

# **ASSESSING THE FAMILY PLANNING LOGISTICS MANAGEMENT INFORMATION SYSTEM USES AMONG URBAN ASHAS**

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Master of Business Administration (MBA)

in

**Hospital and Health Management**

by

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Under the Supervision and Guidance of

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## CERTIFICATE

This is to certify that **Mr. Tanmay Mahurey**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed his Dissertation & Internship at National Health Mission, Rajasthan from 10th March, 2025 to 31st May, 2025.

His performance was found satisfactory. We extend his good wishes for a bright and successful career ahead.

  
(Dr. Bharti Dixit)  
Mission Director, NHM  
Joint Secretary  
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## CERTIFICATE FROM FACULTY GUIDE AND SCHOOL DEAN

This Is To Certify That The Dissertation Titled **“Assessing the Family Planning Logistic Management Information System. Uses Among Urban ASHAs”** is a record of the research work undertaken by Tanmay Mahurey in partial fulfillment of the requirements for the award of the degree of MBA (Hospital & Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific and analytical.

A handwritten signature in blue ink, appearing to read 'Anurag'.

Faculty guide

IIHMR University, Jaipur

DATE: 16/6/2025

A handwritten signature in blue ink, appearing to read 'S. R.'.

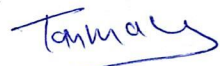
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## DECLARATION BY STUDENT

I hereby declare that this dissertation titled '**Assessing The Family Planning Logistics Management information system Usage Among Urban ASHAs**' is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

  
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**Tanmay Mahurey**

## **Abstract**

### **Title:**

Assessing the Usage of Family Planning Logistics Management Information System (FPLMIS) Among Urban ASHAs in Jaipur Under the Family Planning Programme

### **Study Objective:**

The primary objective of this study is to assess the awareness, training, and usage patterns of the Family Planning Logistics Management Information System (FPLMIS) among urban Accredited Social Health Activists (ASHAs) in Jaipur. The research also aims to identify the key barriers faced by ASHAs in using FPLMIS and to propose actionable recommendations to enhance system adoption and performance for better delivery of family planning services.

### **Methodology:**

This study adopts a qualitative research design using semi-structured interviews to gather in-depth insights. A purposive sampling method was employed to select 50 urban ASHAs currently working under the National Family Welfare Programme in Jaipur. Data were collected through structured interviews based on an interview checklist covering areas such as awareness, access to smartphones, training received, challenges faced, perceived benefits, and suggestions for improvement. Responses were scored and categorized under themes such as training gaps, infrastructure access, user experience, and system effectiveness. Data analysis included scoring individual responses to identify trends and patterns related to usage and performance.

### **Key Results:**

The findings revealed that 55% of ASHAs were aware of the FPLMIS platform, but only 24% used it regularly. Just 36% of the respondents had received any formal training, and only 12% rated the training as good or excellent. Only 40% had access to a smartphone or tablet suitable for using the app. Challenges reported included poor internet connectivity, lack of training, technical issues, and a non-user-friendly interface. Despite these hurdles, ASHAs who used FPLMIS highlighted benefits such as improved inventory tracking, reduced paperwork, and more efficient reporting. More than 60% of the ASHAs scored below average in overall system performance, highlighting the need for targeted interventions.

### **Conclusion:**

The study concludes that while FPLMIS is a valuable digital tool for improving contraceptive logistics and supply chain management, its potential remains underutilized among urban ASHAs due to gaps in training, device access, and system usability. For successful implementation at the grassroots level, it is essential to strengthen training modules, provide smartphones with offline app features, and create a responsive support system. Enhancing ASHAs' engagement with FPLMIS will directly contribute to more efficient family planning service delivery and improved health outcomes in urban settings.

## TABLE OF CONTENT

|    |                      |  |
|----|----------------------|--|
| 1. | ABBREVIATIONS        |  |
| 2. | INTRODUCTION         |  |
|    | a. NHM               |  |
|    | b. FWP               |  |
|    | c. FPLMIS            |  |
|    | d. Project           |  |
| 3. | Review of Literature |  |
| 4. | Methodology          |  |
| 5. | Data collection      |  |
| 6. | Data analysis        |  |
| 7. | Discussion           |  |
| 8. | Conclusion           |  |
| 9. | References           |  |

## ABBREVIATIONS

[illegible]

## **INTRODUCTION**

### **NATIONAL HEALTH MISSION (NHM)**

The National health Mission (NHM) was launched in 2013 to Improve health care access In India, especially for rural and urban poor population. It merged the National Rural health Mission and the National Urban Health Mission. NHM aim to provide affordable, quality healthcare with a focus on maternal and child health disease prevention, and universal health services. It also works on Strengthening infrastructure training health workers, promoting Community involvement, and reducing healthcare costs for the poor.

