

Annexure:

Guidelines- 'Extended Mission Parivar Vikas' for 6 NE states

Date of Notification: 3rd November, 2021

Districts Covered:

All districts of the **Six North Eastern States** (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram)

Coverage of the scheme:

The scheme will be applicable for all districts in the above States (**both rural and urban areas**). In urban areas the incentive schemes will be applicable for Link workers or equivalent working in these areas.

Monitoring Structure:

The details are placed at the end of the guidelines.

Background:

The Government of India launched Mission Parivar Vikas (MPV) in 2016 for substantially increasing access to contraceptives and family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states (Uttar Pradesh, Bihar, Chhattisgarh, Rajasthan, Madhya Pradesh, Jharkhand and Assam).

MPV strategy was a 360-degree approach that addressed the demand side as well as the supply side gaps for Family Planning. The strategies also have profound impact in declining maternal and infant mortalities and morbidities.

Considering the impact of MPV strategies in improving contraceptive uptake and maternal and infant health outcomes, the scheme is now extended in all the above states.

The five-pronged strategy under Extended MPV includes:

1. Delivering assured services:

- a) Roll out of Injectable Contraceptive MPA (Antara Program) till Subcentre level
- b) Augmentation of PPIUCD Services to all delivery points
- c) Augmentation of Sterilization services through HFD compensation scheme
- d) Condom Boxes at strategic locations (like Health Facilities, Gram Panchayat Bhavan etc)
- e) 'Mission Parivar Vikas' Campaigns

2. Promotional Schemes:

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

3. Ensuring commodity security:

- a) Operationalization and optimum use of FPLMIS in strengthening contraceptive supply chain
- b) Contraceptive delivery through alternate supply chain model.

4. Capacity Building for enhanced service delivery:

These districts have **severe crunch of trained providers** and the high demand generated to be satisfied by ensuring the availability of trained human resource.

Improved emphasis on capacity building of providers through the available GoI curriculum, online training modules etc.

5. Creating Enabling Environment:

Advocacy and Inter-sectoral Convergence to improve contraceptive access for a healthy mother and child:

- a. **District level:** Meeting under DM with CMO and BMOs/ BDOs, and line functionaries.
- b. **Block level:** meeting under BMO/ BDO with all MOs, Nurses, and Sarpanch & Patwaris, Nehru Yuvak Kendra volunteers and National Service Scheme volunteers etc.)

Expected Outcome:

It is expected that the augmented efforts will result in:

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

a) **PPIUCD** acceptance rate to be enhanced to-

- Districts with acceptance rate of <5%:* **30%** annual increase in the acceptance rate
Districts with acceptance rate of 5%-10%: **20%** annual increase in the acceptance rate
Districts with acceptance rate of 10%-20%: **10%** annual increase in the acceptance rate
Districts with acceptance rate of >20%: **5%** annual increase in the acceptance rate

b) Facilities operationalized for **Injectables-**

Year 1-70% of the total facilities

Year 2-90% of the total facilities

Year 3-100% of the total facilities

Expected annual increase by **5%** in injectable users

c) Number of clients adopting short term methods (**Condoms, Combined oral contraceptive pills and Centchroman:** Expected annual increase by **5%**

2) **Decline in unmet need for modern contraception:** Decline in unmet need for modern contraception over the period of 5 years by 10%

3) **Increase in demand satisfied by modern contraceptives:** Increase in Demand Satisfied by modern contraceptives over the period of 5 years by 10%.

STRATEGIC ACTION 1: DELIVERING ASSURED SERVICES

a) **Roll out of Injectable Contraceptive MPA (Antara Program) till Subcentre level**

Financial Package:

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

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- **For FY 2021-22 the unspent budget of Family Planning** to be utilized from approved NHM flexipool to augment **trainings and provide incentives**. Physical trainings to be conducted wherever possible, else the e-module training can be conducted.
- **From FY 2022-23 the budget to be proposed under the appropriated budget head.**

b) Augmentation of PPIUCD Services to all delivery points

As per existing incentive scheme for PPIUCD and PAIUCD (D.O. Letter No.Y.11012/1/2012-FP-II, dated 29th March 2017)

