

NATIONAL FAMILY WELFARE PROGRAMME

INTRODUCTION

India launched the National Family Welfare Programme in 1951 with the objective of "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy. The Family Welfare Programme in India is recognized as a priority area, and is being implemented as a 100% Centrally sponsored programme.

EVOLUTION OF FW PROGRAM

The approach under the programme during the First and Second Five Year Plans was mainly "Clinical" under which facilities for provision of services were created. However, on the basis of data brought out by the 1961 census, clinical approach adopted in the first two plans was replaced by "Extension and Education Approach" which envisaged expansion of services facilities along with spread of message of small family norm.

In the IV Plan (1969-74), high priority was accorded to the programme and it was proposed to reduce birth rate from 35 per thousand to 32 per thousand by the end of plan. 16.5 million couples, constituting about 16.5% of the couples in the reproductive age group, were protected against conception by the end of IVth Plan.

The objective of the V plan (1974-79) was to bring down the birth rate to 30 per thousand by the end of 1978-79 by increasing integration of family planning services with those of Health, Maternal and Child Health (MCH) and Nutrition, so that the programme became more readily acceptable. The years 1975-76 and 1976-77 recorded a phenomenal increase in performance of sterilisation. However, in view of rigidity in enforcement of targets by field functionaries and an element of coercion in the implementation of the programme in 1976-77 in some areas, the programme received a set-back during 1977-78. As a result, the Government made it clear that there was no place for force or coercion or compulsion or for pressure of any sort under the programme and the programme had to be implemented as an integral part of "Family Welfare" relying solely on mass education and motivation. The name of the programme also was changed to **Family Welfare from Family Planning.**

In the VI Plan (1980-85), certain long-term demographic goals of reaching net reproduction rate of unity were envisaged.

The Family Welfare Programme during VII five year plan (1985-90) was continued on a purely voluntary basis with emphasis on promoting spacing methods, securing maximum community participation and promoting maternal and child health care. The Universal Immunization Programme (UIP) was launched in 1985 to provide universal coverage of infants and pregnant women with immunization against identified vaccine preventable diseases and extended to all the districts in the country

The approach adopted during the Seventh Five Year Plan was continued during 1990-92. For effective community participation, Mahila Swasthya Sanghs(MSS) at village level was constituted in 1990-91. MSS consists of 15 persons, 10 representing the varied social segments in the community and five functionaries involved in women's welfare activities at village level such as the Adult Education Instructor, Anganwari Worker, Primary School Teacher, Mahila Mukhya Sevika and the Dai. Auxiliary Nurse Midwife(ANM) is the Member-Convenor. From the year 1992-93, the UIP has been strengthened and expanded into the Child Survival and Safe Motherhood (CSSM) Project. It involves sustaining the high immunization coverage level under UIP, and augmenting activities under Oral Rehydration Therapy, prophylaxis for control of blindness in children and control of acute respiratory infections. Under the Safe Motherhood component, training of traditional birth attendants, provision of aseptic delivery kits and strengthening of first referral units to deal with high risk and obstetric emergencies were being taken up.

To impart new dynamism to the Family Welfare Programme, several new initiatives were introduced and ongoing schemes were revamped in the Eighth Plan (1992-97). Realizing that Government efforts alone in propagating and motivating the people for adaptation of small family norm would not be sufficient, greater stress has been laid on the involvement of NGOs to supplement and complement the Government efforts.

Reduction in the population growth rate has been recognized as one of the priority objectives during the Ninth & Tenth Plan period. The strategies are:

- i) To assess the needs for reproductive and child health at PHC level and undertake area-specific micro planning.
- ii) To provide need-based, demand-driven, high quality, integrated reproductive and child health care reducing the infant and maternal morbidity and mortality resulting in a reduction in the desired level of fertility.

CONTRACEPTIVES

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

- a) Condoms
- b) Oral Contraceptive Pill
- c) Intra Uterine Devices (IUD)

Whereas condoms and oral contraceptive pills are being provided through free distribution scheme and social marketing scheme, IUD is being provided only under free distribution scheme. Under Social Marketing Programme, contraceptives, both condoms and oral pills are sold at subsidized rates. In addition, contraceptives are commercially sold by manufacturing companies under their brand names also. Govt. of India does not provide any subsidy for the commercial sale.

COPPER-T

Cu-T is one of the important spacing methods offered under the Family Welfare Programme. Cu-T is supplied free of cost to all the States/UTs by Govt. of India for insertion at the PHCs, Sub-centres and Hospitals by trained Medical Practitioners/trained Health Workers.

