The Family Planning Programme

Family Welfare Programme: The Family Welfare Programme was introduced in the State during the year 1956. The Family Planning programme in the State is currently focussed on population stabilization strategy and RMNCH+A strategy to reduce maternal, infant & child mortality and morbidity.

Family Planning approach is towards making people aware about their need and basket of choices to improve their birth spacing adequately. According to NFHS-IV, the **TFR** of the State has come down from **2.0 (NFHS-III)** to **1.6 (NFHS-IV).** In the state more and more younger eligible couples are opting for family planning methods to save themselves against the risk of unwanted pregnancy. State is below the replacement level of targeted TFR (2.1), thus more focus is towards spacing methods.

The use of modern contraceptive has been **increased** from **56.1 % (NFHS-I) to 66.3% (NFHS-IV 2015)** which shows the use of modern methods is on the rise among eligible couples due to basket of choices for contraception.

The median age at first marriage is 21.1 years among women age 25-49 years. Eight percent of women age 20-24 years got married before the legal minimum age of 18, down from 20 percent in NFHS-3 ie women in age 20-24 married before age of 18 yrs has **decreased from 19.7 % (NFHS-III)** to **7.6% (NFHS-IV).** The current total unmet need of Punjab is **6.2 (NFHS-IV 2015),** in which unmet need of spacing is **2.4 (NFHS-IV)** and unmet need of limiting **3.8 (NFHS-IV).**

Healthy spacing of 3 years (>36 months) improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth. **SRS 2016** data shows that in Punjab, spacing between two childbirths of 3 years (>36 months) is **51.0 %** as compared to national average of **51.9%** thus further stressing on the need to ensure spacing methods.

Punjab					
Indicator	**(NFHS-I) 1992-93**	**(NFHS-II) 1998-99**	**(NFHS-(III) 2005-2006**	**(NFHS-IV) 2015-2016**	**State Target by 2030**
MCPR (Modern Contraceptive rate)	**51.3**	**53.8**	**56.1**	**66.3**	**75% (As envisaged in SDG)**
Total Unmet need of FP %	**13**	**7.4**	**9**	**6.2**	

Objectives of Family planning:

The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2017, and NHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, SDG: Sustainable Development Goals).

Factors that influence population growth:

Factors influencing population growth can be grouped into following 3 categories-

Unmet need of Family Planning: This includes the currently married women, who wish to stop child bearing or wait for next two or more years for the next child birth, but not using any contraceptive method. The current total unmet need of Punjab is **6.2 (NFHS-IV), in** which unmet need of spacing **is 2.4(NFHS-IV)** and unmet need of limiting **3.8 (NFHS-IV).** Total unmet need of Family Planning is **12.9 (NFHS-IV)** in our country**.**

Age at Marriage and first childbirth: In Punjab women in age 20-24 married before age of 18 yrs is **7.6% (NFHS-IV) which has decreased from 19.7 %(NFHS-III**) In India 26.8% (NFHS-IV) of the girls get married below the age of 18 years. Delaying the age at marriage and first child birth could reduce the impact of population momentum on population growth.

Spacing between Births: Healthy spacing of 3 years improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth. **SRS 2016** data shows that in Punjab, spacing between two childbirths of 3 years (>36 months) **51.0 %** as compared to national average of **51.9%** thus further stressing on the need to ensure spacing methods.

Survey Data (NFHS & DLHS):

Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 2.1 as replacement value) and an increase in the general awareness of contraception is required.

As per NFHS-IV TFR for India is 2.2. The NFHS-IV Survey shows use any contraceptives among married women (15-49 years) is 53.5% and of modern method 47.8% (mCPR)

As per NFHS-IV TFR for Punjab is 1.6. The NFHS-IV Survey shows use any contraceptives among married women (15-49 years) is 75.8% and of modern method is 66.3% (mCPR)

NFHS-IV(15-16)	INDIA	Punjab
TFR	2.2	1.6
Any Method CPR	53.5	75.8
mCPR	47.8	66.3
Total Unmet Need	12.9	6.2
Women age 20-24 years married before age 18 years (%)	26.8	7.6
Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	7.9	2.6

Strategies:

Strategies under family planning programme in the country:

Policy Level	Service Level
Target free approach	More emphasis on spacing methods
Voluntary adoption of Family Planning Methods	Assuring Quality of services
Based on felt need of the community	Expanding Contraceptive choices
Children by choice and not chance	

Current family planning programme under public sector:

Spacing Methods	Limiting Methods
IUCD 380 A and Cu IUCD 375	**Female Sterilization:**
Injectable Contraceptive DMPA (Antara)	Laparoscopic
Combined Oral Contraceptive (Mala-N)	Minilap

