

# OVERVIEW OF FAMILY PLANNING PROGRAMME IN INDIA

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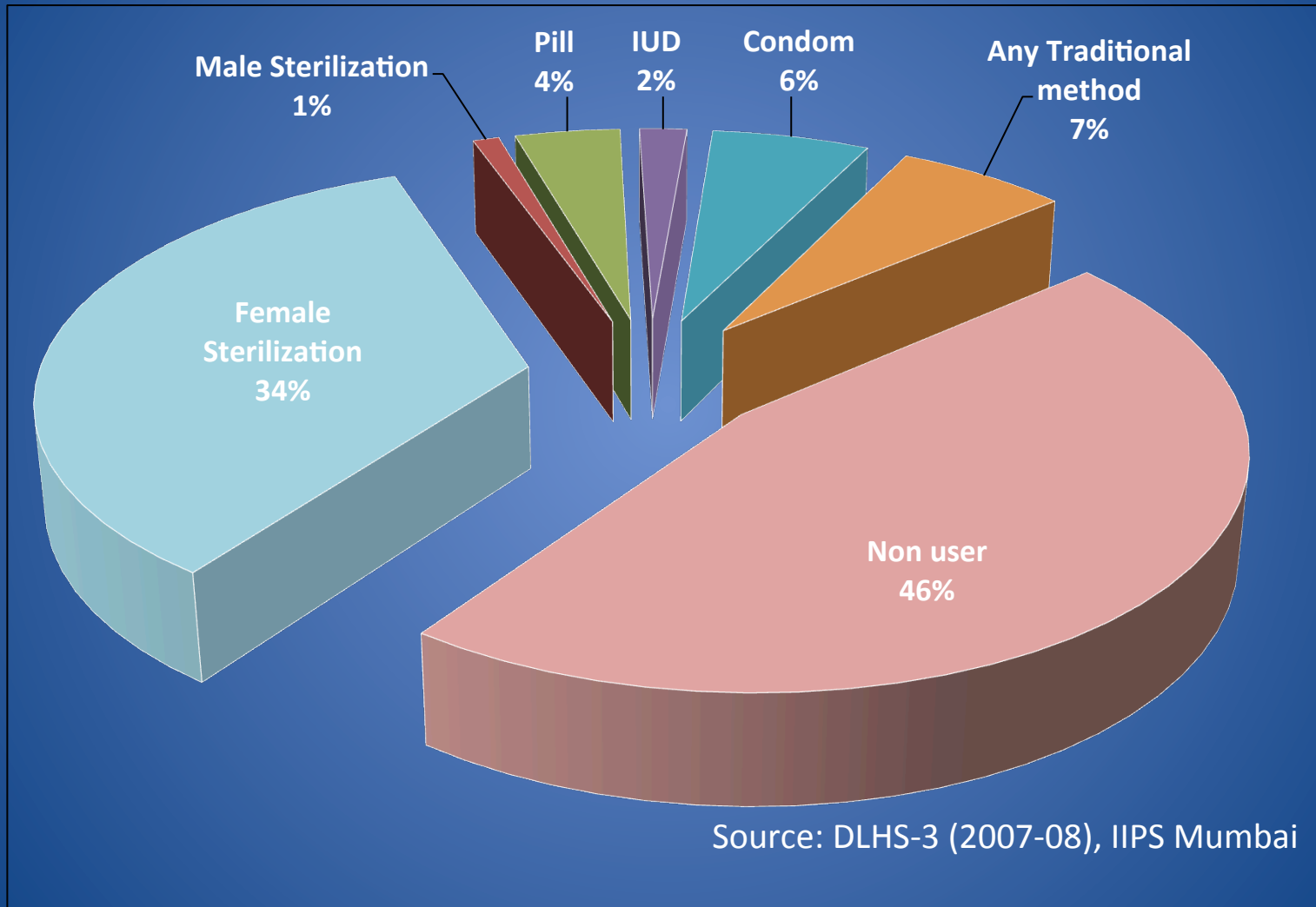
*Ministry of Health and Family Welfare*

