

National Family Welfare Program and National Population Policy



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National Family Welfare Program

- 1952: National Family Planning program launched
- 100% centrally sponsored program
- First country in the world





National Family Welfare Program

- Family Planning Dept.- created in 3rd FYP
- 4th FYP - integration of Family Planning services with MCH services
- MTP Act introduced 1972
- National Family Welfare Programme started in 1977



Objective

“Reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy”.

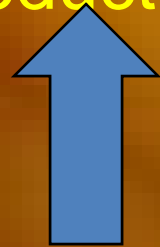


Stabilize Population



Targets as an "end"

Reduction in Births

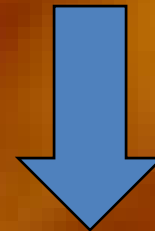


Administrative & Performance



Informed decision
client driven

Resentment, disownment
Quality



Approach

- **VII FYP**

- Area Development Projects
- India Population Project-VIII & IX
- India Population Project-VIII & IX
- Differential planning scheme
- Increasing involvement of NGOs
- UIP & CSSM
- TFA



Approach

- 1st and 2nd FYP- “Clinical”
- 2nd FYP - “Target approach”
- 3rd FYP – “Extension & Education” approach
- 4th FYP - Post Partum scheme, reduce CBR to 32

Approach

- 5th FYP – NFPP replaced by NFWP, reduce CBR to 30
- 6th FYP- Net Reproduction Rate (NRR) of 1, family size to 2.3
- 7th FYP - spacing methods, community participation and promotion of MCH care

Approach

- 8th FYP-stress on the involvement of NGOs to supplement and complement the Government efforts.
- 9th FYP stressed on reduction in population growth
- 10th FYP focused on reduction on IMR ,decadal growth rate & increased literacy rate

IX FYP

Indicator	If current trend continues	If acceleration envisaged in Approach Paper to the Ninth Five Year Plan is achieved.
CBR	24/1000	23/1000
IMR	56/1000	50/1000
TFR	2.9	2.6
CPR	51%	60%
NNMR	35/1000	
MMR	3/1000	

(Source: www.censusindia.net)

X FYP –

- Objectives:

- Reduction in the decadal rate of population growth between 2001 and 2011 to 16.2%;
- Increase in Literacy Rates to 75 per cent within the Tenth Plan period (2002 to 2007)
- Reduction of Infant mortality rate (IMR) to 45 per 1000 live births by 2007 and to 28 by 2012

X-FYP



- Population Policy
- NRHM
 - » IMR,MMR,TFR
 - » Unmet Needs- Increasing Contraceptive choices
 - » Male involvement
 - » Social marketing
 - » Private sector involvement
 - » Infrastructure strengthen
 - » Involvement of PRI
 - » IEC
 - » Training

XI FYP



- Targets

- Reduce IMR to 28 and MMR to 1 per 1000 live births
- Reduce TFR to 2.1
- Provide clean drinking water for all by 2009 and ensure that there are no slip-backs
- Reduce malnutrition among children of age group 0-3 to half its present level
- Reduce anemia among women and girls by 50% by the end of the plan

- Family planning insurance Scheme
- Jansankhya Sthirata Kosh



Goals: XI FYP

- Reducing MMR to 100
- Reducing IMR to 28
- Reducing TFR to 2.1
- Providing clean drinking water for all by 2009
- Reducing malnutrition among children of age group 0–3 to half its present level.
- Reducing anemia among women and girls by 50%.
- Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17.

Contraceptives

The National Family Welfare Program provides the following contraceptive services for spacing births:

- Condoms
- Oral Contraceptive Pill
- Intra Uterine Devices (IUD)

Terminal Methods:

- Tubectomy
 - i) Mini Lap Tubectomy
 - ii) Lapro Tubectomy

- Vasectomy
 - i) Conventional Vasectomy
 - ii) No-Scalpel Vasectomy

No. of beneficiaries of Sterilization



Period	No. of beneficiaries of Sterilizations in India		
	Male	Female	Total
2008-2009	250496	4756789	5007285
2009-2010	228378	4754170	4982548
2010-2011	255605	4951938	5207543
2011-2012 (Till 30.6.11)	17299	583903	601202