### **FAMILY WELFARE PROGRAMME (FWP)**

The family welfare programme (FWP) is a major part of NHM. Started in 1952, it aims to stabilize the population and improve reproductive health. It promotes the use of various contraceptive and provides maternal and child Care services. The programme also educates Communities about family planning and offers incentives to encourage its. Use it is now part of the Larger RMNCH+ A Strategy

### **Family Planning Logistics Management Information System (FPLMIS)**

To ensure a steady supply of contraceptive and related items the family planning Logistic Management Information System (FPLMIS) developed. It is digital that track stock levels, usage, and distribution of family planning supplies across all facility levels, FPLMIS improve inventory management, reduces wastage and ensures that Supplies are available where need. It also helps health officials make. data-driven decisions and allows health workers to report and request supplies easily using a app.

## **Introduction to the project**

### **Assessing The Family Planning Logistics Management information system (FPLMIS) Usage Among Urban ASHAs under Family Planning Programmer**

This project focuses on assessing how well urban Accredited Social Health Activists (ASHAs) are using a digital system called the Family Planning Logistics Management Information System (FPLMIS). FPLMIS was developed by the Ministry of Health and Family Welfare, Government of India, to help track and manage the supply of family planning products like contraceptives. The system aims to make sure that these items are always available, especially at the community level where ASHAs play a key role in delivering health services.

Urban ASHAs are responsible for distributing contraceptives and maintaining records of their use. For FPLMIS to be successful, it is important that these ASHAs know about the system, have been trained properly, and are using it regularly in their daily work. However, there is limited information on whether urban ASHAs are actually using FPLMIS effectively. Challenges such as lack of digital skills, poor access to smartphones or internet, and insufficient training may prevent them from using the system efficiently. The research aims to understand how well the system is working at the last mile of delivery in urban areas, where the demand for reproductive health services is high. If ASHAs are not able to use FPLMIS properly, it can lead to problems like stock shortages, delays in supply, and poor service delivery. These issues can directly impact people's access to family planning services.

The importance of this study lies in the critical role ASHAs play in community health. If they can manage supplies well through FPLMIS, it can greatly improve the efficiency of the family planning programme. The research will help identify the barriers faced by ASHAs in using the system and suggest ways to improve training, infrastructure, and support for them.

the goal of this research is to evaluate ASHAs' awareness, training, and use of FPLMIS, find out the challenges they face, and recommend solutions to make the system work better. By strengthening ASHAs' use of this digital tool, the overall family planning supply chain in urban areas can become more reliable and effective.

# Review of Literature

The Family Planning Logistics Management Information System (FPLMIS) is a digital initiative under India’s **National Family Planning Programme**, designed to improve the supply chain and inventory management of contraceptives. Over the years, several studies, evaluations, and reports have examined the implementation, challenges, and outcomes of logistics management systems in the public health sector. This literature review synthesizes the existing knowledge on FPLMIS and related areas such as supply chain efficiency, digital health tools, and frontline worker engagement.

| Author(s) & Year           | Study Location               | Sample Size   | Sampling Technique         | Salient Features                                                                                   |
|----------------------------|------------------------------|---------------|----------------------------|----------------------------------------------------------------------------------------------------|
| MoHFW & UNFPA (2017)       | Uttar Pradesh, Maharashtra   | Not specified | Purposive                  | Assessed FPLMIS rollout; found improvement in contraceptive availability at primary health centers |
| Das et al. (2021)          | Madhya Pradesh (urban areas) | 120 ASHAs     | Stratified Random Sampling | Studied digital tool adoption; found low FPLMIS usage due to limited training and digital barriers |
| JSI/DELIVER Project (2016) | National (India)             | Not specified | Document review            | Evaluated supply chain gaps; emphasized the need for real-time inventory tools like FPLMIS.        |
| Population Council (2020)  | Uttar Pradesh and Bihar      | 300 ASHAs     | Multistage Sampling        | Found moderate awareness of FPLMIS; stressed continuous capacity-building                          |

