BY SPEED POST/ REGD. POST

File No. N-11012/3/2010-FP Government of India

Ministry of Health and Family Welfare

Nirman Bhavan, New Delhi – 110011

August 4, 2011

To

Secretary/ Principal Secretary/ Mission Director

Health and Family Welfare,

(17 states only)

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

of beneficiaries.

Sir/Madam

The Government of India supplies contraceptives such as condoms, oral contraceptive pills, and emergency contraceptive pills to States as part of the free supply and social marketing schemes. However access to these contraceptives is reported to be low because of several causes including delay in making supplies available to sub district level

downwards. As such, use of contraceptives in the country has been largely static. On the

other hand, unmet need for spacing methods continues to be substantial.

To improve access to contraceptives by the eligible couples, it has been decided to utilize the services of ASHA to deliver contraceptives at the doorstep of households and

incentivise her for the effort. To begin with, the initiative is being implemented on a pilot

basis in 233 districts in 17 States. Details of the States & the districts are given at annexure I.

In the districts where distribution of contraceptives through ASHA is being

introduced, the free supply of contraceptives at PHC and Sub-Centre level would stand

withdrawn in the light of the new provision of home delivery of contraceptives by ASHA.

However free supply of contraceptives at CHCs, Sub-Divisional and District level hospitals

shall continue as before. In the districts and states which are not covered under the pilot, existing system of free supply of contraceptive at all centres shall similarly continue.

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

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

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

Yours faithfully Dr. S. K. Sikdar Deputy Commissioner (Family Planning)

Copy to

- 1. PS to hon'ble HFM
- 2. PS to Secretary (HFW)
- 3. PS to SS & MD (NRHM)
- 4. PS to JS (AG)
- 5. Regional Directors (HFW), Govt. of India

ANNEXE-I

	State	Si	N	Districts
	Arunachal Pradesh (3)	1	1	East Kameng
1	, ,	2	2	
		3	3	
	Assam (14)	sh (3) 1 1 East Kameng 2 2 Kurung Kumey		
	Arunachal Pradesh (3)	Darrang		
		Dhubri		
		1	Goalpara	
2		8	11	Jorhat
		9	12	Karbi Anglong
		10	13	Karimganj
		11	14	Kokrajhar
		12	15	Nagaon
		13	16	Nalbari
		14	17	North Cachar Hills
	Bihar (36)	1	18	Arwal
		2	19	Araria
		3	20	Aurangabad
			21	Banka
			22	Begusarai
			23	Bhagalpur
			24	Bhojpur
		8	25	Buxar
		9	26	Darbhanga
		10	27	Gaya
		11	28	Gopalgunj
		12	29	Jamui
		13	30	Jehanabad
3		15		
3				
				•
		30	47	Saran

	State	S	N	Districts
		31	48	Sheikpura
		32	49	Sheohar
		33	50	Sitamarhi
		34	51	Siwan
		35	52	Supaul
		36	53	Vaishali
	Chhattisgarh (16)	1	54	Bastar
	0gur (10)	2	55	Bijapur
		3	56	Bilaspur
		4	57	Dantewada
		5	58	Dhamtari
		6	59	Janjgir-Champa
		7	60	Jashpur
		8	61	Kanker
4		9	62	Kawardha
		10	63	Korba
		11	64	Koriya
		12	65	Mahasamund
		13	66	Narayanpur
		14	67	Raigarh
		15	68	Rajnandgaon
		16	69	Surguja
	Gujarat (6)	10	70	Banas Kantha
	Gujarat (0)	2	70	Dahod Dahod
		3	72	
5		4	73	Dangs Narmada
		5	74	
		6	75	Navsari Valsad
	H(1)	1	76	Mewat
6	Haryana (1)	1	77	Chamba
7	Himachal Pradesh (3)	2	78	Kinnaur
,		3		
	James & Vachusiu (4)	1	79	Lahul & Spiti
	Jammu & Kashmir (4)	2	80	Doda
8			81	Poonch
		3 4	82	Rajauri
	Thouldond (10)		83	Udhampur
	Jharkhand (19)	1 2	84 85	Bokaro
		3		Chatra
		3	86	Deoghar
		4	87	Dumka
		5	88	East Singhbhum
		6	89	Garhwa
9		7	90	Giridih
		8	91	Godda
		9	92	Gumla
		10	93	Hazaribagh
		11	94	Jamtara
		12	95	Kodarma
		13	96	Latehar
		14	97	Lohardaga

	State	SN	1	Districts
		15	98	Pakaur
		16	99	Palamu
		17	100	Pashchimi Singhbhum
		18	101	Sahibganj
		19	102	Simdega
	Madhya Pradesh (34)	1	103	Anuppur
		2	104	Balaghat
		3	105	Barwani
		4	106	Betul
		5	107	Bhind
		6	108	Chhatarpur
		7	109	Chhindwara
		8	110	Damoh
		9	111	Dewas
		10	112	Dhar
		11	113	Dindori
		12	114	East Nemar
		13	115	Guna
		14	116	Harda
		15	117	Hoshangabad
		16	118	Jhabua
10		17	119	Katni
10		18	120	Mandla
		19	121	Morena
		20	122	Panna
		21	123	Raisen
		22	124	Rajgarh
		23	125	Ratlam
		24	126	Rewa
		25	127	Satna
		26	128	Sehore
		27	129	Seoni
		28	130	Shahdol
		29	131	Sheopur
		30	132	Shivpuri
		31	133	Sidhi
		32	134	Singrauli
		33	135	Tikamgarh
	35 (4)	34	136	Umaria
	Manipur (4)	1	137	Chandel
11		3	138	Churachandpur
			139	Tamenglong
	Maghalawa (5)	4	140	Ukhrul
	Meghalaya (5)	1	141	East Garo Hills
10		2	142	Jaintia Hills
12		3	143	South Garo Hills
		4	144	West Khasi Hills
	Owings (18)	5	145	West Khasi Hills
13	Orissa (18)	1	146	Anugul
		2	147	Balangir

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

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

DETAILED GUIDELINES & MONITORING MODALITIES FOR THE PILOT SCHEME

THE SCHEME:

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

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

MONTHLY REQUIREMENT OF STOCK FOR ASHA:

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

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

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

ROLES AND RESPONSIBILITIES:

STATE:

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

PHC I/C /ANM:

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

ASHA:

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

Format-A

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

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

MONITORING OF SCHEME:

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

State Nodal Officer:

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

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

District Nodal Officer:

Month.

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

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

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

Format-B

Opening balance	Stock Received	Stock Distributed	Balance Available	Remarks
	Opening balance	Opening balance Stock Received	Opening balance Stock Received Distributed	Opening balance Stock Received Distributed Available

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

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

Format-C

Mont Distri Block	ct:											
SN.	A SHA CONTACT dataile								le	Signature		
	110111		CC	OCP	ECP	CC	OCP	ECP	CC	OCP	ECP	
1												
2												
3												
		Total										

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

Format-D

Quarter: State:															
4 о с		Number	Ope	ening ba	lance	Sto	ock Rece	eived	St	ock util	ised	Bala	ance ava	ilable	
# of districts under the scheme	Number of blocks in these districts	of ASHAs involved in the scheme	CC	ОСР	ЕСР	CC	ОСР	ЕСР	CC	ОСР	ЕСР	CC	ОСР	ЕСР	Remarks

Other aspect of monitoring:

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