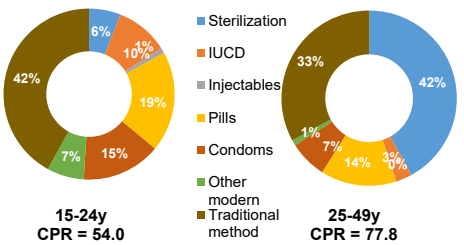
Trends in infant and neonatal mortality



Sample registration system

Contraceptive method mix by age group, 2019-21

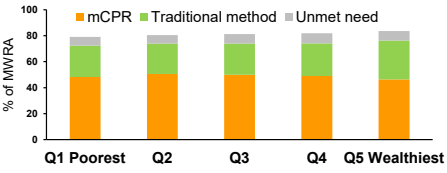
Source: NFHS V



15-24y CPR = 54.0 **25-49y CPR = 77.8**

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Odisha

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	76.7	81.7	83.0
Informed about side-effects or problems of the selected method*, %	77.0	68.8	70.8
Informed about managing side-effects of the selected method*, %	71.5	57.6	63.7
Method information index**, %	63.7	55.6	61.7

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	82.3	84.1
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.1	4.1

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	44.9	47.1
IUCD	26.1	26.8
Injectables	(34.1)	68.8
Condom	56.2	51.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.2	2.5
Desire to become pregnant, %	12.7	9.0
Other fertility related, %	7.4	9.7
Side effects/health concerns, %	6.7	7.2
Wanted more effective method, %	5.1	4.3
Other method related reason, %	2.2	2.1
Other reason, %	13.5	14.0
Switched to another method, %	12.6	11.4

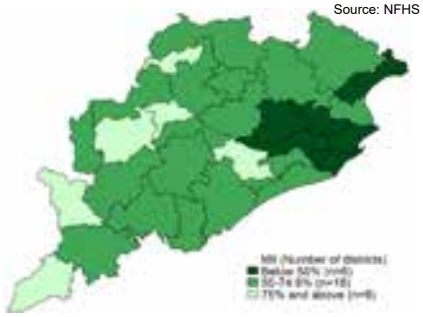
Summary and programmatic recommendations

- The state shows increase in modern contraceptive use with nearly 40% of the couples using reversible contraceptive methods.
- A relatively higher discontinuation rate shows the need for strengthening counselling services in the state.
- State reports the high unmet need for modern methods which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases
Long-term: Refers to Sterilization and IUCD

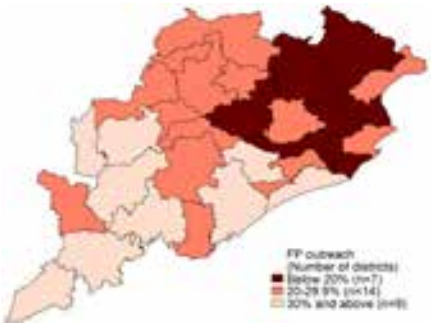
Distribution of method information index (MII), 2019-21

Source: NFHS V



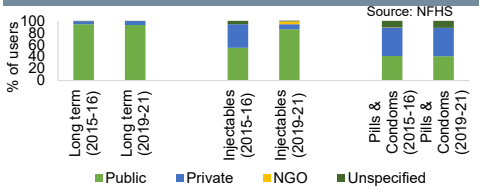
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

Source: NFHS



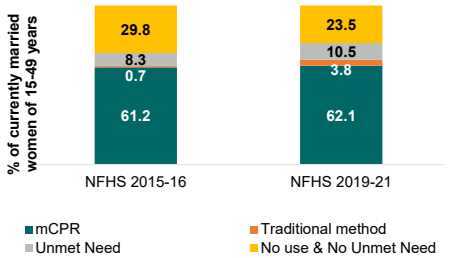
Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

Source: NFHS V

Trend in key FP indicators, 2015-2021

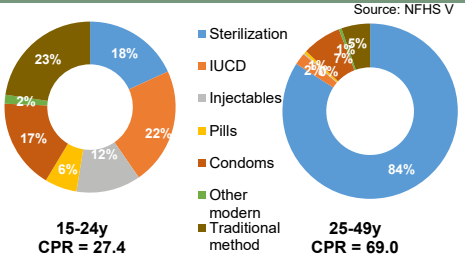


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	17.6	15.2
Parity 2+	81.4	81.7
Reversible contraceptive methods use	3.8	8.0
Unmet need for spacing	4.8	3.2
Unmet need for limiting	3.5	7.4
FP demand satisfied by modern method	87.1	81.3
Postpartum (12m) use of modern contraceptive method	36.8	49.7
Postabortion (3m) use of modern contraceptive method	8.7	15.2
Mean number of children at first contraceptive use	2.1	1.8
Median age at sterilization	25.0	25.0
Mean number of children at sterilization	2.3	2.3

Contraceptive method mix by age group, 2019-21

Source: NFHS V



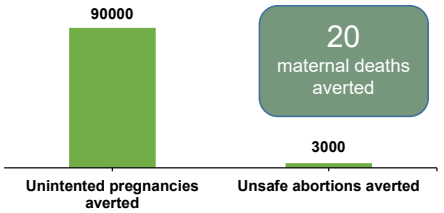
FACTSHEET – PUDUCHERRY

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the UT witnessed

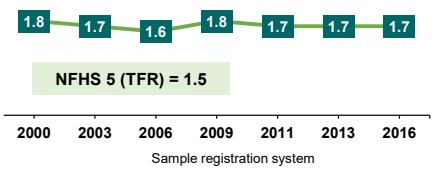
- 2% points increase in modern contraceptive prevalence*
- 61 thousand additional users *
- Increase in share of reversible modern method use from 6% in 2015-16 to 13% in 2019-21

Impact of FP programming, 2021



Source: Track 20*

Total fertility rate



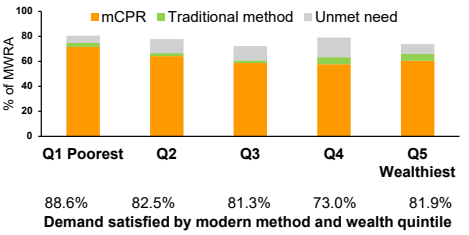
Sample registration system

Trends in infant mortality, 1999-2019

Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Puducherry

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	(78.7)	NA	(100)
Informed about side-effects or problems of the selected method*, %	(51.4)	NA	(55.3)
46.2Informed about managing side-effects of the selected method*, %	(50.9)	NA	(46.2)
Method information index**, %	(50.9)	NA	(46.2)

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date
** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	80.4	78.2
Talked about family planning with health workers in last 3 months, % (among fecund women)	0.4	0.9

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	NA
IUCD	(55.1)	NA
Injectables	NA	NA
Condom	62.5	NA

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	6.8	NA
Desire to become pregnant, %	16.9	NA
Other fertility related, %	9.7	NA
Side effects/health concerns, %	3.0	NA
Wanted more effective method, %	1.9	NA
Other method related reason, %	16.0	NA
Other reason, %	0.3	NA
Switched to another method, %	3.5	NA

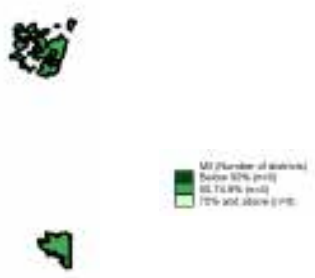
Summary and programmatic recommendations

- Contraceptive use among young women is low and discontinuation is high, which requires focused program planning and action.
- UT shows an increase in unmet need for modern contraception which necessities the need for strengthening outreach services, counselling services and service delivery
- UT needs to explore and utilize the potential for expanding private sector for FP services

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

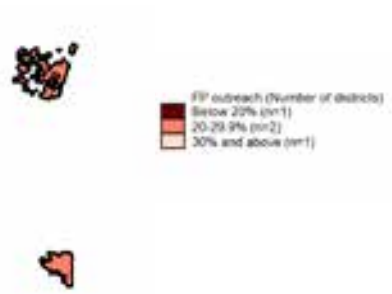
Distribution of method information index (MII), 2019-21

Source: NFHS V



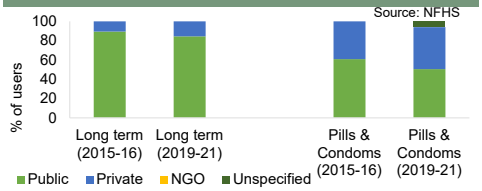
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