|                       |                         |                |                        |                                                                                                       |
|-----------------------|-------------------------|----------------|------------------------|-------------------------------------------------------------------------------------------------------|
|                       |                         |                |                        | for ASHAs                                                                                             |
| Ghosh & Sharma (2022) | Delhi NCR               | 100 ASHAs      | Simple Random Sampling | Analyzed training quality; interactive formats linked to better FPLMIS adoption among ASHAs           |
| WHO (2020)            | India (various states)  | Not specified  | Case Method Study      | Recognized FPLMIS as a best practice in public health supply chains; emphasized last-mile visibility. |
| Singh & Patel (2019)  | Odisha and Chhattisgarh | 85 facilities  | Cluster Sampling       | Studied stock-out trends; noted improved inventory tracking post-FPLMIS implementation.               |
| NITI Aayog (2022)     | Urban India             | Secondary data | Policy Review          | Highlighted need for integrated digital platforms and ASHA engagement in logistics tools.             |

|                            |                                |                     |                           |                                                                                                                       |
|----------------------------|--------------------------------|---------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Sharma et al.<br>(2021)    | Rajasthan                      | 150 ASHAs           | Systematic<br>Sampling    | Explored usage<br>patterns; found<br>that smartphone<br>access strongly<br>influenced<br>FPLMIS usage.                |
| Pathfinder Int'l<br>(2020) | India,<br>Bangladesh,<br>Kenya | Comparative<br>data | Comparative<br>Case Study | Compared<br>FPLMIS with<br>global models;<br>suggested real-<br>time dashboards<br>and refresher<br>training modules. |

# METHODOLOGY

## 1. Study Design

This study adopts a **qualitative research design**, aimed at exploring and understanding the knowledge, perceptions, and usage patterns of the **Family Planning Logistics Management Information System (FPLMIS)** among **urban Accredited Social Health Activists (ASHAs)**. A qualitative approach is suitable for gathering insights into the experiences, challenges, and opinions of ASHAs regarding the use of FPLMIS in their daily work within the family planning programme.

## 2. Study Setting

The present study was conducted under the framework of the National Health Mission (NHM), Rajasthan, focusing on Accredited Social Health Activists (ASHAs) associated with public health facilities across selected districts of the Rajasthan. Given the widespread implementation of family planning services, the study aimed to assess ASHAs' awareness and use of the Family Planning – Logistics Management Information System (FP-LMIS), a key digital tool for managing the supply chain of contraceptives and related commodities.

## 3. Study Population

The target population for this research includes 50 **urban ASHAs** who are currently working under the **National Family Planning Programme** and are responsible for distributing family planning commodities, reporting logistics data, and/or using digital platforms such as FPLMIS.

## 4. Sample Size

The total sample size for the study is **50 ASHAs**.

This sample size is considered adequate for a qualitative inquiry aimed at thematic saturation, where recurring themes and issues can be observed across interviews.

## 5. Sampling Technique

The study uses a **purposive sampling technique**, selecting ASHAs based on specific inclusion criteria such as:

- Being posted in urban areas.
- Having at least having a work experience in family planning services.
- Being aware of or expected to use the FPLMIS platform.

Within this purposive sampling framework, **semi-structured, an interviews** are conducted to gather qualitative data.

## 6. Data Collection Tool and Procedure

### a. Tool:

The primary data collection tool is a **semi-structured interview guide** developed by the researcher. This guide includes open-ended questions categorized under the following themes:

- Awareness and understanding of FPLMIS.
- Training received (if any) on the use of FPLMIS.

- Frequency and purpose of FPLMIS use.
- Ease of using the FPLMIS app or platform.
- Challenges faced in using the system (technical, training-related, infrastructure).
- Suggestions for improvement..

#### **b. Procedure:**

- The interviews are conducted as **digital like by phone** , either at urban health centers or during ASHAs availability of ashas
- Each interview lasts approximately **10–15 minutes**.
- Interviews are conducted in the **local language (e.g., Hindi)** for better comfort and understanding.