Financial Package:

- a) Package for service provider per insertion and ASHA per client- Rs. 150
- b) Rs. 300 to the acceptors of PPIUCD to cover their incidental cost and the travel cost

c) Augmentation of Sterilization services through HFD compensation scheme

Financial Package:

The financial package is as follows:

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

(*The package for the acceptor has been increased to compensate for loss of wages, transport, nutrition and post-operative recovery)

	Tubectomy (Interval and Post Abortion)		Post-Partum Sterilization		Vasectomy	
	Existing in above six states	New	Existing in above six states	New	Existing in above six states	New
Acceptor*	600	2000	600	3000	1100	3000
Motivator	150	300	150	400	200	400
Drugs/ Dressing/IP Supplies	100	100	100	100	50	50
Surgeon's Compensation	75	200	75	325	100	400
Anesthetist	25	50	25	75	-	-
Nurse	15	40	15	50	15	40
OT Technician	15	40	15	50	15	40
Clerks/ documentation	-	30	-	-	-	30
Refreshment	10	20	10	-	10	20
Miscellaneous	10	20	10	-	10	20
Total	1000	2800	1000	4000	1500	4000

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

	Tubectomy (Interval and Post Abortion)		Post-Partum Sterilization		Vasectomy	
	Existing in above six states	New	Existing in above six states	New	Existing in above six states	New
Facility	1350	2500	1350	3000	1300	2500
Acceptor*	-	1000	-	1000	-	1000
Motivator	150	-	150		200	
Total	1500	3500	1500	4000	1500	3500

C. (*The package for the acceptor has been included to compensate for loss of wages, transport, nutrition and post-operative recovery)

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs. **For 2021-22 the funds for increased compensation package could be utilized from the existing sterilization compensation head under 1.2.2.1.1 and 1.2.2.1.2.**
- For sterilization operations in accredited private/NGO facilities the package has been increased as indicated in the table above. **Rs. 1000 to be paid to the acceptor** (since the component was not being provided until now in other NE states)
- Rest of the guidelines remains same as per the DO. Letter No. Y.11026/11/2014-FP; dated 20th Oct 2014 and DO. Letter No. N.11019/2/2006-TO/Ply; dated 7th Sep 2007.

d) Condom Boxes at strategic locations in Health Facilities

The activity is ongoing and to be continued in all districts

Key Activities:

- Identification and mapping of appropriate locations for placing condoms boxes.
- Number of condom boxes may vary from facility to facility based on the strategic locations in the facility, demand and eligible couple catered by the facility.
- Each condom box in the facility to be mandatorily tagged and should be given a unique number (For eg: Condom Box-1; Condom Box-2 etc.)
- **Replenishment System:** Each condom box to be replenished at least monthly or as soon as warranted based on the consumption.

Monitoring Mechanism:

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

Facility Name:

Month:

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

Flow of Reporting:

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

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

The above figures shall be included in the entries made in the HMIS.

e) ‘Mission Parivar Vikas’ Campaigns: (4 per year)

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

For April and January the activity is proposed to be divided into:

- 7 days- preparatory work and client mobilization activities
- 7 days- service delivery.

Key Activity:

State and District Level activities

- **State level meeting-** At least one meeting before commencement of the fortnight and subsequent meeting following completion of each round to review service delivery data, monitoring feedback and any other issues and plan for the next round.
District Level Meeting-at least one meeting within two days of State meeting to review progress in planning and implementation
- State to provide technical guidance, including funding and operational guidelines, and fix timelines for districts to plan and implement service delivery rounds.
- Ensure involvement of other relevant departments including ICDS, PRI and key Family Planning partners, RMNCHA+N lead partners and other organizations at state and district levels. Civil society organizations (CSOs), including professional bodies such as Indian Medical Association (IMA) and FOGSI may be involved.