*Government of India*

## 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

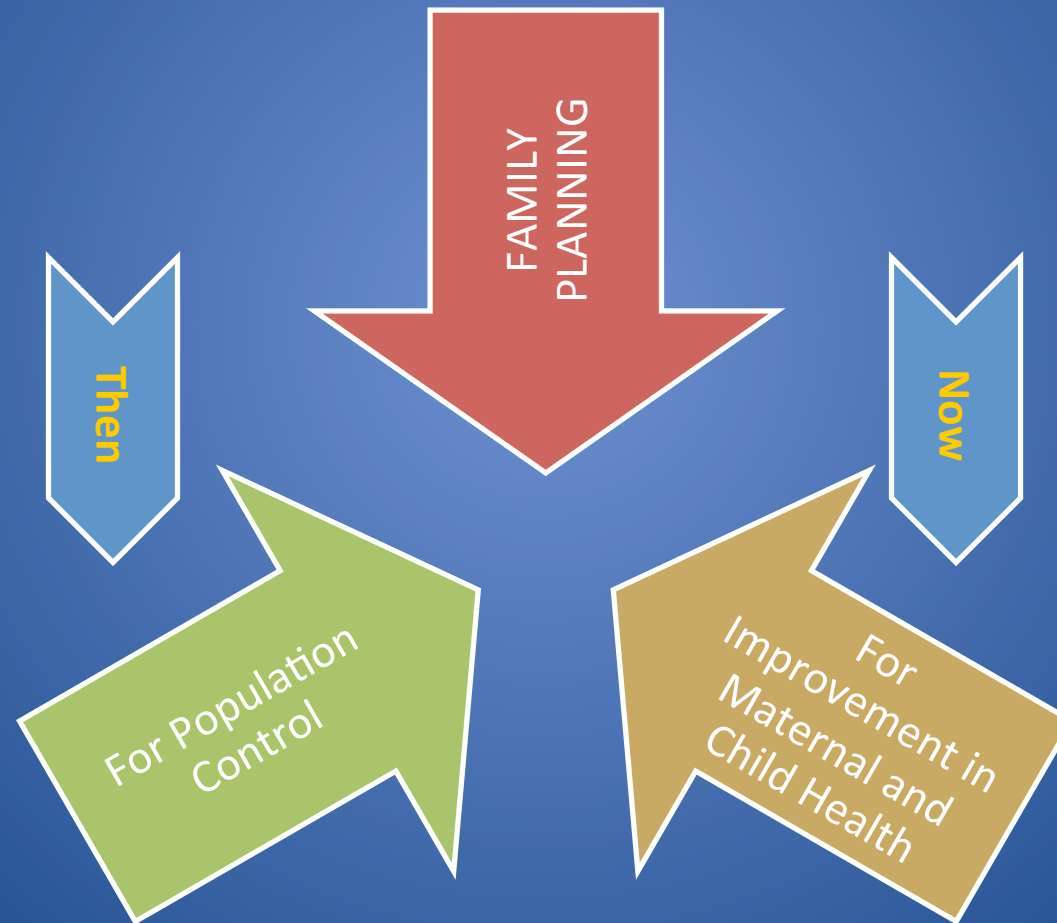


# Family Planning as priority

“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.....*



## 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

## PPIUCD SCALE UP in States

1. Delhi
2. Uttar Pradesh
3. Bihar
4. Madhya Pradesh
5. Assam
6. Tamil Nadu
7. Rajasthan
8. Andhra Pradesh
9. Jharkhand
10. Chhattisgarh
11. Gujarat
12. Maharashtra
13. Karnataka
14. Haryana
15. Uttarakhand
16. Orissa
17. Kerala
18. West Bengal
19. Sikkim
20. Manipur

## 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 1<sup>ST</sup> & 2<sup>ND</sup> 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

## Scheme evaluation

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.
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- 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**