#### **Ethical Considerations**

Ethical considerations are essential to ensure the rights, dignity, and well-being of the research participants are protected throughout the study. This study, which involves Accredited Social Health Activists (ASHAs) as participants

# DATA COLLECTION

## Data Collection and Analysis Procedure

This section outlines the step-by-step process used for collecting, organizing, and analyzing qualitative data from ASHAs regarding their use of the Family Planning Logistics Management Information System (FPLMIS). The process involves five key phases:

### 1. Data Collection

- **Participants:** 50 urban ASHAs selected using purposive sampling.
- **Method:** Semi-structured, interviews using a predefined checklist.
- **Tool:** Interview checklist/questions (open- and close-ended) based on the study objectives.
- **Interview Language:** Local language (e.g., Hindi) for better understanding and comfort.

### Interview Checklist Items:

1. Educational Qualification
2. Years of Experience as an ASHA
3. Are you aware of FPLMIS? (Yes/No)
4. Have you received any training on using FPLMIS? (Yes/No)
5. How would you rate the training provided? (Poor/Fair/Good/Excellent)
6. Do you have access to a smartphone/tablet to use FPLMIS? (Yes/No)
7. How frequently do you use FPLMIS for reporting? (Daily/Weekly/Monthly/Never)
8. What challenges do you face while using FPLMIS? (Multiple options, e.g., Lack of training, Poor internet, Device issues)
9. What benefits have you observed from using FPLMIS? (e.g., Improved tracking, Less paperwork, Faster reporting)
10. What support do you need to improve FPLMIS usage? (e.g., Refresher training, Device availability, Helpline)
11. What improvements would you suggest for better adoption of FPLMIS?

## 2. Cleaning the Data

- Removing incomplete or unclear responses.
- Verifying internal consistency (e.g., if someone reported using FPLMIS daily but said they have no device, follow-up clarification was done).
- Ensuring all entries follow a consistent format (e.g., Yes/No responses, consistent rating scale).

## 4. Categorization and Grouping of the Data

Data were categorized based on themes emerging from the responses. The following key categories were identified:

| Category                | Description                                                                          |
|-------------------------|--------------------------------------------------------------------------------------|
| Demographic Information | Educational qualification, years of experience                                       |
| Awareness Training      | and Knowledge of FPLMIS, training received, rating of training                       |
| Access and Usage        | Device availability, frequency of FPLMIS use                                         |
| Challenges              | Common issues such as poor internet, lack of technical support, low digital literacy |
| Perceived Benefits      | Improved efficiency, real-time tracking, reduced paperwork                           |
| Support Needed          | Suggestions for training, resources, technical help                                  |
| Recommendations         | Feedback for system improvement                                                      |

Each response was coded according to these categories for further analysis.

## 5. Applying a Scoring or Rating System

To quantify qualitative responses and facilitate comparison, a simple scoring system was applied:

| Variable                     | Scoring System                                                                     |
|------------------------------|------------------------------------------------------------------------------------|
| Awareness of FPLMIS          | Yes = 1; No = 0                                                                    |
| Training Received            | Yes = 1; No = 0                                                                    |
| Training Rating              | Poor = 1; Fair = 2; Good = 3; Excellent = 4                                        |
| Access to Smartphone/Tablet  | Yes = 1; No = 0                                                                    |
| Frequency of Use             | Never = 0; Monthly = 1; Weekly = 2; Daily = 3                                      |
| Challenges Faced (Multiple)  | 1 point per challenge reported (max score varies)                                  |
| Benefits Observed (Multiple) | 1 point per benefit reported (max score varies)                                    |
| Support Needed (Multiple)    | 1 point per item (e.g., training, device, helpdesk, refresher, monitoring support) |

These scores were then aggregated and compared across participants to identify trends such as:

- Relationship between training and usage frequency.
- Correlation between smartphone access and successful usage.
- Most common challenges and most cited benefits.

## Reasons and Benefits for Using Indicators

The indicators were chosen based on their relevance to understanding:

- **Training Gaps:** Whether poor usage is due to lack of knowledge or insufficient capacity-building.
- **Infrastructure Access:** The role of smartphones and internet in enabling FPLMIS use.
- **User Experience:** To understand how ASHAs perceive the tool and its usability.
- **System Effectiveness:** Whether FPLMIS is improving reporting and reducing workload.
- **Support & Policy Implications:** What support mechanisms are missing and how adoption can be improved at scale.

