

BY SPEED POST/ REGD. POST

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Government of India  
Ministry of Health and Family Welfare

Nirman Bhavan, New Delhi – 110011

Dated 17<sup>th</sup> December 2012

To

Secretary/ Principal Secretary  
Health and Family Welfare,  
(all states)

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

Sir/Madam,

The Ministry of Health and Family Welfare, GOI launched an initiative in 233 districts of 17 States, on pilot basis in June, 2011, to improve access to contraceptives for eligible couples by using the services of ASHAs to deliver the contraceptives at homes of beneficiaries. In return, the ASHAs were incentivised for their effort, to take the contraceptives to the very doorstep of the beneficiaries.

The pilot scheme was evaluated by three independent agencies. All three evaluations pointed to increased satisfaction on the part of both beneficiaries as well as ASHAs and the potential of increased access to contraceptives reducing unmet need significantly. Buoyed by the success of the pilot scheme, GOI has now decided to extend the scheme to all the districts of the country from the date of issue of this letter.

Supply for these contraceptives would be part of the existing central procurement of the Government of India; however, under the scheme contraceptives would be packaged differently for easy identification. Supplies under the scheme are expected to reach the states soon.



The State should put in place a proper mechanism to ensure that necessary steps are taken on priority for further distribution of contraceptives to districts as well as the ASHAs timely and regularly. The detailed guidelines, roles and responsibilities of various personnel and monitoring modalities are given at Annexure I.

Yours faithfully



(Dr. S. K. Sikdar)

Deputy Commissioner i/c FP

Copy to:

1. Mission Director (all states)
2. Dir FW (all states)
3. NIC (for uploading on Ministry's website)

Copy for information:

1. PS to Hon'ble HFM
2. PS to Secretary (HFW)
3. PS to AS & MD (NRHM)
4. PS to JS (AKP)
5. PS to JS (RK)
6. Regional Directors (HFW), Govt. of India

**DETAILED GUIDELINES & MONITORING MODALITIES  
FOR THE SCHEME OF “HOME DELIVERY OF CONTRACEPTIVES BY ASHAs”**

**THE SCHEME:**

1. The Scheme would be implemented across all districts of the country.
2. Under the scheme ASHA would do home delivery of the contraceptives at the doorstep of beneficiaries.
3. The free supply of contraceptives (condoms, OCPs and ECPs) at PHC and Sub-Centre level would stand withdrawn in the light of the new provision of home delivery of contraceptives by ASHA.
4. The free supply of contraceptives at CHCs, Sub-Divisional and District level hospitals shall continue as before.
5. The supplies under the Scheme would continue to be made by the GOI to the State. The State should put in place a proper mechanism to ensure that necessary steps are taken on priority for further distribution to districts as well as the ASHAs, timely and regularly for appropriate implementation of the Scheme.
6. The State should ensure that 25% of the total stock of contraceptives supplied by GOI is kept as buffer before dispatching to districts. Districts, in turn, should keep 10% of the stock received from the State as buffer to tide over any stock outs with ASHAs.
7. The State may also ensure that districts do not dispatch the whole year's stock to the ASHAs at one go and replenish their stock strictly on the basis of performance and not on normative basis.
8. 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**).
9. 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 deliver the required stock of contraceptives to ASHAs.
10. 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.
11. 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.
12. 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”*



- 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 Scheme. He/ She would be responsible for the following tasks:

- Distribute contraceptives (received from State) to ASHA after ensuring that 25% of the stock received from GOI is kept as buffer stock.
- Conduct a meeting of all districts nodal officers and orient them on the Scheme.
- Designate a nodal person in each district for monitoring of the Scheme.
- Prepare a list of ASHAs and make a tentative calculation of yearly demand.
- Collect and compile monthly usage (of contraceptives) report from the districts and send a Quarterly Report to GoI ,as per the attached format **(Format-D)**.

#### District Nodal Officer:

- Orient all the MOs, ANMs and ASHAs regarding the scheme.
- Ask ASHAs to update list of eligible couples and compile it at district level; this would help in calculating tentative demand.
- Distribute contraceptives to ASHA after ensuring that 10% of the stock received from State is kept as buffer stock.
- 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 and replenish their stock strictly on the basis of performance and not on normative basis (and also availability of supplies).
- He/she would keep a record (monthly) in prescribed format **(Format-B)** which would provide information, such as stock received, items distributed, number of ASHAs received stock etc:

#### Format-B

Month: Block: District:					
Contraceptives	Opening balance	Stock Received	Stock Distributed	Balance Available	Remarks
Condom					
OCP					
ECP					

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

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

### Format-C

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

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

### Format-D

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

### Other aspects of monitoring:

- Initially, it is proposed that State and District Nodal Officers would carry out fortnightly supervisory visits to the districts.
- The scheme should be reviewed closely during regular meetings at state and district levels.