OVERVIEW OF FAMILY PLANNING PROGRAMME IN INDIA

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Key Indicators Under FP

• **Total Fertility Rate (TFR) – 2.5:**
  – Average number of children that would be born to a woman over her reproductive span.

• **Contraceptive Prevalence Rate (CPR) – 54%:**
  – Percentage of eligible couples protected by some method of contraception

• **Unmet Need – 21.3%:**
  – Percentage of women who do not want to have next child but are not using any contraception
CURRENT USE OF FAMILY PLANNING METHODS

Source: DLHS-3 (2007-08), IIPS Mumbai
Family Planning as priority

“Family planning shall be a central part of our efforts to ensure Universal Access to Health in 12th Five Year Plan period”.
“Family planning is a core RMNCH intervention.”
FP POLICY – *a paradigm Shift*.....

**Then**
For Population Control

**Now**
For Improvement in Maternal and Child Health
MORE FOCUS ON SPACING METHODS

Leveraging huge workforce engendered by NRHM:

• **ASHA: over 8.60 lakhs**
  – Making contraceptives (condoms, oral pills and ECPs available at the doorstep through ASHAs)
  – Involving ASHAs as catalysts for delaying age at first childbirth and spacing between births

• **ANMs: over 2.00 lakhs**
  – Assured IUCD services on fixed days at all sub centers in close vicinity of the community.
KEY OBJECTIVES

• Provide
  —information,
  —services and
  —commodities

  with regard to spacing methods to every client,
in every nook and corner of our country.

• Maintain the service delivery for limiting methods and improve quality.
INTERVENTIONS: FAMILY PLANNING

PROGRAMMATIC INTERVENTIONS
- Promotion of spacing methods (IUCDs)
- Promotion of Post Partum FP services
- Promotion of minilap tubectomy
- Adopting Fixed Day Strategy
- Increasing male participation
- Counsellors at high delivery facilities

PROMOTIONAL INTERVENTIONS
- Revised Compensation scheme
- Family planning Insurance scheme
- Promoting Public Private Partnership
- Promoting contraception through increased Advocacy
CONTRACEPTIVE CHOICES UNDER FP PROGRAMME

A. Spacing Methods:
   – Condoms
   – Intra Uterine Contraceptive Device (Copper –T 380 A)
   – Oral Contraceptive Pills

B. Limiting Methods:
   – Tubectomy (Minilap & laparoscopic)
   – Vasectomy (NSV/ Conventional)

C. Emergency Contraceptive Pills
CURRENT FP PROG. (CONTD.)

• Expanding Contraceptive Choices:
  • New method : Post Partum IUCD
  • New device : Introduction of Cu IUCD 375

• Other Interventions:
  – Quality Assurance Committees
  – Gradually shifting from Camp Approach to Fixed Day Static Services for sterilization
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NEW SCHEMES

DELIVERY OF CONTRACEPTIVES BY ASHAS AT HOMES
• To improve access to contraceptives by the eligible couples
• ASHA to deliver contraceptives at the doorstep of beneficiaries
• ASHA is charging a nominal amount from beneficiaries:
  – Re 1 for a pack of 3 condoms
  – Re 1 for a cycle of OCPs
  – Rs 2 for a pack of 1 tab of ECP

ENSURING SPACING AFTER MARRIAGE & BETWEEN 1ST & 2ND CHILD
• ASHA would be paid following incentives under the scheme:
  – Rs. 500/- to ASHA for ensuring spacing of 2 years after marriage.
  – Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child
  – Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only
The Scheme was evaluated by 3 different independent agencies; salient findings of the evaluation are:

- 62% respondents have heard of the Scheme from ASHAs.
- 95% of the women were completely satisfied with the Scheme;
- 65% of those who procured from ASHA, cited easy access as the reason.
- 53% were willing to pay and 86% ASHAs believed that the Scheme will be successful in the longer term.

- ASHAs feel empowered and have expressed confidence in distributing contraceptives to beneficiaries.
INFERENCES FROM EVALUATION

• Scheme has taken off well in the pilot States.

• The scheme is by and large acceptable, as majority of the women beneficiaries are reported to be completely satisfied with the Scheme and are willing to pay for the contraceptives.

• ASHAs were happy distributing the contraceptives because it helped them to develop goodwill with their clients for other services.

• ASHA has emerged as an important source for contraceptives in the rural areas.

• ASHAs have been able to break the communication barrier and distribute condoms freely to the male members of the village.
Thank You