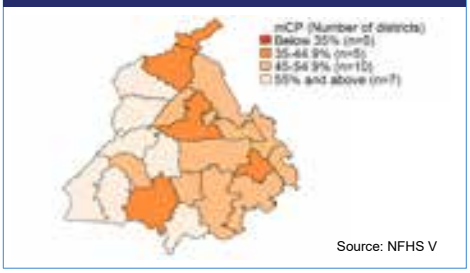
Source: NFHS



Private sector market by district, 2019-21

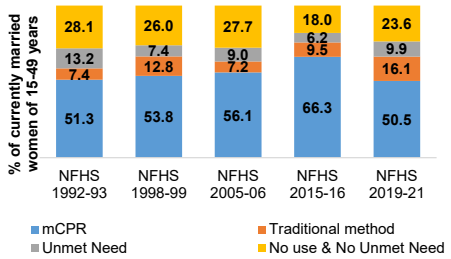
Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

Trend in key FP indicators, 1992-2021

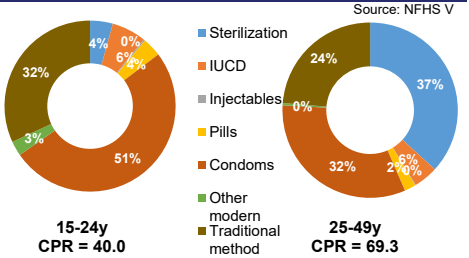


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	42.7	30.5
Parity 2+	76.9	59.9
Reversible contraceptive methods use	28.3	27.2
Unmet need for spacing	2.4	3.7
Unmet need for limiting	3.9	6.2
FP demand satisfied by modern method	80.9	66
Postpartum (12m) use of modern contraceptive method	58.4	44.3
Postabortion (3m) use of modern contraceptive method	32.1	13.2
Mean number of children at first contraceptive use	1.3	1.7
Median age at sterilization	27.0	27.0
Mean number of children at sterilization	2.6	2.8

Contraceptive method mix by age group, 2019-21

Source: NFHS V

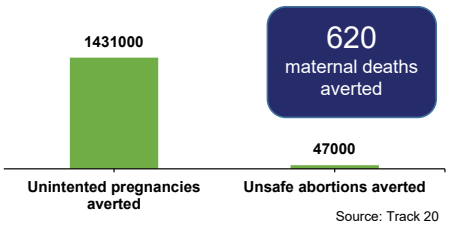


FACTSHEET – PUNJAB

Achievements of FP program in the state and roadmap for FP2030 towards universal access

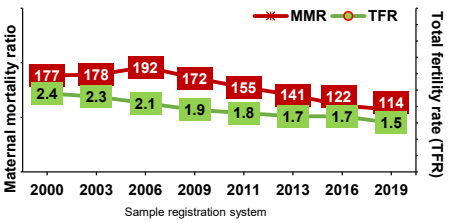
During FP2020 era, the state witnessed
- 8% point decline in modern contraceptive prevalence
- 0.6 million additional users
- Increase in share of reversible modern method use from 43% in 2015-16 to 54% in 2019-21

Impact of FP programming, 2021



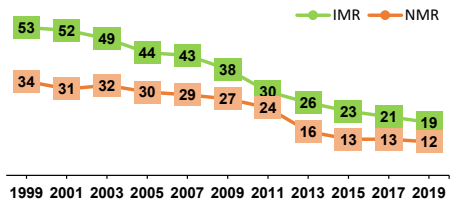
Source: Track 20

Maternal Mortality Ratio and TFR



Sample registration system

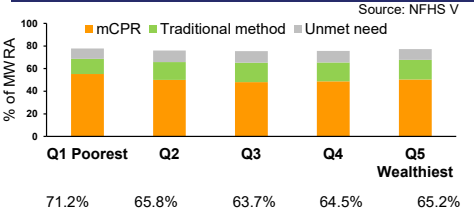
Trends in infant and neonatal mortality



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Punjab

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	77.7	(79)	76.7
Informed about side-effects or problems of the selected method*, %	82.4	(87.8)	74.3
Informed about managing side-effects of the selected method*, %	73.2	(58.9)	61.1
Method information index**, %	69.7	(54.2)	57.8

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	46.4	51.1
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.9	0.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	53.3	68.9
IUCD	29.0	38.1
Injectables	NA	86.9
Condom	55.8	61.8

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.0	1.1
Desire to become pregnant, %	14.2	6.5
Other fertility related, %	2.7	6.6
Side effects/health concerns, %	8.7	10.6
Wanted more effective method, %	4.2	5.1
Other method related reason, %	2.8	3.0
Other reason, %	17.0	21.9
Switched to another method, %	10.4	14.6

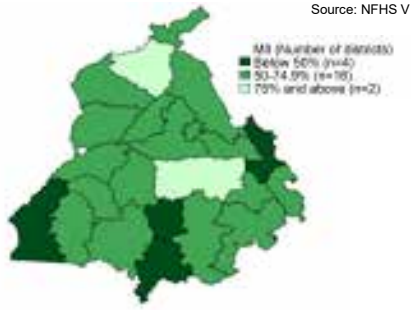
Summary and programmatic recommendations

- There is 15% decline in modern contraceptive prevalence rate in the state in last 5 years. While prevalence of all modern methods declined, condom use increased. State needs to strengthen the service delivery for all modern contraceptives.
- Discontinuation rates are high, particularly among the young couples and injectables users. Program require to address these through better planning and appropriate actions.
- State reports the high unmet need for modern methods which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
Long-term: Refers to Sterilization and IUCD

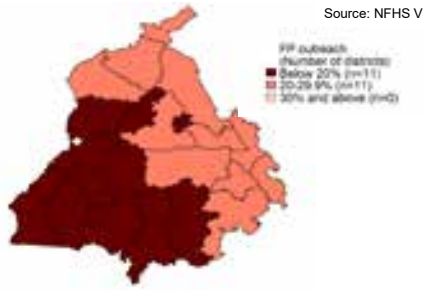
Distribution of method information index (MII), 2019-21

Source: NFHS V



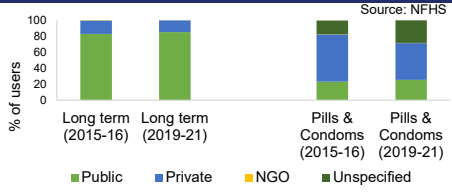
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

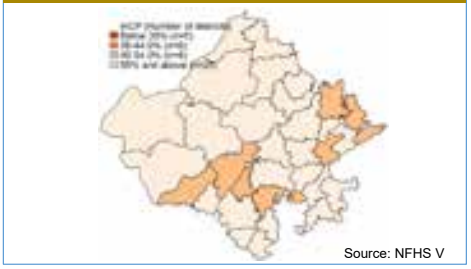
Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

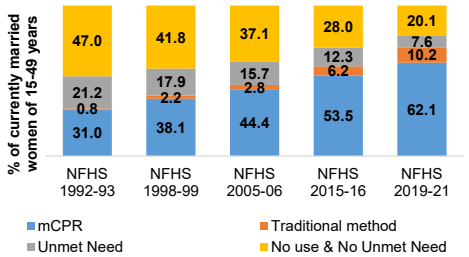
FACTSHEET – RAJASTHAN

Achievements of FP program in the state and roadmap for FP2030 towards universal access

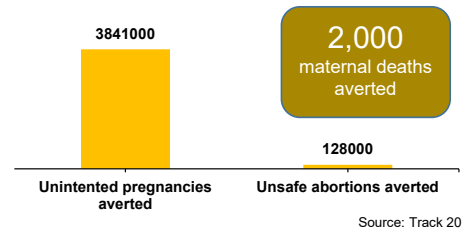
During FP2020 era, the state witnessed

- 10% point increase in modern contraceptive prevalence
- 2.8 million additional users
- Increase share of reversible modern method use from 24% in 2015-16 to 31% in 2019-21