Spacing Methods	Limiting Methods
Centchromen (Chhaya)	
Emergency Contraceptive Pill (Ezy Pill)	**Male Sterilization:**
Progesterone-Only Pill (POP)	No Scalpel Vasectomy
Condoms (Nirodh)	Conventional Vasectomy

Various methods, their service providers and service locations:

Family Planning Method	Service Provider	Service Location
SPACING METHODS		
IUCD 380 A, IUCD 375	Trained & certified ANMs, LHVs, SNs and doctors	Sub centre & higher levels
Oral Contraceptive Pills (OCPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels
Condoms	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels
EMERGENCY CONTRACEPTION		
Emergency Contraceptive Pills (ECPs)	Trained ASHAs, ANMs, LHVs, SNs and doctors	Village level Sub centre & higher levels
LIMITING METHODS		
Minilap	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels
Laparoscopic Sterilization	Trained & certified MBBS doctors & Specialist Doctors	Usually CHC & higher levels
NSV: No Scalpel Vasectomy	Trained & certified MBBS doctors & Specialist Doctors	PHC & higher levels

Thrust areas under family planning programme:

Emphasis on Spacing methods like IUCD and use of new contraceptives like Injectables DMPA (Antara), Centchromen (Chhaya)

Revitalizing Postpartum Family Planning including PPIUCD in order to capitalise on the opportunity provided by increased institutional deliveries. Strengthening community based distribution of contraceptives by involving ASHAs and focussed IEC/ BCC efforts for enhancing demand and creating awareness on family planning.

Increasing Postpartum (PPIUCD,PPS)and post abortion family planning(PAIUCD, PAS)

Ensuring fixed day static services at DH SDH and CHC levels.

Emphasis on minilap tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/surgeons.

A rational human resource development plan for IUCD, minilap and NSV be chalked up to empower the facilities (DH, CHC, PHC, SDH) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion

Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels Plan for accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP

Increasing male participation and promoting Non scalpel vasectomy

Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities be planned and budgeted

Strong Political Will and Advocacy at the highest level

Incentives:

Incentives for Limiting Methods:

- Rs. 1500 per case for Vasectomy in Private and Rs 1000 in Public.
- Rs. 1000 per case for Tubectomy in BPL cases
- Rs. 650 per case for Tubectomy for General Category

			Incentive (Rs)
Vasectomy		Beneficiary	1100
		Motivator	200
		Surgeon	100
		Paramedical/Camp Management	50
		Medicine	50
Tubectomy	**BPL**	Beneficiary	600
		Motivator	150
		Surgeon	75

		Paramedical/Camp Management	50
		Anesthetist	25
		Medicine	100
	General	Beneficiary	250
		Motivator	150
		Surgeon	75
		Paramedical/Camp Management	50
		Anesthetist	25
		Medicine	100

Incentives for Spacing:

Post-Partum Intra Uterine Contraceptive Device (PPIUCD) -State is promoting PPIUCD in a big way; Incentive of Rs 150 is given to the provider, for providing PPIUCD services. ASHA is given Rs.150 for mobilising the client (Rs 75 on insertion and Rs 75 on follow up) and compensation of Rs 300 is given to the client/beneficiary. (Started in State in 2017-18).

Home Delivery of Contraceptives (HDC) scheme - The free supplies of contraceptives are provided to all the health facilities. Incentive based ASHA workers are present at grass root level to facilitate supply of contraceptives (condoms, OCPs and ECPs) home to home. Incentive of Rs 1 for a packet of 3 condoms, Rs 2 for a pack of 1 EC pill and Rs 1 for a pack of Mala-N is given to ASHA under this scheme.

Ensuring Spacing at Birth (ESB) scheme-Under this scheme, services of ASHA to be utilized for counselling of newly married couples to ensure spacing of 2 years after marriage and couples with one child to have spacing of 3 years after the birth of 1st child. ASHA would be paid Rs 500/- for ensuring spacing of 2 years after marriage and Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child (Started in State in 2015-2016)

Post-Abortion Intra Uterine Contraceptive Device (PAIUCD) - State is focussing towards PAIUCD(within 12 days of spontaneous or induced abortion, not after MMA), to promote safe abortion service and reduce maternal mortality. Incentive of Rs 150 is given to the provider, for providing PAIUCD services. ASHA is given Rs.150 for mobilising the client and compensation of Rs 300 is given to the client. (Started in State in 2017-18)

Family Planning Indemnity Scheme (FPIS): It is uniformly applicable w.e.f 1st April 2013. It is in order to encourage people to adopt permanent method of Family Planning.It indemnifies all acceptors of sterilization and doctors conducting sterilization operation in both public and accredited private /NGO sector health facilities for unlikely events of death /complication /failure following sterilization operations.