Source: State wise Progress, NRHM, India (www.mohfw.nic.in)



No. of beneficiaries of Sterilizations in Rajasthan

S. N.	Period	Target	Achieved	% Achieved
1	2006-2007	454665	288089	63.36%
2	2007-2008	457655	335029	73.21%
3	2008-2009	459569	356923	77.66%
4	2009-2010	471618	345900	73.34%
5	2010-2011	481248	338574	70.35%

Source: (Progress Report of Family Welfare Program ,Rajasthan)

Family Welfare Achievement in India

No. of Institutional Deliveries (In Lakh)		No of Full Immunized Children (in '000s)	
2008-2009	148.23	2008-2009	22454
2009-2010	162.22	2009-2010	23175
2010-2011	168.04	2010-2011	23653

Source: State wise Progress as on 30/06/2011, NRHM, India (www.mohfw.nic.in)

Family Welfare achievement in Rajasthan



Particular	Target	Achievement	% Achievement
Total Sterilization	481248	338574	70.35
IUD Insertions	458207	407122	88.85
Total OP Users	1231789	795327	64.57
Total CC Users	1452985	987507	67.96
ANC Registration	1931466	1869758	96.81
ANC Registration within 12weeks	1931466	853792	44.20
ANC Registration Who have received 3 checkups	1931466	1255982	65.03
TT(PW)	1931466	1576257	81.61
Full Immunization	1645258	1368591	83.18

Source: Progress Report of FWP&NRHM/RCH II (2010-11) Demographic Unit, Directorate of Medical, Health & Family Welfare services, Jaipur

Status of NSV: Rajasthan



Source: Pragati Prativaden 2010-11(www.rajswashya.nic.in)

Empowered Action Groups

- GOI constituted an EAG w.e.f. 20th March, 2001
 - To facilitate the preparation of area-specific programs,
 - With special emphasis on eight states
[Rajasthan, UP, Bihar, MP, Orissa,
Chhattisgarh, Jharkhand, Uttaranchal]



Strategies to be adopted to achieve the Goals Under XI FYP

- 1706 private nursing homes have been involved besides the Government institutions to provide family welfare services in the State. More number of unapproved private nursing homes will be approved to render Family Welfare services to the eligible couples.



- All the untrained DGOs, M.D (Obstetrics & Gynaecology), M.S. (Surgery) will be trained in Laparoscopic Sterilization. All the untrained MBBS doctors will be trained in tubectomy sterilization and Non Scalpel Vasectomy.
- At present 254 Operation theatres are functioning in the Primary Health Centres. Steps will be taken to make the Operation theatres in all the Primary Health Centres functional in a phased manner.

- Area specific approach will be adopted to identify village wise eligible mothers with three and above children and motivate them by a block level team to accept Family Welfare Sterilization.
- All the untrained VHNs and ANMs will be given training in insertion of IUD

Role of the EAG

- Ensuring appropriate policy development at the Centre,
- Provisioning for technical assistance to the member States,
- Addressing issues of coordination between member states and departments
- Deploying financial resources, as appropriate and feasible.



Family Planning Insurance scheme

- To encourage people to adopt permanent method of Family Planning
- Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages
- Implemented through ICICI Lombard General insurance Company
- Compensation: (w.e.f-07.09.07)
- Compensation in case of adverse event (w.e.f. January 1st, 2009)

Family Planning Insurance scheme:



Compensation: (w.e.f-07.09.07)

In Govt. facilities-

Category	Intervention	Acceptor	Motivator	Drugs	Surgeon	Anesthetist	Staff nurse	OT Att.	Refrashment	Camp mgt.
High focus states	Vasectomy (all)	1100	200	50	100	-	15	15	10	10
	Tubectomy(all)	600	150	100	75	25	15	15	10	10
Non high focus states	Vasectomy (all)	1100	200	50	100	-	15	15	10	10
	Tubectomy(BPL, SC/ST only)	600	150	100	75	25	15	15	10	10
	Tubectomy(APL only)	250	150	100	75	25	15	15	10	10