Trend in key FP indicators, 1992-2021

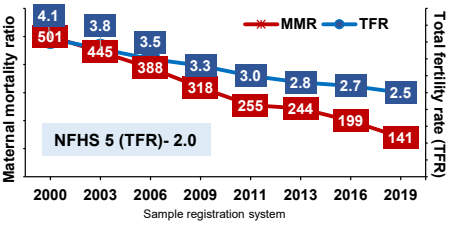


Impact of FP programming, 2021



Source: Track 20

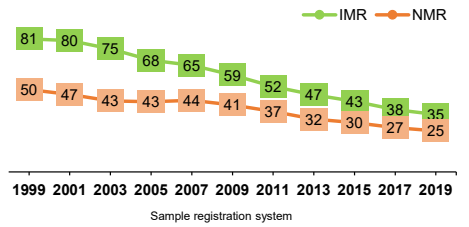
Maternal Mortality Ratio and TFR



Progress in other select FP indicators

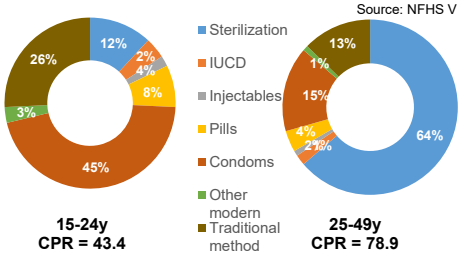
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	18.6	31.5
Parity 2+	66.7	73.4
Reversible contraceptive methods use	12.6	19.5
Unmet need for spacing	5.7	3.7
Unmet need for limiting	6.6	3.9
FP demand satisfied by modern method	74.3	77.7
Postpartum (12m) use of modern contraceptive method	29.3	45.0
Postabortion (3m) use of modern contraceptive method	22.9	32.6
Mean number of children at first contraceptive use	2.5	1.9
Median age at sterilization	26.0	26.0
Mean number of children at sterilization	3.2	3.0

Trends in infant and neonatal mortality



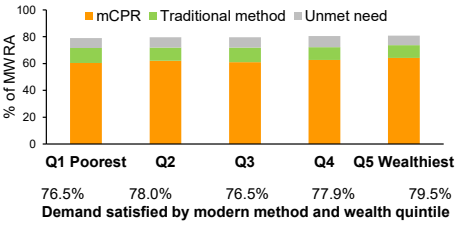
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Rajasthan

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	78.4	85.2	77.7
Informed about side-effects or problems of the selected method*, %	77.8	74.7	65.3
Informed about managing side-effects of the selected method*, %	61.0	62.2	57.1
Method information index**, %	55.0	59.2	55.6

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	50.6	53.0
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.3	4.8

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	62.0	55.7
IUCD	30.3	23.3
Injectables	58.7	52.9
Condom	54.6	53.6

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.8	2.1
Desire to become pregnant, %	20.7	17.6
Other fertility related, %	10.1	11.5
Side effects/health concerns, %	4.7	3.9
Wanted more effective method, %	4.8	4.0
Other method related reason, %	2.5	1.8
Other reason, %	10.8	10.2
Switched to another method, %	7.9	6.0

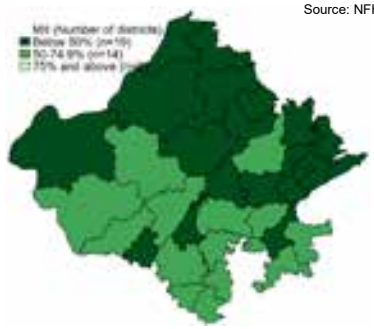
Summary and programmatic recommendations

- The state has shown increase in modern contraceptive use, however the share of reversible methods is still low. State also needs to prioritize addressing geographic inequity in quality of services and program outreach.
- Given the state's large adolescent and young population size, addressing their specific needs for reversible contraception and reducing discontinuation may be required to sustain the success.
- The district level estimates highlights the districts of focus for the program, especially for quality of care and outreach services.

Note: Long-term: Refers to Sterilization and IUCD

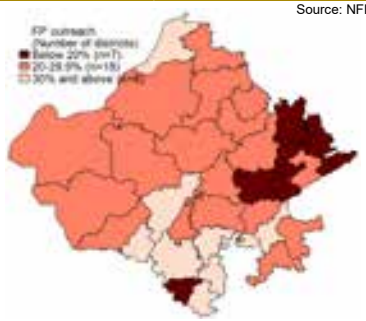
Distribution of method information index (MII), 2019-21

Source: NFHS V



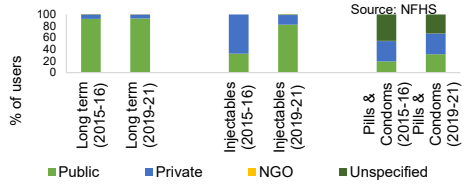
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

FACTSHEET – SIKKIM

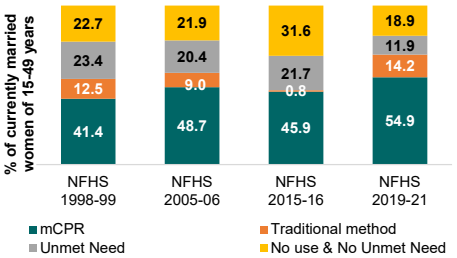
Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed
- 6% point increase in modern contraceptive prevalence
- 0.02 million additional users
- Increase in share of reversible modern method use from 54% in 2015-16 to 71% in 2019-21

Modern contraceptive prevalence, 2019-21

Source: NFHS V

Trend in key FP indicators, 1992-2021

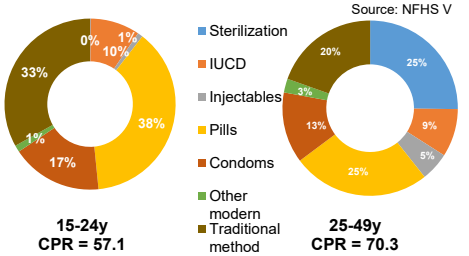


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	30.2	42.9
Parity 2+	56.8	66.0
Reversible contraceptive methods use	24.9	38.8
Unmet need for spacing	8.9	4.9
Unmet need for limiting	12.8	7
FP demand satisfied by modern method	67.1	67.8
Postpartum (12m) use of modern contraceptive method	31.5	47.6
Postabortion (3m) use of modern contraceptive method	(40.9)	(63.4)
Mean number of children at first contraceptive use	2.0	1.4
Median age at sterilization	27	27
Mean number of children at sterilization	2.7	2.4

Contraceptive method mix by age group, 2019-21

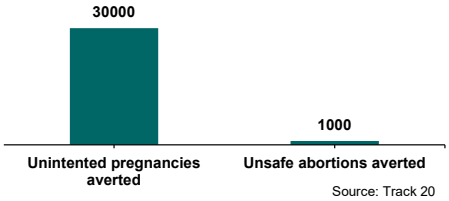
Source: NFHS V



15-24y
CPR = 57.1

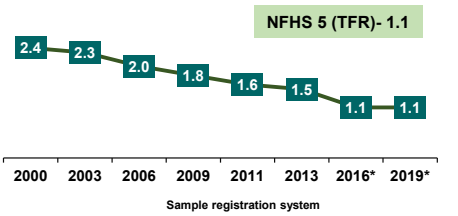
25-49y
CPR = 70.3

Impact of FP programming, 2021



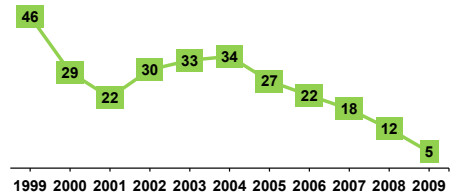
Source: Track 20

Total Fertility Rate (TFR)



Sample registration system

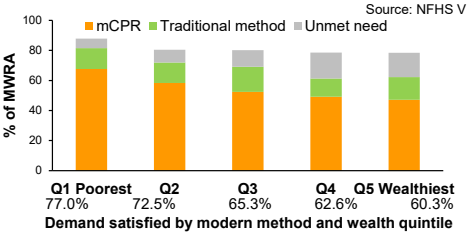
Trends in infant Mortality Rate



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



Demand satisfied by modern method and wealth quintile

FACTSHEET – Sikkim

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	79.5	89.4	68.7
Informed about side-effects or problems of the selected method*, %	63.0	61.9	60.8
Informed about managing side-effects of the selected method*, %	56.9	56.3	38.8
Method information index**, %	53.8	56.3	36.9

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	46.8	55.7
Talked about family planning with health workers in last 3 months, % (among fecund women)	3.7	5.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	40.9
IUCD	NA	21.0
Injectables	NA	31.1
Condom	NA	36.9

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	0.7	1.1
Desire to become pregnant, %	9.6	5.1
Other fertility related, %	7.1	5.4
Side effects/health concerns, %	6.1	6.4
Wanted more effective method, %	0.4	0.3
Other method related reason, %	2.2	7.8
Other reason, %	1.9	5.7
Switched to another method, %	0.4	2.8

Summary and programmatic recommendations

- The state has shown an increase in modern contraceptive method use and needs to strategize to improve contraceptive use in young population.
- State reports the high unmet need for modern methods which necessitates the need to focus on supply as well as demand side interventions, specifically to address high use of traditional method among the young and adolescents
- Districts of the state needs focus on improving health worker outreach and quality of care for family planning services.