- Ensure identification of nodal officer for urban areas in each district. She/He will facilitate micro-planning in urban areas of the district.
- State to ensure adequate number of IEC materials (as per prototypes) and updated planning and reporting formats are printed and disseminated to districts in time. Ensure that these materials are printed in local languages if necessary.
- State to track districts for adherence to timelines, including micro-planning, indenting of FP logistics and review each round of MPV campaign and guide corrective actions.
- State/District to ensure availability of required Family Planning Commodities.
- District to track blocks and urban areas for adherence to timelines, including micro-planning, indenting of FP Commodities and logistics

Blocklevel activities

- Orientation of frontline workers/ANMs/LHVs/health supervisors - to be conducted by Block Medical Officer. The participants would be Health workers (CHOs, ANMs, LHVs, health supervisors etc.) and social mobilizers (ASHAs, AWWs and link workers)
- ASHAs to be oriented on eligible couple survey and is expected to conduct this survey in their assigned area, and if required, outside their area as well.

Service Delivery during Parivar Vikas Campaign-

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

Financial Package: Rs. 50,000/district/campaign for 2 campaigns other than WPD and Vasectomy fortnight.

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- **For 2021-22 the funds for MPV Campaign could be utilized from the existing budget head under 11.1.3, 16.1.3.3.1, 16.1.3.3.2, 16.1.3.4.1, 16.1.3.4.2 (Budget heads for IEC/BCC, WPD and Vasectomy fortnight)**
- **From FY 2022-23 the budget may be proposed under the appropriated budget head.**

STRATEGIC ACTION 2: PROMOTIONAL SCHEMES:

a) “NAYI PAHEL” – an FP KIT for “Newly Weds”

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

Key Activity:

- District to calculate tentative estimation of the Kits
- Printing of Information Leaflets & Forms
- Provision of contraceptives for the kit. It is mandatory to insert a leaflet with information on contraceptives. The contraceptives (Mala N, Chhaya) are to be started only after consultation with trained service provider
- Orientation of ASHA on provision of NayiPahel kit
- The distribution of ASHA NayiPahel kits can be at the CHC/Block PHC/PHC/PHC-HWC or SC/SC-HWC level. **In initial phases ASHA may be given 1-2 kits/ASHA. Later the disbursement can be on demand basis.**

Proposed Content:

“NayiPahel Kit for Newlyweds” (proposed contents are as follows):

Suggestive Item	Units	Remarks
Bag/Vanity Box	1	Attractive and usable Bag or vanity box (with MoHFW/FP logo)
Marriage Registration form	1	
Pamphlet	1	Information on use of family planning methods to delay birth of 1st child and maintain spacing between children, use of Pregnancy testing kit, what to do/whom to reach once pregnancy is confirmed, ASHA schemes like Home Delivery of Contraceptives etc.
Pack of condoms (Nirodh)	2	It is mandatory to insert a leaflet with information on contraceptives. The contraceptives (Mala N, Chhaya) are to be started only after consultation with trained service provider.
Oral Contraceptive pills (Mala N, Chhaya)	2each	
Emergency contraceptive pill (E pill)	3	
Grooming/hygiene bag	1	A small vanity pouch comprising of a towel set, comb, nail cutter, a pack of bindis, a set of two handkerchiefs, and a small vanity mirror.
Pregnancy testing kit	2	
Information card		A blank card to be filled with contact information of the respective ASHA and nearest ANM who can be contacted by the newly wed to seek further information on contraception.

Note- The states have the flexibility to add or remove items as per existing and prevalent social norms provided the cost of the Nayi Pahel kit does not exceed INR 250/-.

Financial Package:

- **Permissible cost per kit:** Rs. 250/NayiPahel kit
- **ASHA Incentive:** ASHA will be incentivized @ Rs. 100/ASHA/NayiPahelkit distributed.

Fund Flow: The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.

- **For FY 2021-22 the unspent budget of Family Planning** to be utilized from approved NHM flexipool.

- From 1st April 2022 onwards the funds may be proposed under appropriate NHM budget head for NP (Nayi Pehel) Kits.