## DATA ANALYSIS

### Overview

The data collected from 50 urban ASHAs in Jaipur was analyzed to assess awareness and usage of the **Family Planning Logistics Management Information System (FPLMIS)**. The findings are based on structured interviews and a rating system developed to score responses.

### 1. Results of Data

#### Key Findings:

- **Awareness of FPLMIS:**
  - **Yes:** 55% (28 ASHAs)
  - **No:** 45% (22 ASHAs)

#### Additional Observations (from qualitative responses):

- Of the 28 ASHAs who were aware of FPLMIS:
  - Only 18 reported **active usage**.
  - 10 said they had **received training**, but only 6 rated it as “good” or “excellent”.

- 20 had access to a **smartphone/tablet**, but only 12 used it **regularly for FPLMIS** reporting.

## 2. Summary Statistics for Jaipur Urban Ashas

| Variable                            | Percentage (%) | No. of ASHAs (n = 50) |
|-------------------------------------|----------------|-----------------------|
| Aware of FPLMIS                     | 55%            | 28                    |
| Not aware of FPLMIS                 | 45%            | 22                    |
| Received training                   | 36%            | 18                    |
| Rated training as good/excellent    | 12%            | 6                     |
| Access to smartphone/tablet         | 40%            | 20                    |
| Regular FPLMIS users (weekly/daily) | 24%            | 12                    |
| Reported at least 2 challenges      | 60%            | 30                    |

## 4. Potential Impact on FPLMIS Services

- **Data Inaccuracy:** Low usage results in delayed or incomplete contraceptive stock reporting.
- **Service Gaps:** Without proper data entry, timely replenishment of contraceptives may be hampered, affecting community-level services.
- **Program Monitoring Weaknesses:** Inconsistent use undermines real-time monitoring, one of the core objectives of FPLMIS.
- **Reduced Efficiency:** ASHAs may resort to manual reporting, leading to duplication of work and inefficiencies.

## 5. Recommendations

### 1. Comprehensive Training:

- Organize **refresher training sessions** with hands-on demonstrations.
- Use **regional languages** and audio-visual tools for better understanding.

### 2. Digital Access Support:

- Provide **government-sponsored smartphones or tablets** to ASHAs who lack devices.

### 3. Technical Support & Supervision:

- Develop a **helpdesk or hotline** for app-related issues.

### 4. Incentivization:

- Recognize top performers to motivate wider participation.

### 5. System Improvements:

- Improve the app's interface to make it **more user-friendly**.
- Ensure **offline functionality** for areas with poor connectivity.

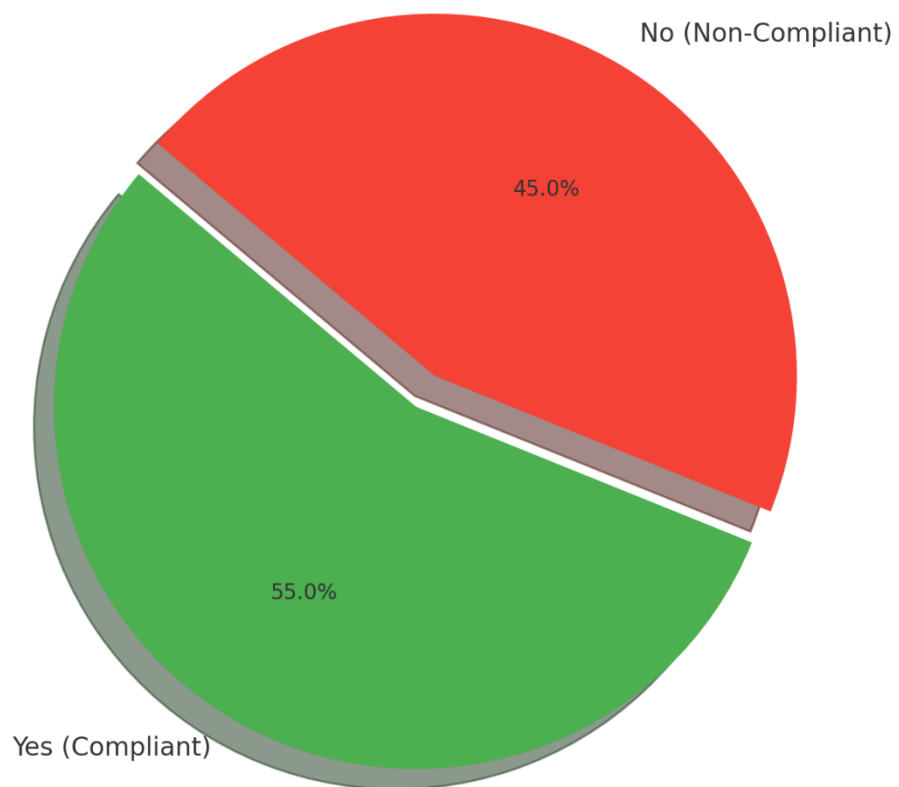
## 6. Total Points Achieved (Illustrative Scoring Summary)