Note: Numbers in bracket () for tables are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

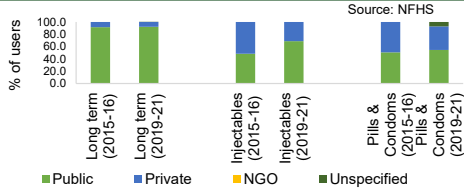
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



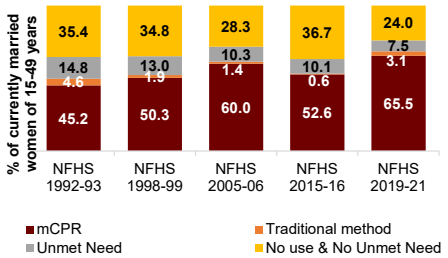
Private sector market by district, 2019-21

Source: NFHS V

Modern contraceptive prevalence, 2019-21

Source: NFHS V

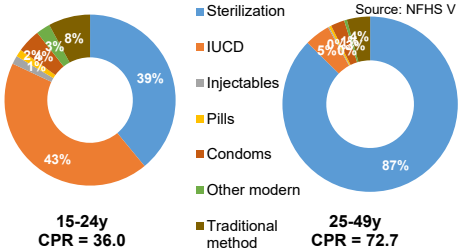
Trend in key FP indicators, 1992-2021



Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	17.3	22.9
Parity 2+	69.6	84.2
Reversible contraceptive methods use	3.2	7.6
Unmet need for spacing	4.8	3.0
Unmet need for limiting	5.3	4.5
FP demand satisfied by modern method	83.0	86.1
Postpartum (12m) use of modern contraceptive method	38.4	55.2
Postabortion (3m) use of modern contraceptive method	9	13
Mean number of children at first contraceptive use	2.1	1.9
Median age at sterilization	24.0	25.0
Mean number of children at sterilization	2.3	2.4

Contraceptive method mix by age group, 2019-21

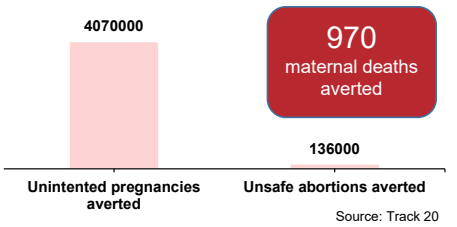


FACTSHEET – TAMILNADU

Achievements of FP program in the state and roadmap for FP2030 towards universal access

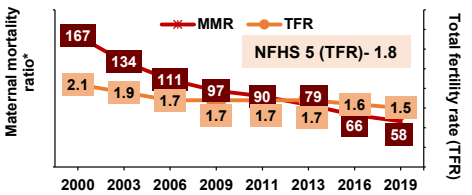
During FP2020 era, the state witnessed
- 13% points increase in modern contraceptive prevalence
- 0.2 million additional users
- Increase in share of reversible modern method use from 6% in 2015-16 to 12% in 2019-21

Impact of FP programming, 2021



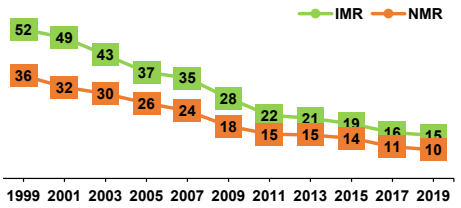
Source: Track 20

Maternal Mortality Ratio and TFR



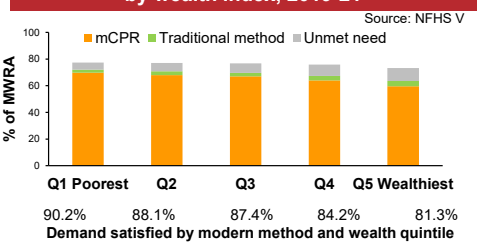
Sample registration system

Trends in infant and neonatal mortality



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21



FACTSHEET – Tamilnadu

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	88.0	95.6	81.9
Informed about side-effects or problems of the selected method*, %	83.4	86.0	85.2
Informed about managing side-effects of the selected method*, %	77.8	86.0	77.9
Method information index**, %	74.8	86.0	70.7

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	81.8	86.2
Talked about family planning with health workers in last 3 months, % (among fecund women)	0.5	1.0

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	NA	73.7
IUCD	NA	42.8
Injectables	NA	44.6
Condom	NA	59.4

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	4.0	2.2
Desire to become pregnant, %	15.6	13.6
Other fertility related, %	5.5	5.4
Side effects/health concerns, %	13.1	8.7
Wanted more effective method, %	1.3	2.0
Other method related reason, %	8.6	7.5
Other reason, %	9.1	7.6
Switched to another method, %	5.5	3.6

Summary and programmatic recommendations

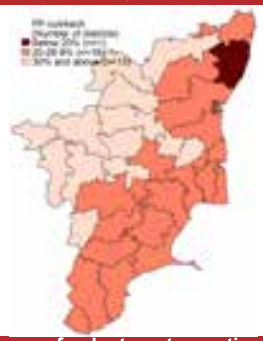
- Overall share of spacing methods is low in state which indicates the need for improving service delivery and counselling services for Family Planning specially healthy timing and spacing of pregnancies.
- Along with overall low level of coverage of reversible methods, its high discontinuation rates is an area of concern for the family planning program in the state.
- Given the large adolescent and young population in the state and relatively low use of modern contraceptive methods among them, program requires better planning to improve reversible method use among young couples.

Distribution of method information index (MII), 2019-21

Source: NFHS V

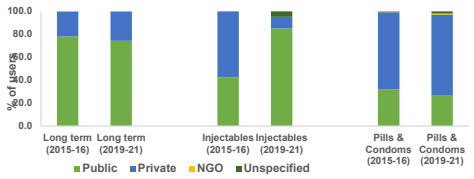
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

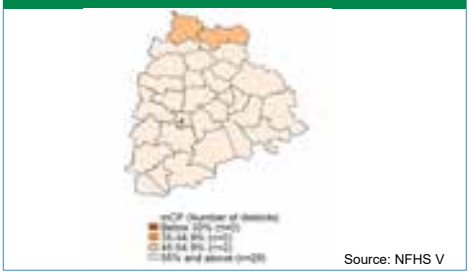
Source: NFHS V

FACTSHEET – TELANGANA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

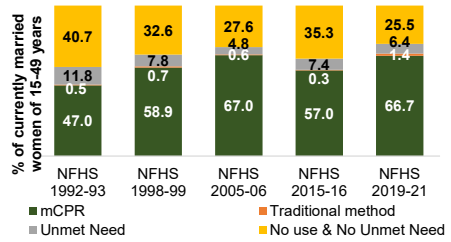
During FP2020 era, the state witnessed
- 9% points increase in modern contraceptive prevalence*
- 8.89 lakh additional users *
- Slight increase in share of reversible modern method use from 2% in 2015-16 to 4% in 2019-21]