Monitoring and data reporting mechanism:

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

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

- The ANM to submit monthly report of the same to block in Format 1 (Annexure 1.1).
- The blocks to collate the monthly reports and submit to district in format 2 (Annexure 1.1).
- The district to prepare monthly report in format 3 (Annexure 1.1) for onward submission to state.
- State will further submit the quarterly MPV report to GoI in format 4 (Annexure 1.1).
- **The Block in-charge/block community mobilizer/block manager will validate 5% distribution data in their catchment area every quarter.** This data should be submitted to district. The district should regularly validate the block data.

b) Saas Bahu and PatiSammelan

Saas Bahu and PatiSammelan is aimed to facilitate improved communication between mothers-in-law, daughters-in-law and husband through interactive games and exercises and building on their experiences to bring about changes in their attitudes and beliefs about reproductive and sexual health.

Key Activity-

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

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

The above microplan should be updated regularly.

- ASHA to prepare list of eligible couples and mother-in-law in their area.
- ASHA, AWW to motivate Saas Bahu pairs to come for the event along with the husband (specifically involving the marginalized sections of the village).
- Social distancing and COVID appropriate protocols to be followed during sammellans

- ANM to support ASHA and AWW for the same and be a part of these sammellan. This can be done on rotational basis so that all the villages/sammellans of her catchment area are covered in a year.
- Identify champion mother-in-law who have provided support to her daughter in law for using family planning methods and adopting safe motherhood practices.
- Invite Gram Panchayat members/Community influential for the event.
- Plan the event with games, communication exercises and other activities
- Coverage of theSammelans in district media.

Financial Package:

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

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

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- **For FY 2021-22 the unspent budget of Family Planning** to be utilized from approved NHM flexipool for this activity.
- **The budget for incentive and conduction of Sammelans to be proposed from 2022-23 NHM PIP onwards under appropriate budget head.**
- Districts to estimate the cost per sub center (Rs. 1500/sammellan) and release the same to SC.
- Subcenter ANM will further utilize this fund to organize the sammellan along with ASHA.
- The expenditure details will be maintained by ANM in subcenter, which should further be verified regularly by PHC/Block account officer in the same manner as the other NHM funds.
- The expenditure details should be regularly audited.

Monitoring and data reporting mechanism:

- The ASHA will maintain the record of Sammelans conducted in ASHA diary. In this regard following information to be captured- Date of sammellan; Timing of sammellan; Number of participants (Saas-bahu) attended sammellan; Key issues identified and discussed during sammellan
 - Name of any other official/PRI member attending the sammellan
- The ANM to submit monthly report of the same to block in format 1 (Annexure 1.1).
- The blocks to collate the monthly reports and submit it to district in format 2 (Annexure 1.1).
- The district to prepare monthly report in format 3 (Annexure 1.1) for onward submission.
- State will further submit the quarterly MPV report in format 4 (Annexure 1.1) to GoI.

c) SAARTHI - Awareness on Wheels

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

Key Activity:

- District wise mapping of the route plan of 'SAARTHI' vehicle. State may plan rationally for the vehicles (deputing smaller vehicles in hard-to-reach areas where commutation is a challenge). For sparsely populated districts 1 vehicle may be planned for 4-5 districts.
- State may also consider deputing smaller vehicles in hard-to-reach areas where commutation is a challenge.
- The 'SAARTHI' vehicle should be equipped with interactive communication devices, IEC material and FP commodities.
- District should identify dedicated human resource for 'SAARTHI' vehicle.
- Signing Campaign by prominent persons in the district (Collector, MLA, MPs and other prominent district personalities)

Financial Package: Estimated Cost for SAARTHI= Rs. 12 lakh/SAARTHI Vehicle/year for all four campaigns.

Fund Flow:

- The funds would be sourced from NHM flexipool and routed through State PIPs.
- **For FY 2021-22 the funds for SAARTHI could be utilized from the unspent budget under 11.1.3, 16.1.3.3.1, 16.1.3.3.2, 16.1.3.4.1, 16.1.3.4.2 (Budget heads for IEC/BCC, WPD and Vasectomy fortnight).**
- **From FY 2022-23 the budget to be proposed under the appropriated budget head.**
- The expenditure details should be regularly audited.