Section	Coverage	Limits
SECTION I (A-D) : For Beneficiaries		
1A	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital	**Rs. 2 lakh**
1B	Death following sterilization within 8 - 30 days from the date of discharge from the hospital	**Rs. 50,000/-**
1C	Failure of sterilization	**Rs 30,000/-**
1D	Cost of treatment in hospital and up to 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge	**Actual not exceeding Rs. 25,000/-**

The Quantum of Compensation fixed under FPIS for Section A-D have been doubled .Notification date 3rd April 2019. All sterilization operations done after the date of notification ie 3rd April 2019 shall be eligible for double compensation.

Challenges:

- Lesser involvement of males in the processes of family planning leading to lack of comprehensive couple protection initiatives.
- Poor Acceptance of NSV in the community, which is more convenient and effective method.
- Promotion of Injectable contraceptive
- Lack of awareness in the community to the availability of emergency contraceptive method.
- Currently **11 RMNCH+A** counsellors are placed in the Districts and involvements of more RMNCH+A counsellors are needed in all the districts to counsel the eligible couples about FP methods. Total of 26 counsellors approved for PIP 19-20 (2 for Bathinda, Jalandhar, Patiala, and Ludhiana).

Objectives in PIP 19-20:

1. To increase the Modern Couple Protection Rate (MCPR) from **66.3% (NFHS-IV) to 75% by 2030** as envisaged in (SDG) Sustainable Developmental Goals
2. To bring down the unmet need spacing **2.4 (NFHS-IV)** and unmet need of limiting **i.e., 3.8 (NFHS-IV) f**or family planning to the lowest.
3. Promotion of Post Partum and Post Abortion IUCD (PPIUCD, PAIUCD).
4. Promotion of Post Partum and Post Abortion Sterilization (PPS, PAS)

CHHAYA Scheme - Tablet Centchroman is being distributed under the scheme. This is a newly launched contraceptives in the state, State level training have been already conducted for the master trainers and trainers in all districts. Roll out the scheme was in 2017-18. Centchroman (Ormeloxifene) is a non steroidal, non- hormonal once a week oral contraceptive pill. It acts as selective estrogen receptor modulator (SERM).

Key Points:

- Centchroman (Ormeloxifene) is safe and effective.
- Centchroman (Ormeloxifene) is safe for breast feeding women.
- Apart from prolongation of menstruation cycle in some women, it is not known to cause any side effects.
- One pill is taken twice a week for first three months, followed by once a week thereafter.

ANTARA Program - An Injectable contraceptive, Depot Medroxy Progesterone Acetate (DMPA) is a newly launched contraceptive in the state (February 2018). The inclusion of Injectables in the family planning programme will reduce unmet need for spacing and will provide an impetus to the endeavours for increasing modern contraceptive (mCPR) usage. Injectables have expanded the availability of family planning choices in the state and provide the beneficiaries with wider choices to meet their reproductive goals. It is a long acting reversible (synthetic progesterone) contraceptive. DMPA is a Progestogen-only Injectable (POI) given deep intra-muscular every three months (one dose = one vial of 150mg/1ml, aqueous suspension of DMPA). Lower dose MPA (104mg/0.65mL) administered by

subcutaneous (SC) route is therapeutically equivalent to the intramuscular formulation DMPA is a safe contraceptive. Like other progestogen-only contraceptives women who want a highly effective contraceptive can use it, including women who are breastfeeding or who are not eligible to use estrogen-containing combined oral contraceptives. Completely reversible: 7-10 months from date of last injection (average 4-6 months after 3 months affectivity of last injection is over. Suitable for breast feeding women (after 6 weeks postpartum) as it does not affect quantity, quality and composition of breast milk. Provides immediate postpartum (in non-breastfeeding women) and post-abortion contraception. A client who does not return for the next injection on the scheduled date (scheduled date is every 3 months/13 weeks) but comes for it within the grace period (grace period is 2 weeks earlier and upto 4 weeks later from the scheduled date).

Counselling: Counselling is a very essential component of Family Planning Services and is a client centred approach that involves communication between a service provider/counsellor and a client. Counselling enables the service provider to understand clients' perceptions, attitudes, values, beliefs, family planning needs and preferences and accordingly can guide him/her towards decision making. The provider/counsellor should be non-judgmental. Privacy (auditory and visual) and confidentiality should be maintained during the process of counselling.

To provide information to the women and her family about the essential maternal, new-born and family planning care and services that is available and is to be availed during and just after childbirth.

Dispels myths and misconceptions of the clients regarding the various family planning methods

Helps the clients to take informed decisions on accepting Family Planning methods