Modern contraceptive prevalence, 2019-21



Source: NFHS V

Trend in key FP indicators, 1992-2021

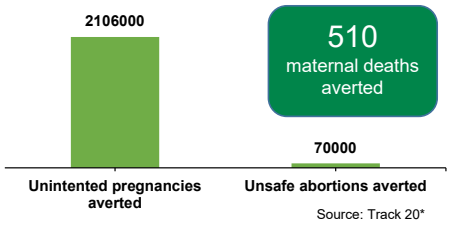


Note: Values of Andhra Pradesh before 2014

Progress in other select FP indicators

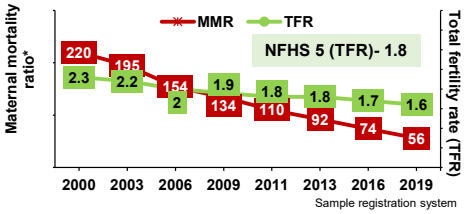
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	10.8	19.0
Parity 2+	73.9	82.8
Reversible contraceptive methods use	1.2	2.8
Unmet need for spacing	3.8	2.8
Unmet need for limiting	3.6	3.6
FP demand satisfied by modern method	88.2	89.4
Postpartum (12m) use of modern contraceptive method	30.1	37.1
Postabortion (3m) use of modern contraceptive method	17.7	7.1
Mean number of children at first contraceptive use	2.4	2.0
Median age at sterilization	24	23
Mean number of children at sterilization	2.6	2.5

Impact of FP programming, 2021



Source: Track 20*

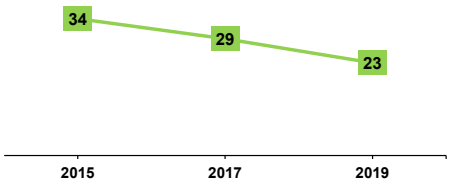
Maternal Mortality Ratio and TFR



Sample registration system

Note: MMR and TFR is reported of Andhra Pradesh before 2014

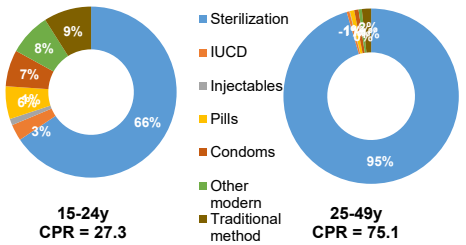
Trends in infant mortality, 2015-2019



Sample registration system

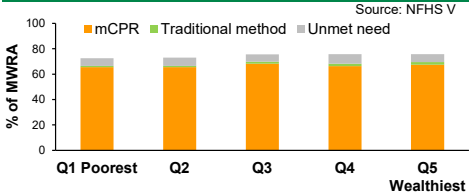
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



90.5% 89.6% 90.5% 87.8% 89.0%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Telangana

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	74.3	84.8	79.3
Informed about side-effects or problems of the selected method*, %	75.0	66.4	67.8
Informed about managing side-effects of the selected method*, %	71.1	66.4	64.8
Method information index, %**	61.3	61.6	59.9

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	57.4	61.4
Talked about family planning with health workers in last 3 months, % (among fecund women)	1.2	1.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	57.3	69.8
IUCD	28.3	34.6
Injectables	77.1	78.5
Condom	59.9	63.9

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	4.9	2.1
Desire to become pregnant, %	22.8	21.3
Other fertility related, %	3.1	3.5
Side effects/health concerns, %	2.1	3.0
Wanted more effective method, %	1.9	1.2
Other method related reason, %	5.1	4.7
Other reason, %	19.4	15.4
Switched to another method, %	5.5	3.3

Summary and programmatic recommendations

- The contraceptive method use in the state is high and increasing over time, but that among young women is still very low.
- The use of spacing methods is very low in the state , additionally the birth spacing is poor in the state. The state needs to focus on ensuring healthy birth spacing.
- Although the unmet need is low, but the state has a potential to increase the contraceptive demand (eligible couple in need of contraception), Therefore state needs robust SBCC interventions.
- MII is poor is almost all districts. State needs to strengthen counselling and health worker reach in the community.

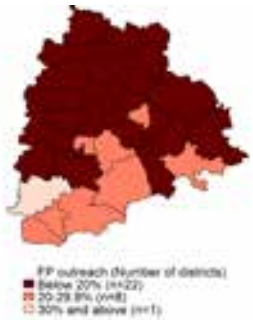
Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases
Long-term: Refers to Sterilization and IUCD.

Distribution of method information index (MII), 2019-21

Source: NFHS V

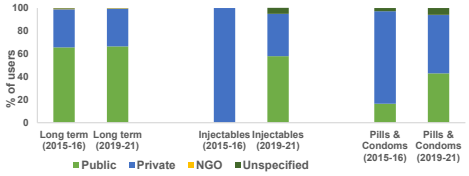
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21

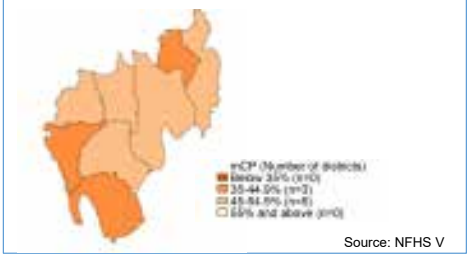
Source: NFHS



Private sector market by district, 2019-21

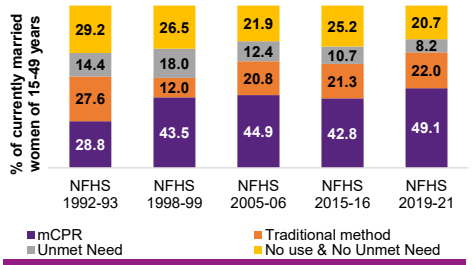
Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

Trend in key FP indicators, 1992-2021

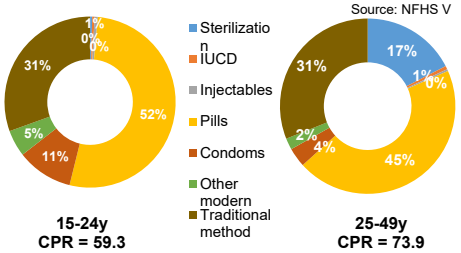


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	33.5	40.9
Parity 2+	50.3	56.0
Reversible contraceptive methods use	28.9	38.6
Unmet need for spacing	4.1	2.5
Unmet need for limiting	6.6	5.7
FP demand satisfied by modern method	57.3	61.9
Postpartum (12m) use of modern contraceptive method	36.1	53.9
Postabortion (3m) use of modern contraceptive method	54.7	43.8
Mean number of children at first contraceptive use	1.4	1.2
Median age at sterilization	26	27
Mean number of children at sterilization	2.5	2.5

Contraceptive method mix by age group, 2019-21

Source: NFHS V



15-24y CPR = 59.3

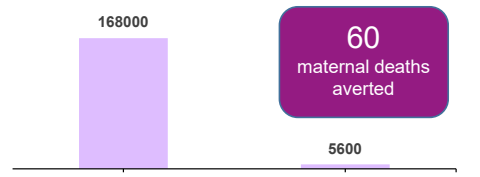
25-49y CPR = 73.9

FACTSHEET – TRIPURA

Achievements of FP program in the state and roadmap for FP2030 towards universal access

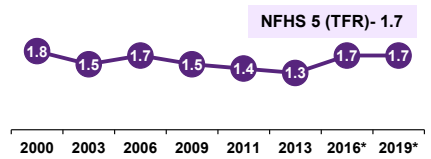
During FP2020 era, state witnessed
- 10% point increase in modern contraceptive prevalence
- 0.2 million additional users
- Increase in share of reversible modern method from 67% in 2015-16 to 79% in 2019-21

Impact of FP programming, 2021



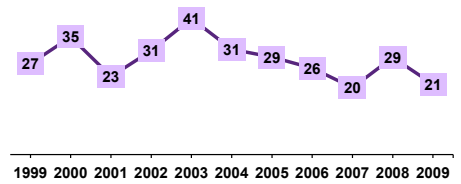
Source: Track 20

Total Fertility Rate (TFR)



Sample registration system

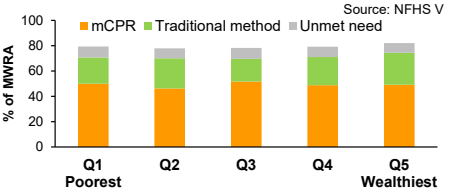
Trends in infant mortality



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



63.0% 59.5% 65.9% 61.5% 59.9%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Tripura

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	68.8	50.8	53.7
Informed about side-effects or problems of the selected method*, %	62.0	40.4	43.2
Informed about managing side-effects of the selected method*, %	47.2	0.0	36.2
Method information index, %**	47.2	0.0	33.8

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	45.7	45.6
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.9	2.7