Monitoring and Reporting:

- District to prepare a route map for the 'SAARTHI' vehicle
- The driver should maintain a logbook in the prescribed format (State/district may add columns to the format for capturing more data as per their requirement)

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

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

- Report to be submitted for 'SAARTHI' vehicle -

SNo.	Activity	Status
1	Number of Pamphlets Distributed	
2	Number of clients visited	

3	Number of clients counselled	
4	Number of condom pieces distributed	
5	Number of COC cycles distributed	
6	Number of Centchromanstrips distributed	

STRATEGIC ACTION 3: ENSURING COMMODITY SECURITY:

1. Operationalization of FP-LMIS upto ASHA level, a dedicated FP logistics' manager to be appointed
2. An **alternate contraceptive delivery system (ACD)** to be adopted for ensuring supplies in difficult geographical terrain. Identified local person/s may be engaged in the activity on a part time basis for transporting and replenishing the FP commodities till the Sub Centre level.

Key Activity

- State/District/Facility store personnel to ensure the entry of commodities delivered through ACD in the FPLMIS.
- All FPLMIS criteria (Indent, issue, acknowledgement etc) to be implemented
- Mapping of district/block/ facilities where ACD is implemented

Financial Package: Estimated Cost for alternate contraceptive delivery = Rs. 200/day/person for a maximum of 10-man days/month (Rs. 2000/month/district)

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- **For FY 2021-22 the unspent budget of Family Planning** to be utilized from approved NHM flexipool
- **The budget for ACD may be proposed in NHM state PIP from April 2022 onwards in appropriate budget head.**

STRATEGIC ACTION 4: CAPACITY BUILDING:

Fund Flow:

The funds for trainings for new contraceptives/ Integrated RMNCAH+N Counseling would be sourced from NHM flexipool and routed through State PIPs. For FY 2021-22 state may utilize budget under 9.2.3 (Trainings).

STRATEGIC ACTION 5: CREATING ENABLING ENVIRONMENT:

Advocacy and Inter-sectoral Convergence to improve contraceptive access for a healthy mother and child:

- **District level (Biannually):** Meeting under DM/DC with CMO and BMOs/ BDOs, and line functionaries and other stakeholders working in the district.
- **Block level (Quarterly):** meeting under BMO/ BDO with all MOs, Nurses, and Sarpanch & Patwaris, Nehru Yuvak Kendra volunteers and National Service Scheme volunteers)

- **Discussion on Family Planning Agenda and its role in improving RMNCAH+N services**

Financial Package: The Budget for Advocacy meetings may be proposed @ Rs 25000/district.

Fund Flow:

- The funds for the scheme would be sourced from NHM flexipool and routed through State PIPs.
- **For FY 2021-22 the unspent budget of Family Planning** to be utilized from approved NHM flexipool
- **The budget may be proposed in NHM state PIP from 1st April 2022 onwards under appropriate budget head.**

Monitoring Mechanisms for Extended Mission Parivar Vikas

State Program Implementation Body (SPIB):

List of Members

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

Periodicity of Meeting: Bimonthly or sooner as warranted

Terms of Reference:

- Assess progress of implementation Extended Mission Parivar Vikas at district level
- Address any challenge in implementation and take corrective actions.
- Review the demand generation activities in the states and districts and impact on FP uptake
- Review any adverse event report and adverse media publicity and take remedial actions for same.
- Review the service provision in the identified districts and suggest plan to enhance service delivery in the districts.
- Line listing of service providers and deputing the provider/recruit new provider.
- Ensure the availability of providers in the identified districts for each type of FP services

- Ensure development of training plan as per suggestive strategy and implementation of same
- Review the findings of monitoring visit submitted by Development partners.
- Take immediate corrective actions to ensure supply of commodities and fulfill any logistic requirement.
- Submit implementation status and progress report to GoI on quarterly basis.

District Program Implementation Body (DPIB)

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

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

Periodicity of Meeting: Monthly or sooner as required

Terms of Reference:

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

Monitoring Indicators:

A: Information and Communication:

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

B. Service Provision and Training:

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

C. Supply:

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