In Pvt. facilities

Category	Type of operation	Facility	Motivator	Total
High Focus States	Vasectomy (All)	1300	200	1500
	Tubectomy (All)	1350	150	1500
Non High focus states	Vasectomy (All)	1300	200	1500
	Tubectomy (BPL+SC/ST)	1350	150	1500

Source: Manual for family Planning Insurance Scheme, Dept.of Health& Family Welfare (www.mohfw.nic.in)



Quality of Family planning service

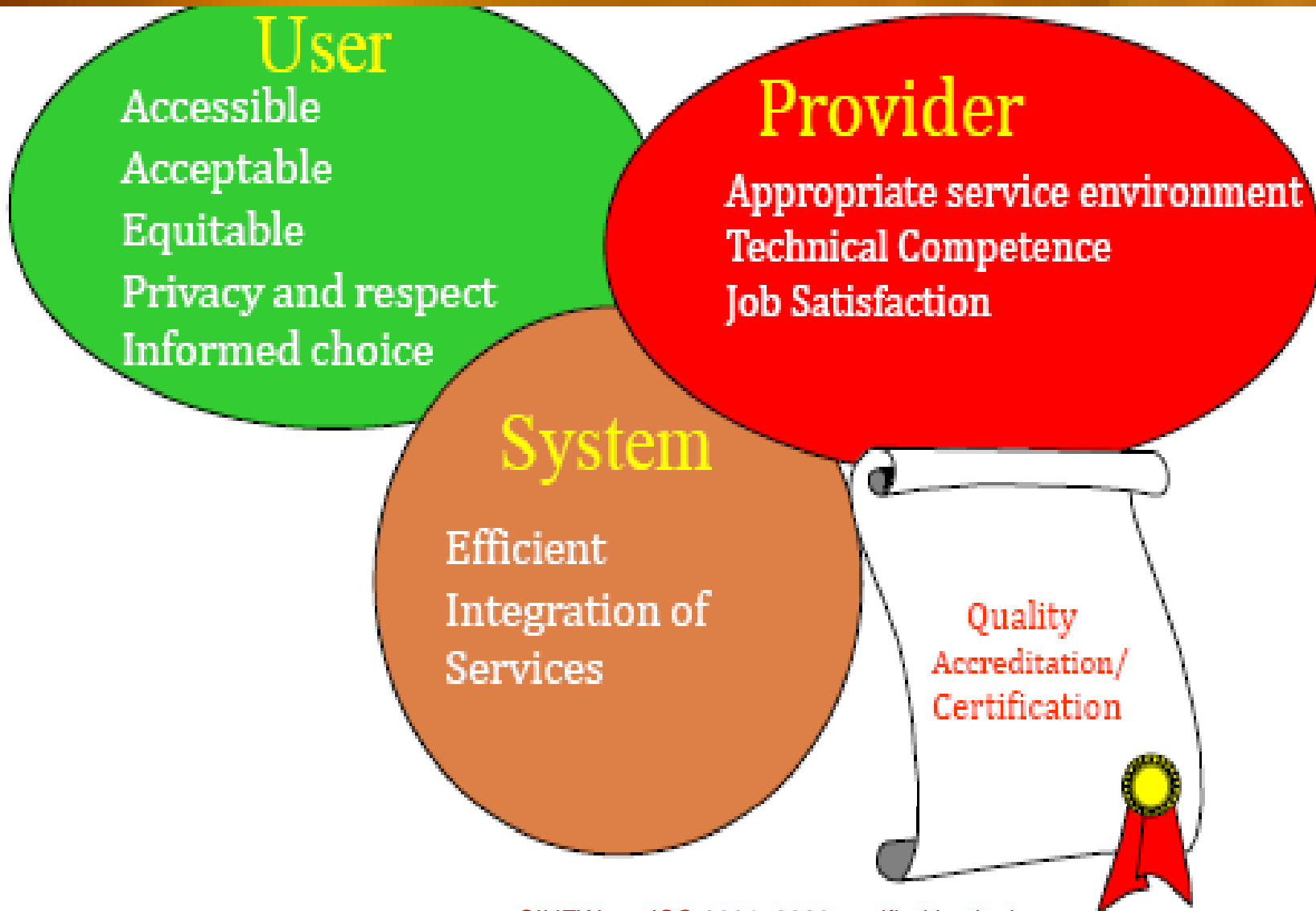
Quality in family Planning can be defined as offering a range of services that are safe and effective and that satisfy clients' needs and wants. It can also be defined as “the way clients are treated by the system.