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	na	27.7
IUCD	na	(32.6)
Injectables	na	(85.8)
Condom	na	62.7

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	0.8	0.3
Desire to become pregnant, %	6.4	5.5
Other fertility related, %	2.0	2.6
Side effects/health concerns, %	6.4	6.6
Wanted more effective method, %	9.0	9.8
Other method related reason, %	1.1	1.8
Other reason, %	21.7	20.3
Switched to another method, %	22.8	23.3

Summary and programmatic recommendations

- Modern contraceptive use has increased in state, however among younger age groups it remains low. The state has high teenage childbearing and teenage marriage and state needs to strategize for strengthening service delivery and demand generation.
- The health worker reach to FP non users is poor in all districts and the state needs strategize to improve coverage of outreach services in reaching non-users and quality of clinical services.
- Private sector involvement in FP is very low in the state and may be addressed through some public-private partnership programs

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
na: sample size is too low /no sample
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

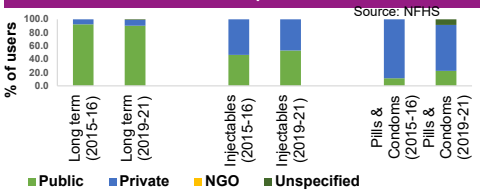
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

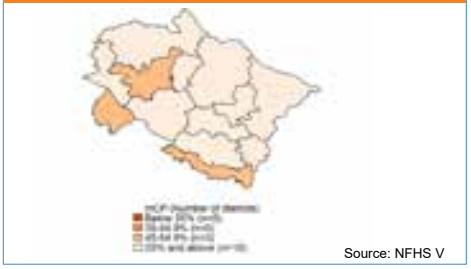
Source: NFHS



Private sector market by district, 2019-21

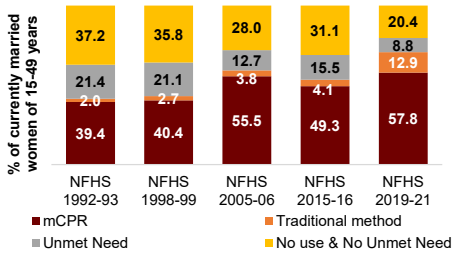
Source: NFHS V

Modern contraceptive prevalence, 2019-21



Source: NFHS V

Trend in key FP indicators, 1992-2021

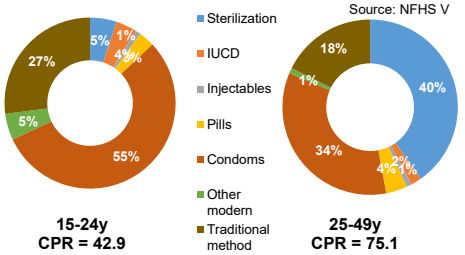


Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	22.1	34.1
Parity 2+	58.6	66.3
Reversible contraceptive methods use	21.3	31.2
Unmet need for spacing	5.2	3.2
Unmet need for limiting	10.3	5.7
FP demand satisfied by modern method	71.6	72.6
Postpartum (12m) use of modern contraceptive method	33.4	47.6
Postabortion (3m) use of modern contraceptive method	27.9	31.1
Mean number of children at first contraceptive use	2.2	1.7
Median age at sterilization	27.0	26.0
Mean number of children at sterilization	3.1	3.0

Contraceptive method mix by age group, 2019-21

Source: NFHS V



15-24y CPR = 42.9

25-49y CPR = 75.1

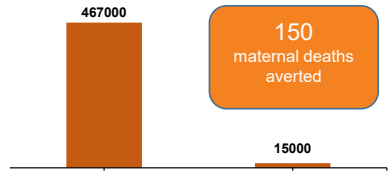
FACTSHEET – UTTARAKHAND

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed

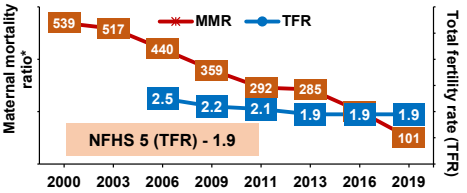
- 6% point increase in modern contraceptive prevalence
- 2.6 million additional users
- Increase in share of reversible modern method from 43% in 2015-16 to 54% in 2019-21

Impact of FP programming, 2021



Source: Track 20

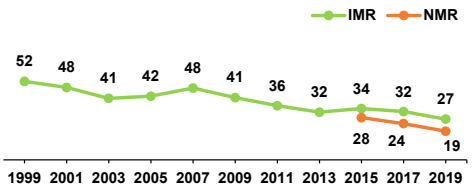
Maternal Mortality Ratio and TFR



Sample registration system

Note: Maternal mortality ratio calculated in combination with Uttar Pradesh

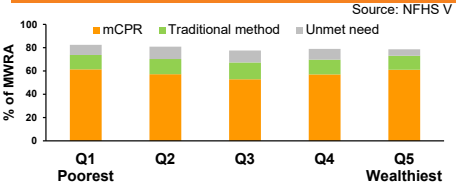
Trends in infant and neonatal mortality



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



74.4% 70.8% 68.3% 72.1% 77.7%

Demand satisfied by modern method and wealth quintile

FACTSHEET – Uttarakhand

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	74.0	(93.5)	74.7
Informed about side-effects or problems of the selected method*, %	75.7	(82.1)	59.7
Informed about managing side-effects of the selected method*, %	70.1	(78.6)	53.2
Method information index**, %	67.2	(77.0)	46.0

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	58.5	60.9
Talked about family planning with health workers in last 3 months, % (among fecund women)	2.2	2.9

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	47.6	51.1
IUCD	(21.7)	21.4
Injectables	(71.3)	(37.9)
Condom	52.8	39.7

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	2.9	2.2
Desire to become pregnant, %	26.7	20.7
Other fertility related, %	7.8	7.8
Side effects/health concerns, %	2.5	1.5
Wanted more effective method, %	4.0	2.8
Other method related reason, %	0.9	1.0
Other reason, %	8.3	7.6
Switched to another method, %	7.6	3.5

Summary and programmatic recommendations

- The modern contraceptive method use has increased in the state, however the contraceptive use is a challenge in adolescent and young population. Low contraceptive use among adolescent/ young adults and weak counselling on FP and its related effects generates the need to strengthen demand and supply side interventions.
- The district data highlights the districts of focus for the program, and also suggests on implementing public-private partnership models to further the FP coverage, quality and access to young and low parity couples.
- Addressing the unmet need of modern contraception-Demand generation efforts at community level (converting traditional users to MCPR).

Note: Numbers in bracket () for tables and # in graph are based on fewer than 25 unweighted cases.
Long-term: Refers to Sterilization and IUCD

Distribution of method information index (MII), 2019-21

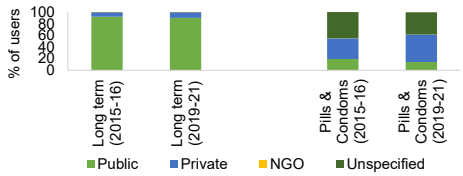
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V

Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V

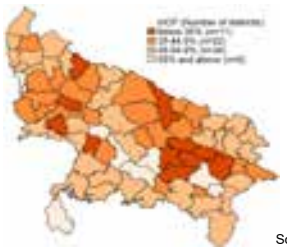
FACTSHEET – UTTAR PRADESH

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, state witnessed

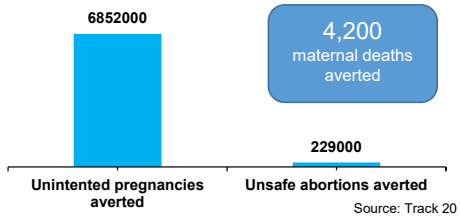
- 10% point increase in modern contraceptive prevalence
- 5.8 million additional users
- Increase in share of reversible modern method from 45% in 2015-16 to 62% in 2019-21

