

India's Family Planning Programme and National Policies

India was the first country in the world to formulate a **National Family Planning Programme** in 1952. The primary focus then was on reducing fertility and growth rate. Over the decades, the programme traversed through policy and programme transformations, and is currently repositioned not only to achieve population stabilisation but also to meet maternal and child health, adolescent health and nutrition related goals.

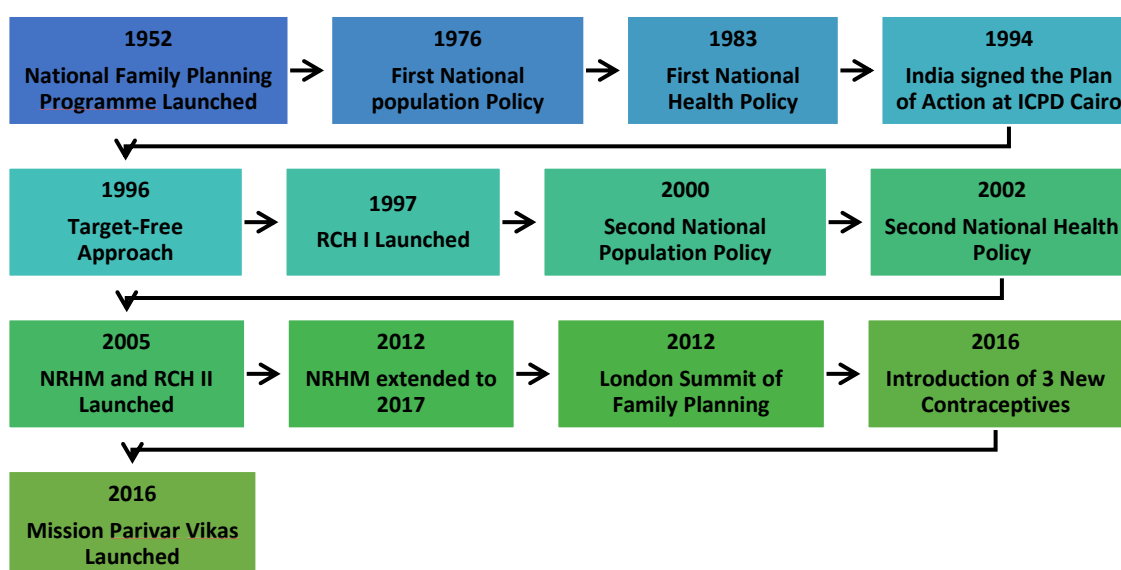
In 1976, the country came up with its first **National Population Policy (NPP)**, underpinned by the primary assumption that population explosion was a result of poverty and must be addressed for the country's development¹. India announced the subsequent NPP in 2000. The basic tenets of the NPP aligns with the Program of Action (POA) of the International Conference on Population and Development (ICPD), which emphasises on improving the quality of life as the means to achieve population stabilisation². The current NPP calls for a comprehensive approach to population stabilisation and addressing the social determinants of health, promoting women's empowerment and education, a target-free approach, encouraging community participation and ensuring convergence of service delivery at the community level. Social factors such as age at marriage, age at first birth and education of girls for maternal and infant wellbeing find prominent place in the NPP along with promoting a basket of contraceptive choices.

The first **National Health Policy (NHP)** in 1983 underlined the 'progressive realisation' of health as a basic human right³, which led to the expansion of primary healthcare infrastructure in the country⁴. The NHP was further revised in 2002 and later in 2017. The key aim of the NHP 2017 is to deliver universal, comprehensive primary healthcare and strengthen public health systems through greater investment, improved healthcare services, prevention of diseases and promotion of good health, access to technologies, building human resources, better financial protection, among other things⁵.

The NHP notes the importance of population stabilisation and addressing unmet for family planning while articulating the need for improved access, education and empowerment of women as the basis for achieving this. This affirms the alignment of the NPP 2000 with aspirations of the NHP 2017.

The Ministry of Health and Family Welfare (MoHFW), Government of India is the nodal agency for overseeing the implementation of the **Family Planning Programme** and ensuring compliance with the national policies. The family planning (FP) programme focuses on ensuring access to reproductive health information and services, and enabling women and men to make reproductive choices. The objectives, strategies and activities of the Family Planning Division of the MoHFW are in line with the goals and objectives of various policies including NPP 2000, NHP 2002 and NHP 2017 and complement India's global commitments like ICPD, Sustainable Development Goals-SDG, FP2030 and others⁶.

Figure 1: Family planning programme trajectory in India



There are three important milestones in the FP Programme in the recent past i.e. launch of Mission Parivar Vikas (MPV)⁷, introduction of new contraceptives and Family Planning Logistics Management Information System (FP-LMIS)⁸, which define the shape and scope of the current FP Programme.

The Mission Parivar Vikas (MPV) was introduced in 2016 to increase access to contraceptives and family planning services in 146 districts across 7 high focus states (Bihar, Uttar Pradesh, Chhattisgarh, Rajasthan, Jharkhand, Assam, Madhya Pradesh) having Total Fertility Rate of 3 and above.

The FP programme has several promotional schemes such as:

- Nayi Peהל Kit: A family planning kit for the newlywed couple.
- Saas Bahu Sammelans: It facilitates and encourages communication between young married women and their mothers-in-law, to freely discuss matters related to family planning and reproductive health.
- Saarthi: Family planning mobile van offering information and services at community doorstep.
- Observation of Vasectomy Fortnight for promotion of male engagement in family planning.

In 2016, nearly after two decades, the basket of choice for contraceptives was expanded with three additional spacing methods - Centchroman, Progestin Only Pills (POPs) and Injectable Contraceptive - Medroxyprogesterone Acetate (MPA). This was a much-required step as the current basket did not offer many spacing methods which cater to the needs of a large cohort of young people in the country. In addition, FP-LMIS was also introduced in 2017 with the objective to streamline the supply of family planning commodities at all levels of service delivery.

¹ National population policy. Yojana. 1983 Jan 26;27(1-2):55-6. PMID: 12312003.

² https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

³ Sundararaman, T. (2017). National Health Policy 2017: a cautious welcome. Indian J Med Ethics, 2(2), 69-71. <https://ijme.in/articles/national-health-policy-2017-a-cautious-welcome/?galley=html>

⁴ Health and Family Welfare. Chapter 30. MOSPI.

⁵ https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf

⁶ <https://main.mohfw.gov.in/sites/default/files/Annual%20Report%202020-21%20English.pdf>

⁷ http://www.nhmmp.gov.in/WebContent/FW/Scheme/Scheme2017/Mission_Parivar_Vikas.pdf

⁸ <https://fplmismohfw.in/IMCS/hissso/Login.fp>