Why Quality in FP?

- Family planning is not just a demographic issue
It is also an issue related to individual issue.
rights, socio-economic development,
preservation of the environment, and the health
and wellbeing of women, couples, families and
society at large.
- There is a huge unmet need for Family Planning
and improving Quality will increase the utilization
of services.

Dimensions of Quality Services





Strengthening Service Delivery in Family Planning

At Household/ Village Level

Services/ Activities

HH visits: by ASHAs, ANMs & VHNDs:

- ✓ Counseling
- ✓ FP services (OCs, Condoms, ECPs)
- ✓ Follow up of IUCD, sterilization & Postpartum clients
- ✓ Referral
- ✓ Community Mobilization

Areas to be strengthened

- ✓ Availability of IEC materials
- ✓ Capacity building & Role Clarity
- ✓ Incentives to ASHA
- ✓ Regular supervision
- ✓ Active participation of PRIs

Creating Role Models:

- “Jan Mangal” couples and “Prerna” Scheme by JSK in some districts of Rajasthan
- “NSV Champion” in Jharkhand

At Sub centre

Activities/Services

- ✓ Maintaining Eligible Couple Register
- ✓ Counselling and service provision during ANC, PNC & Immunization visits
- ✓ IUCD insertions
- ✓ Follow up services
- ✓ Referral Services
- ✓ Contraceptive supply, Support & Supervision of ASHA & AWW

Areas to be strengthened

- ✓ Facility readiness according to IPHS standards
- ✓ Training in IUCD (No – Touch Technique)
- ✓ Provision of IEC Materials
- ✓ Supportive supervision by LHV / MO PHC
- ✓ Strengthening Referral

At PHC

Activities/Services

- ✓ All FP services including Tubal ligation (interval & postpartum) & NSV
- ✓ Follow up services
- ✓ Counselling and appropriate referral for couples having infertility
- ✓ Training and supportive supervision of field level staff like ANMs, MPWs & ASHAs

Areas to be strengthened

- ✓ Ensuring availability of 24/7 Services as per IPHS
- ✓ Ensuring availability of trained personnel in Minilap/NSV/IUCD insertion
- ✓ Fixed Day Static Services for sterilization
- ✓ Regular supply of drugs,
- ✓ equipments & instruments
- ✓ Referral Services

At CHC

Activities/Services

- ✓ 24*7 specialist services
- ✓ All FP services including Laparoscopic Sterilization services
- ✓ Follow up services
- ✓ Training and supervision of field level staff
- ✓ Regular supply of drugs
- ✓ Diagnostic Services

Areas to be strengthened

- ✓ Up gradation as per Strengthening of counseling component
- ✓ Rational posting of specialists
- ✓ Operationalize District Clinical Training Centres
- ✓ Fixed Day Static Services for sterilization
- ✓ Strengthening of RKS
- ✓ Management of couples having infertility

Key Interventions for Improving Quality

- Integration of Family Planning with MCH services at various opportunities: ANC/PNC/Institutional delivery/Immunization/HIV counseling/Adolescent clinics/ Home visits/ VHND.
- Coordination among Department of Health, Directorate of Family Welfare and NRHM Programme Management Unit at various levels.
- Ensuring Availability of trained manpower and other resources at all levels.