Modern contraceptive prevalence, 2019-21



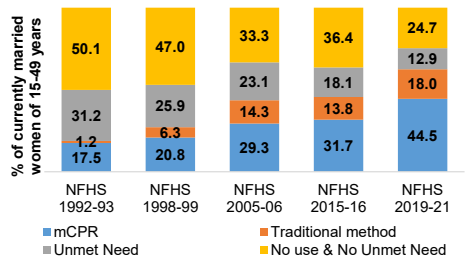
Source: NFHS V

Impact of FP programming, 2021

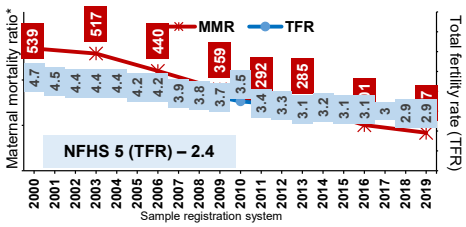


Source: Track 20

Trend in key FP indicators, 1992-2021



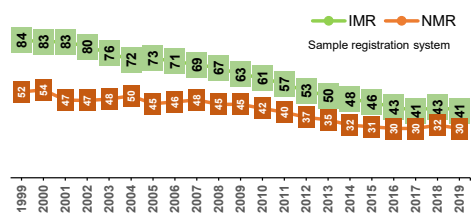
Maternal mortality ratio and TFR, 2000-2019



Progress in other select FP indicators

	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	12.3	27.2
Parity 2+	38.6	50.6
Reversible contraceptive methods use	14.3	27.5
Unmet need for spacing	6.8	4.8
Unmet need for limiting	11.2	8.1
FP demand satisfied by modern method	49.9	59.1
Postpartum (12m) use of modern contraceptive method	20.6	39.7
Postabortion (3m) use of modern contraceptive method	24.9	29.7
Mean number of children at first contraceptive use	2.6	1.9
Median age at sterilization	28.0	28.0
Mean number of children at sterilization	3.5	3.3

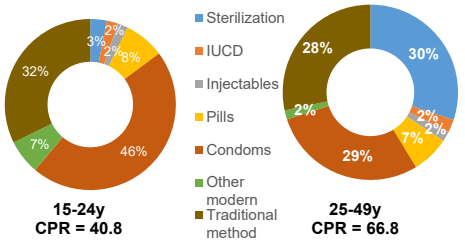
Trends in infant and neonatal mortality, 1999-2019



Note: Maternal mortality ratio calculated in combination with Uttarakhand

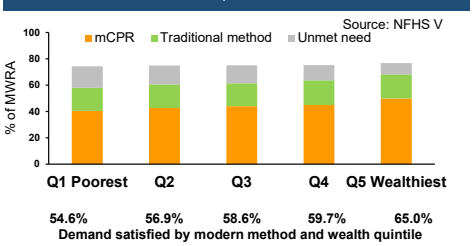
Contraceptive method mix by age group, 2019-21

Source: NFHS V



Contraceptive method use and unmet need by wealth index, 2019-21

Source: NFHS V



FACTSHEET – Uttar Pradesh

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	79.5	85.6	83.4
Informed about side-effects or problems of the selected method*, %	75.8	79.5	73.2
Informed about managing side-effects of the selected method*, %	65.8	69.6	62.8
Method information index**, %	60.6	65.8	60.4

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	54.7	55.0
Talked about family planning with health workers in last 3 months, % (among fecund women)	6.0	12.5

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	75.3	70.9
IUCD	39.4	36.6
Injectables	77.2	71.8
Condom	69.8	69.8

Reasons for discontinuation, among youth and low parity

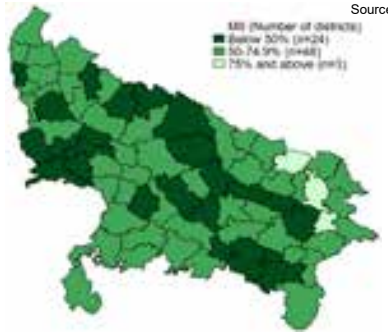
	15-24y	Parity 0-1
Method failure, %	2.9	2.3
Desire to become pregnant, %	16.5	14.2
Other fertility related, %	14.2	12.9
Side effects/health concerns, %	2.8	2.7
Wanted more effective method, %	2.6	2.2
Other method related reason, %	15.2	15.4
Other reason, %	16.1	18.7
Switched to another method, %	4.3	3.7

Summary and programmatic recommendations

- State needs to strategize on improving modern contraceptive services for addressing the low contraceptive use, especially in younger age group
- The state needs to focus on quality of counselling to ensure higher continuation of the method.
- Given the adolescent and young population size and relatively low use of modern contraceptive methods among them requires greater program planning and action.
- Addressing the unmet need of modern contraception- Demand generation efforts at community level (converting traditional users to MCPR).
- The district data highlights the districts of focus for the program, and also suggests on implementing public-private partnership models to further the FP coverage, quality and access to young and low parity couples.

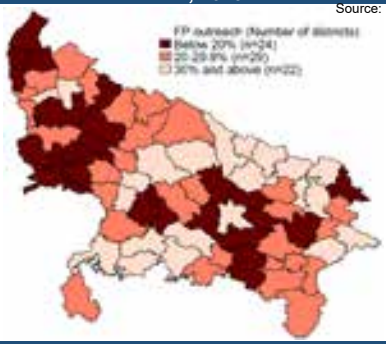
Distribution of method information index (MII), 2019-21

Source: NFHS V



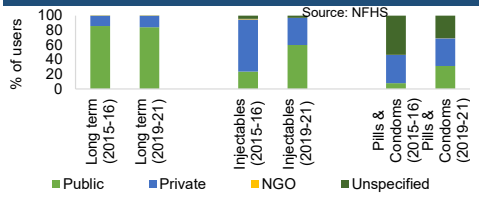
Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



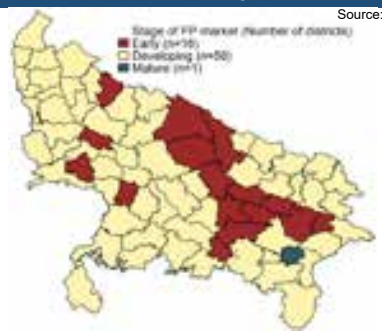
Sources of select contraceptive methods, 2015-21

Source: NFHS



Private sector market by district, 2019-21

Source: NFHS V



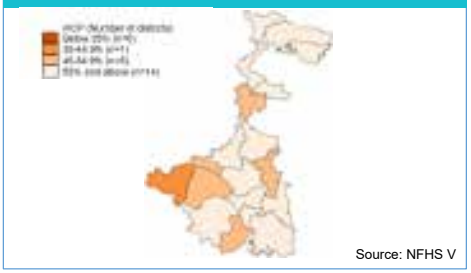
FACTSHEET – WEST BENGAL

Achievements of FP program in the state and roadmap for FP2030 towards universal access

During FP2020 era, the state witnessed:

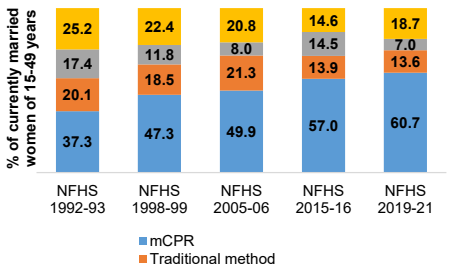
- 3% point increase in modern contraceptive prevalence *
- 1.7 million additional users *
- Increase in share of reversible modern method from 48% in 2015-16 to 51% in 2019-21

Modern contraceptive prevalence, 2019-21



Source: NFHS V

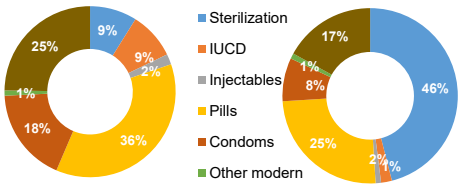
Trend in key FP indicators, 1992-2021



Progress in other select FP indicators

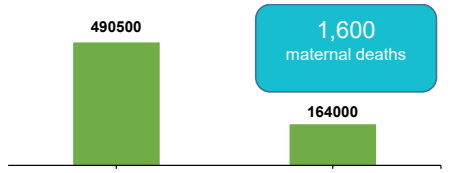
	2015-16	2019-21
Any modern contraceptive method use		
Parity 0-1	38.6	45.3
Parity 2+	68.9	71.3
Reversible contraceptive methods use	27.6	31.3
Unmet need for spacing	3.0	3.0
Unmet need for limiting	4.4	4.1
FP demand satisfied by modern method	72.7	74.6
Postpartum (12m) use of modern contraceptive method	52.8	58.7
Postabortion (3m) use of modern contraceptive method	44.8	40.2
Mean number of children at first contraceptive use	1.3	1.4
Median age at sterilization	25.0	24.0
Mean number of children at sterilization	2.7	2.5

