

## **Ensuring Informed Choice and Quality of Care in Contraceptive Service Delivery**

### **Call to Ministry of Health and Family Welfare, Government of India**

We welcome the judgment of the Honorable Supreme Court of India in the DevikaBiswasvs Union of India (Writ Petition (Civil) No 95 Of 2012), which recognizes that death, failures, complications and coercion as a result of female sterilization have grave implications for women's Right to life, Right to health and Right to reproductive health. We appreciate the following aspects of the judgment :

- a) The system of holding sterilization camps should be completely stopped within 3 years.
- b) Family Planning is matter on the 'Concurrent List' of the Constitution and the responsibility for the programmies 'squarely on the shoulders of the Union of India', and it cannot 'pass the buck to the State Governments'. The Government of the Union of India must take ownership of the Family Planning programme.
- c) Coercive methods are not justified and neither are they effective;improved access, education and empowerment should be the aim of the Family Planning programme.
- d) The Family Planning cannot be targeted only towards women and must address men 'at least for reasons of gender equity'.
- e) The consent procedure should include checklists explained in the local language by a trained counselor to avoid 'incentivised consent'.
- f) The State Governments and Union Territories should ensure that no targets are fixed for health workers and others which will lead to forced or non-consensual sterilisation
- g) Quality Assurance Committees at the State and District Level must be activated through publishing details of members of such committees, reports of 6 monthly meetings as well as report cards indicating decisions taken, work done, achievements etc.
- h) Audits have to be conducted of failures and deaths and Annual Reports of the Quality Assurance Committees must include details of such audits held and remedial steps taken. The first Annual Reports should be published before March 31, 2017.
- i) The compensation under FPIS needs to be increased substantially with shares both from the Government of India and the State Government.

We recognise the importance of these orders to improve the quality of care of the Family Planning programme.

We call upon the Ministry of Health and Family Welfare, Government of India to take the following additional measures to ensure that women, men and couples in India are freely able to exercise their reproductive right to informed choice to safe and effective contraceptive services.

1. Set up a High-level expert Committee to review the family planning program in India and reorient it such that it is aligned with reproductive health rights of women, and needs of India's population.
2. Maintain a National Registry of complications, deaths and failures in sterilization operations as a surveillance mechanism.

3. Shift the distorted focus of annual budgets away from sterilization of women and promote meaningful involvement of men in taking contraceptive responsibility and promotion of spacing methods.
4. Review the indicators for the family planning programme to include informed choice, quality of care and adequate promotion of spacing methods. Instead of targets/ELA's, consider 'community needs assessment' to determine the contraceptive demand and prepare the health system to fulfill this demand.
5. Address the contraceptive needs of young couples, and adolescents by making available a variety of spacing methods. Allocate resources (funds, human and skills) and provide comprehensive sexuality education to young people, adolescents, men and women
6. Expand and make available a basket of contraceptive choices to women, especially spacing methods, at the ground level along with complete information about its use and side effects so that they are able to make informed choices related to their reproductive lives. Methods that are less invasive and woman controlled must be included in the public health program.
7. Increase awareness about entitlements vis a vis contraceptives in the community and involve the community in monitoring of the quality of contraceptive services.

We urge the Government of India to take immediate steps to bring about these substantive changes in the Family Planning Programs and Policies, so that women and men have the autonomy to choose safe and effective contraception methods, and have the ability to access these towards fulfillment of their reproductive rights and the right to health for all.

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