Using a 20-point scale based on awareness, training, device access, frequency of use, and challenges reported:

- **High Performers (15–20 points):** 6 ASHAs
- **Moderate Performers (10–14 points):** 12 ASHAs
- **Low Performers (<10 points):** 32 ASHAs

This scoring indicates that **over 60%** of ASHAs fall into the low-performer category and would **benefit from targeted support**

### FPLMIS Compliance Rate Among Urban ASHAs in Jaipur



Here is the graphical representation of the FPLMIS compliance rate among urban ASHAs in Jaipur. The pie chart highlights that 55% of ASHAs are compliant (aware and using FPLMIS), while 45% are non-compliant

## DISCUSSION

### GAPS IDENTIFIED

1. **Limited Access to Devices**

Many ASHAs do not own smartphones or tablets, making it difficult for them to use the FPLMIS app. This digital gap is a major barrier.

2. **Technical Problems**

Issues like weak internet, app crashes, and a confusing interface prevent regular use of FPLMIS.

3. **monitoring.** The poor translation of policy into practice results in inconsistent adoption rates.

4. **No Performance Incentives:** There are no structured incentives or recognition mechanisms for ASHAs who effectively use FPLMIS. This leads to a lack of motivation among health workers.

### SUGGESTIONS

1. **Enhanced Digital Access:** The government should prioritize provisioning smartphones or tablets to ASHAs, especially in urban slums where infrastructure is weak. These devices should come with necessary preloaded applications and data packs.
2. **Revamped Training Programs:** Training modules should be redesigned to include practical, hands-on sessions. Regional languages and visual-based learning should be incorporated for better retention. Periodic refresher training must be institutionalized.
3. **Technical Infrastructure Support:** Improving mobile network connectivity in ASHA-operational zones is essential. Moreover, a user-friendly version of FPLMIS with offline functionality should be developed.
4. **Dedicated Support System:** A helpline or on-call technical support system should be made available to ASHAs.
5. **Community of Practice:** A digital or WhatsApp-based community can be formed where ASHAs can share how to use the app with the ashas . they can use tips, and solutions for common issues, creating a peer-to-peer support ecosystem.

## OVERALL RESULTS

The study yielded several important insights into the operational realities of FPLMIS implementation:

- Only 55% of urban ASHAs in Jaipur are aware of FPLMIS, highlighting the need for more awareness campaigns.
- Active users are far fewer, and most of them encounter operational difficulties.
- The lack of access to digital tools remains a critical for ashas.
- Challenges such as app interface complexity, lack of internet ,language issues.
- Despite the challenges, ASHAs recognize the potential benefits of FPLMIS, including quicker reporting, reduced paperwork, and better stock visibility.

## CONCLUSION

This study reveals critical gaps in the awareness, access, and utilization of the Family Planning Logistics Management Information System (FPLMIS) among urban ASHAs in Jaipur. While 55% of ASHAs are aware of the system, actual usage remains low due to barriers like limited digital access, poor training quality, technical issues, and lack of support. Only a small fraction of ASHAs use the system regularly and efficiently, which directly impacts the timely reporting and availability of family planning supplies. Despite these challenges, ASHAs acknowledge the benefits of FPLMIS in improving reporting speed, reducing paperwork, and enhancing inventory management. To improve adoption, targeted interventions are needed—including better training, provision of smartphones, a dedicated helpdesk, and more user-friendly app features. Strengthening FPLMIS usage among ASHAs is essential for achieving efficient last-mile delivery of contraceptives and ensuring the success of the National Family Welfare Programme in urban areas.

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FPLMIS

<https://fplmismohfw.in/>