Contraceptive method mix by age group, 2019-21



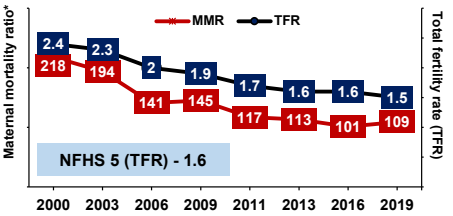
15-24y CPR = 61.8 | **25-49y CPR = 77.8**

Impact of FP programming, 2021



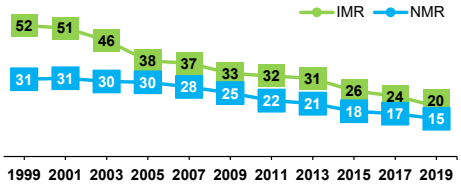
* Source: Track 20

Maternal mortality ratio and TFR, 2000-2019



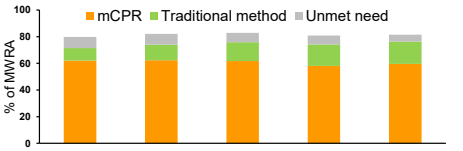
Sample registration system

Trends in infant and neonatal mortality, 1999-2019



Sample registration system

Contraceptive method use and unmet need by wealth index, 2019-21



77.7% | 75.9% | 74.6% | 71.8% | 73.1%

Demand satisfied by modern method and wealth quintile

FACTSHEET – West Bengal

Indicators for Access, Equity, Quality, and Choice

Method Information Index by method type, 2019-21

	IUCD	Injectable	Pills
Informed about other methods*, %	59.1	81.0	70.8
Informed about side-effects or problems of the selected method*, %	54.6	73.3	54.9
Informed about managing side-effects of the selected method*, %	50.4	60.7	47.1
Method information index**, %	42.8	57.9	45.3

*Calculated for those women who were currently using or used a method in the past 5 years prior to the survey date

** A composite index: % current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do

Reach of Frontline Workers by parity, 2019-21

	Parity 0-1	Parity 2+
Received FP counselling by FLWs during last pregnancy, % (among women who delivered after 2014)	69.2	70.3
Talked about family planning with health workers in last 3 months, % (among fecund women)	8.5	8.2

12-month contraceptive discontinuation rates (by method type), by age-group

	15-24y	25-49 y
Pills	37.1	37.6
IUCD	37.1	35.4
Injectables	40.2	44.8
Condom	52.7	51.3

Reasons for discontinuation, among youth and low parity

	15-24y	Parity 0-1
Method failure, %	3.0	2.3
Desire to become pregnant, %	10.6	9.3
Other fertility related, %	8.5	11.1
Side effects/health concerns, %	5.2	4.8
Wanted more effective method, %	4.5	4.6
Other method related reason, %	1.9	1.5
Other reason, %	10.0	8.4
Switched to another method, %	9.8	9.0

Summary and programmatic recommendations

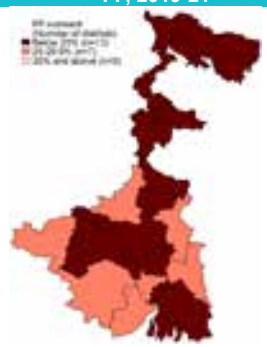
- Modern contraceptive use has increased in state, The state has high teenage childbearing and teenage marriage and state needs to strategize for strengthening service delivery and demand generation specially for younger age group.
- State needs to improve health worker outreach to ensure demand for contraceptive.
- State should focus on reducing discontinuation rates of contraceptives
- Although the TFR remained well below the replacement level of fertility, the maternal mortality ratio did not decline much in recent years which need program attention.

Distribution of method information index (MII), 2019-21

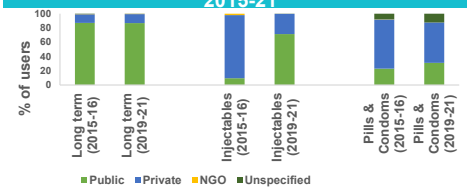
Source: NFHS V

Health workers discussion with non-users on FP, 2019-21

Source: NFHS V



Sources of select contraceptive methods, 2015-21



Private sector market by district, 2019-21

Source: NFHS V

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Children's Investment Fund Foundation (CIFF), India
Population Council, India
Jhpiego, India
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The YP Foundation
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EngenderHealth, India
Abt Associates, India
Federation of Obstetric and Gynecological Societies of India (FOGSI)
Hindustan Latex Family Planning Promotion Trust (HLFPPT)
Parivar Seva Sanstha (PSS)
Foundation for Reproductive Health Services (FRHS)
International Center for Research on Women (ICRW)
Pathfinder International
Population Services International (PSI)
Project Concern International (PCI)
Path

References

1. National Family Health Survey-http://rchiips.org
2. https://censusindia.gov.in/census.website/
3. Sample Registration System; https://censusindia.gov.in/census.website/node/294
4. https://humdo.nhp.gov.in/
5. Engagement with private sector actors in the governmental commitment process (FP 2030.org)
6. International Planned Parenthood Federation (IPPF). The truth about...men, boys and sex: gender transformative policies and programs. London: IPPF; 2009
7. https://nidm.gov.in/easindia2014/err/pdf/country_profile/India.pdf
8. Rottach E, Schuler SR, Hardee K. Gender perspectives improve reproductive health outcomes: New evidence. Washington, DC: Population Reference Bureau; 2009.
9. UNFPA. (1995). ICPD Program of Action. *Report on the International Conference on Population and Development.* Cairo. 5-13 September 1994. UNFPA: New York.
10. Harvey, S.M., Henderson, J.T., and Casillas, A. (2006). Factors associated with effective contraceptive use among a sample of Latina women. *Women & Health* 43(2), 1-16.
11. Sable, M.R., Campbell, J.D., Schwartz, L.R, Brandt, J. and Dannerbeck, A. (2006). Male Hispanic immigrants talk about Family Planning. *Journal of Health Care for the Poor and Underserved 17(2)*, 386-399.
12. U.S. Agency for International Development (USAID), Office of Population and Reproductive Health Bureau for Global Health. 2018. Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes. Washington, DC: USAID
13. *High Impact Practices in Family Planning (HIP). Supply chain management: Investing in the supply chain is critical to achieving family planning goals. Washington, DC: HIPs Partnership; 2020 Apr. Available from: http://www.fphighimpactpractices.org/briefs/supply-chain-management/*
14. WHO, private-health-sector-an-operational-definition (1).pdf
15. Thayyil, Jayakrishnan; Jeeja, MathummalCherumanalil (2013). "Issues of creating a new cadre of doctors for rural India". *International Journal of Medicine and Public Health.* 3 (1): 8. doi:10.4103/2230-8598.109305

16. Thayyil, Jayakrishnan; Jeeja, MathummalCherumanalil (2013). "Issues of creating a new cadre of doctors for rural India". *International Journal of Medicine and Public Health.* 3 (1): 8. doi:10.4103/2230-8598.109305..

17. Ross, J., and Stover, J. (2013) Use of modern contraception increases when more methods become available: analysis of evidence from 1982--2009. Global health, science and practice 1, 203--212

18. http://www.janani.org/clinics.php

19. http://parivarseva.org/web/social-marketing-of-clinical-services/

20. https://fpaindia.org/our-work/services

21. Larsson C, Stanfors M. Women's education, empowerment, and contraceptive use in sub-Saharan Africa: findings from recent demographic and health surveys. Etude Popul Afr. 2014;28:1022–34.

22. Pratley P. Associations between quantitative measures of women's empowerment and access to care and health status for mothers and their children: a systematic review of evidence from the developing world. Soc Sci Med. 2016;169:119–31.

23. Yaya S, Uthman OA, Ekholuenetale M, Bishwajit G. Women empowerment as an enabling factor of contraceptive use in sub-Saharan Africa: a multilevel analysis of cross-sectional surveys of 32 countries. Reprod Health. 2018;15(1):1–12.

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सत्यमेव जयते
Ministry of
Health and Family Welfare

जोड़ी ज़िम्मेदार
जो प्लान करे परिवार