- Advocacy at all levels on importance of FP for improving maternal and child health
- Quality assurance committee (QAC) to be constituted at all the States/ Districts level as per norms set in Quality Assurance manual and regular meetings to be held for assessing and ensuring the quality of services.
- Facility up gradation as per the IPHS.
- Comprehensive training plan for MCH & FP services

Quality Assurance

Quality Design

Policy & Goals- NPP, NHP, NRHM, MDG
Service Protocols/ Manuals/ Guidelines
Standardized Operating Procedures
Indemnity insurance scheme
Compensation for loss of wages

Quality Improvement

- Periodic Reviews/ Audit Remedial Actions
- Monitoring of progress of
- Remedial implementation,
- Program Evaluation

Quality Control

Supportive Supervision
Periodic Reports
Quality Assurance Committee HMIS
Nationwide Surveys



National Population Policy 2000

- **Immediate objective :**

To address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for **basic reproductive and child health care**

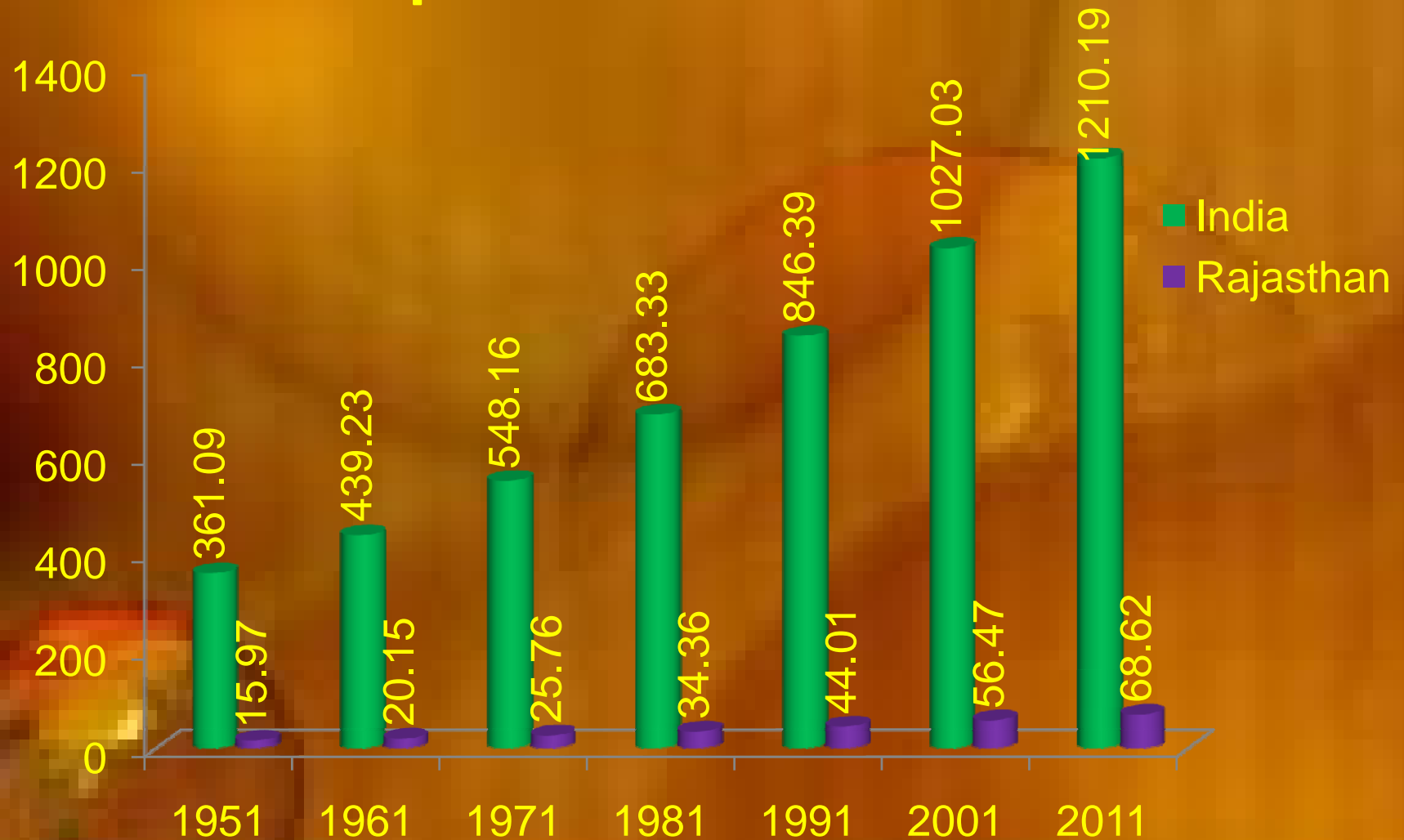
- **Medium-term objective:**

To bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies.