The earlier version of Cu-T 200 'B' (IUDs) has been replaced by Cu-T 380-A from 2002-03 onwards which provides protection for a longer period (about 10 years) as against Cu-T 200 'B' which provided protection for about 3 years only.

EMERGENCY CONTRACEPTIVE PILL (ECP) was introduced under Family Welfare Programme during 2002-03. The emergency contraceptive is the method that can be used to prevent unwanted pregnancy after an unprotected act of sexual intercourse (including sexual assault, rape or sexual coercion) or in contraceptive failure. Emergency Contraceptive is to be taken on prescription of Medical Practitioners.

TERMINAL METHODS

Under National Family Welfare Programme following Terminal/ Permanent Methods are being provided to the eligible couples.

A) TUBECTOMY

i) Mini Lap Tubectomy

ii) Lapro Tubectomy

Laparoscopic sterilization is a relatively quicker method of female sterilization.

B) VASECTOMY

i) Conventional Vasectomy

ii) No-Scalpel Vasectomy

It is one of the most effective contraceptive methods available for males. It is an improvement on the conventional vasectomy with practically no side effects or complications. This new method is now being offered to men who have completed their families. The No-Scalpel Vasectomy project is being implemented in the country to help men adopt male sterilization and thus promote **male participation** in the Family Welfare programme.

FAMILY WELFARE PROGRAMME IN THE PUNJAB STATE.

The Family Welfare Program was introduced in the Punjab State during the year 1956. The main objective of the programme is to reduce growth rate so as to stabilize the population at a level consistent with the needs and potential of national economy. Every year in the State approximately 4.95 lac Children are born and deaths count nearly 1.73 lac which result in the demographic increase of 3.22 lac persons. This rapid increase in the population is detrimental to all our progress efforts and is impeding the over all socio economic development of the State.

Earlier in order to reduce birth rate, targets were set for various family planning method to achieve the desired goal without taking into consideration the felt need of the people which leads to over reporting of service statistics and less quality care. During the year 1996-97 there was paradigm shift in the programme instead of calculating target at State/District headquarters, Target free Approach (TFA) now "Community Need Assessment Approach (CNAA) " was introduced in which expected level of achievement (ELA) in respect of various components of RCH at Sub-Centre and upwards are assessed on the basis of the felt needs of the people in consultation with the community and opinion leaders so as to provide choice and quality services.

Over the years of implementation the impact of the programme can be judged from the following demographic indicators.

		PUNJAB				INDIA	By
		1981	1991	2001	2008	2008	2010
	Indicators						(N.P.P)
1	Birth Rate (per 1000 Population)	30.3	27.7	21.2	17.3	22.8	21.0
2	Death Rate(per 1000 Population)	9.4	7.8	7.0	7.1	7.4	
3	Infant Mortality Rate (per 1000 Population)	81	58	52	41	53	<30
4	Expectation of Life at Birth (Years)	1981-85	1991-96	1999-03	2002-06	2002-06	
	Male	58.5	66.6	67.6	68.4	62.2	
	Female	57.9	66.6	69.6	70.4	64.2	
5	Total Fertility Rate (Average Children would be born per women)	4.0	3.1	2.4	2.0	2.7	2.1
6	Maternal Mortality Rate (per 1 lac birth)	-----	196	199 (1998)	192	254	100
7	Institutional Deliveries % age	24.8 (NFHS-I)	37.5 (NFHS-II)		63.3 (DLHS-III)	47	80
8	Couple Protected by any modern method.	57 (NFHS-I)	66.7 (NFHS-II)		69.3 (DLHS-III)	54.1	

As per District level Household Survey (DLHS-III) 2007-2008 nearly 69.3 % of the eligible couples are currently protected by various methods of family welfare. Had there been no family planning and if the effect of only terminal methods are considered the birth rate of State would have been 31.3/1000 instead of 17.3 as per 2008 SRS estimates. All these vital indicators are the outcome of family welfare services, which have been provided by the State,

						(Upto 09/09)
	Compensation to Sterilization Acceptors	166.00	268.99	610.24	849.80	387.64
	Sterilising Camps	10.41	7.50	9.78		
	NSV Camps	2.37	1.93	1.86		
	Health Education Camps	9.33	5.93	5.86		
	NSV Acceptors	120.41	17.69	14.51		
	NSV Training	1.43	-	-		
	NSV Publicity	1.24	-	-		
	IUD Insertion	13.43	53.01	4.25		
	Cash Incentives SC/BPL Women	-	17.47	11.73		
		342.62	372.52	658.23	849.80	387.64
	At State H.Q.	4.25	13.92	-----	8.02	0.22
	Total Expenditure	328.87	386.44	658.23	857.82	387.86