- **Long-term objective:**

To achieve a stable population by 2045

Population Growth



Source: Census of India / data in millions

Jansankhya Sthirata Kosh



- National Population Stabilization Fund -registered as an autonomous Society
- Combination of government and civil society
- Working to promote innovations
- Promote initiatives which leverage the strength of different economic and social sectors
- To reach out needy population groups

- Observation of World Population Day
- Prerna Awards at Dhaulpur and Jodhpur in Rajasthan and Nabarangpur in Orissa
- Working with the Private Sector Medical Specialists to enhance services for contraception.
- Induction of professional people
[NGOs, CII, FICCI, IASP, IPHA, IAP & SM, FOGSI etc]
- Material Development and display for IEC/BCC

Innovative Strategy under JSK “Prerna”



“Prerna” provides reward for specific parenthood

- Girl’s marriage after 19 years - Rs.5000
- First birth after 21 years - Rs.7000 (girl)
Rs 5000 (boy)
- 3 years gap between first and second child with sterilization of 1 parent after the 2nd child (Reward of Rs.7000/ if it’s a girl child & Rs 5000/ if it’s a boy)

Conditions for getting rewards



- Couple must belong to any of the 46 districts identified
- Must belong to BPL category
- Preference given to younger couples
- Only those couples who have completed registration of marriage and registration of the birth of each child
- The award shall be given in form of Kisan Vikas Patra in the name of Couple and will be given at a public function

“Santushti”

- Motivate private gynecologists to perform 100 tubectomy /vasectomy, doctors are paid according to already notified compensation rates (Rs 1500 per case)
- MOU is signed between the district CMHO and private facilities
- Funding is provided by JSK through the Collector and CHMO
- Initiated in Madhya Pradesh, Rajasthan and Orissa
- 64 MOUs and around 1600 sterilization operations [until Aug 09]

Measures for Population Stabilization

- A number of primary and secondary care facilities in the government sector are being geared to provide 'Fixed Day Services' (FDS) for sterilization.
- Compensation scheme for sterilization acceptors.

- Quality Assurance Committees (QACs) have been constituted in all the states and districts so that adequate standards of care are maintained in family planning services.
- A new and better IUD-T 380 A, which has ten-year effectiveness, has been introduced along with better training, both as a short and long term spacing method



Virtual Resource Centre (VRC)

- VRC is a virtual resource/documentation centre
- Provides access to films, posters, photos
- Subjects like anemia, gender, maternal and infant mortality, sex ratio, adolescent health, spacing etc.
- Media, Researchers, Students NGOs and General public has access to it
- Inter-university and school level quiz competitions



Case Study: An Auxiliary Nurse–Midwife Sets an Example for Family Planning

Seema Verma An auxiliary nurse-midwife posted at CHC. The 32-year-old mother of two daughters wants to help other women make an informed choice about family planning services just as she was able to do. When she was pregnant for the second time and looking for a viable, long-term family planning method to limit future pregnancies,

Seema received counseling by a visiting team. The team that counseled Seema explained the importance of using contraceptives after delivery to delay or prevent the next pregnancy, and told her about the copper-bearing IUCD, which can be inserted within 48 hours after delivery. As a result of this counseling, Seema chose to deliver her baby at Women's Hospital, so that she could get an IUCD immediately after the birth of her daughter, Ritika, who is now three months old.



For Seema, an IUCD was the best family planning choice because it was free under government policy, lasts for 10 years and could be inserted while she was still in the hospital. Moreover, she appreciates that she doesn't need to remember to take an oral pill every day. Seema was so enthusiastic about her family planning decision that while resting in the postpartum ward, she successfully counseled two other women who were sharing the room with her.

They, too, chose to have an IUCD inserted. Seema not only feels strongly that other women in her community can benefit from this method of family planning, she is also optimistic that it offers a promising future for her own two daughters. One of four children in a poor family, Seema struggled to finish her schooling and became the most educated member of her family



Thank You

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