



AN UPDATE ON NEW

FAMILY PLANNING

Methods and schemes for ASHA

UPDATING THE ASHA on new methods for family planning

In Module 7, you were taught about the need for family planning among various groups and the different methods of contraception. Government of India approved new contraceptive methods for service provision at government health facilities to increase the choices available to women in the community. In this update, you will learn about these contraceptives:

1. Single rod subdermal contraceptive implants.
2. Hormonal contraceptive injection called Medroxyprogesterone Acetate (MPA) (under Antara Programme).
3. Non-hormonal contraceptive pills called Centchroman (under the brand name Chhaya).

Remember that when you counsel the couple or individual regarding contraceptives, you must understand the needs of the couple or individual.

We will first discuss the following:

SUBDERMAL CONTRACEPTIVE IMPLANT (SINGLE ROD)

Implant is a hormonal contraceptive for women that provides protection from pregnancy for 3 years. It is a small flexible rod about the size of a matchstick, placed under the skin of the upper arm of the woman. It should be inserted by a trained provider (MBBS doctor and above) at the designated health facility. Once inserted, it does not require any action by the woman.

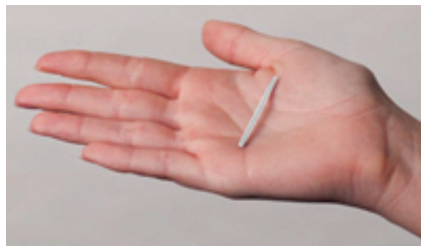


Figure 1: Single rod subdermal contraceptive Implant

Who can use Implant?

- Women of any age, including adolescents, even women over 40 years, irrespective of whether they have children or not.
- Unmarried women of reproductive age group.
- Women who are breastfeeding (immediately after delivery).
- Women who had an abortion or miscarriage.
- Women who have anemia now or in the past.
- Women infected with HIV, whether on antiretroviral therapy or not.

What are the benefits of Implant?

- Safe and highly effective method.
- Insertion / removal is a walk-in procedure and once taken, it is effective for 3 years. Hence there is better compliance.
- Completely reversible with early return to fertility.
- Does not interfere with sexual intercourse / pleasure.
- Does not require any laboratory investigation prior to insertion.
- Can be used by women who are not able to take hormonal contraceptive pill like Mala-N.
- Can be taken by women having high BP and sugar after consultation with doctor.
- Safe for breastfeeding women: does not alter quantity or quality of milk (can be inserted immediately after delivery).
- Protects against ectopic pregnancy.
- Prevents anaemia, by reducing menstrual flow.

Effects of Implant:

Some women may experience:

- Changes in menstrual bleeding pattern, such as irregular, prolonged / heavy bleeding, or amenorrhea. These changes are temporary, not harmful and will return to normal once the method is stopped.
- Headache
- Weight gain
- Mood changes
- Abdominal pain

Limitations:

- Requires a minor surgical procedure for insertion / removal by a trained provider.
- Does not protect from RTIs / STIs including HIV / AIDS.
- May be visible under the skin.

Where can women get Implant inserted and how is it inserted?

ASHA may contact the nearby health facility for information about implant services. Once a client receives the implant, ASHA should follow up regularly with the client to understand any changes and concerns the client may have, and remind her of the instructions and care explained by the provider after insertion. ASHA should explain to her about the implant card and its importance. The client should be told about the details of the type of implant and the month and year when the implant should be removed.

Dose and site: Implant rod is inserted below the skin in the upper arm.

Post-insertion advice:

After the woman gets the implant inserted, she should be counseled on the following things:

- The insertion site should be kept dry and clean for at least 2 days, to prevent chances of infection. After 2 days, the outer bandage may be removed.
- The puncture site will heal in 3–5 days and then, the inner dressing can be removed after 5 days.
- The client can resume her routine work immediately; the only caution is to avoid repeated touching of the insertion site or applying unusual pressure or carrying heavy load for 5 days.
- Some swelling or bruising may be experienced for a few days at the insertion site, which is normal.
- Return to the facility anytime in case of any side effects / problems or if she wants the implant to be removed.

Follow up care after insertion:

- Contraceptive implant users do not require a routine return visit to the health facility until it is time to replace the implant, i.e., after 3 years of insertion. However, you should encourage the client to visit the facility at 6 weeks and 3 months after insertion to review her menstrual pattern and address concerns, if any. The client can also come back anytime if she has any questions or concerns, or wants the rod removed for any reason, or wants to switch to any other method.

- Once a woman in your community gets the implant inserted, your role as an ASHA is to do periodic follow-up visits to address her anxieties and concerns. This can minimize the number of dissatisfied clients, thus helping them continue the method.
- The client receives an implant card in the health facility after insertion. This card contains details of the implant inserted (date of insertion, due date of removal, site of insertion, etc.), expected changes and its management, etc. As an ASHA, ensure availability of the implant card with the client and explain to her that it is important to retain the card for removal of implant at the designated facility.

What to do if the woman reports side effects following the insertion?

Implants are generally very safe, and side effects are usually mild and mostly related to changes in menstrual bleeding pattern.

- Menstrual changes: If the client reports irregular, prolonged or heavy bleeding or no bleeding, reassure and counsel the client that this is common and not harmful.
 - If bleeding persists or is troublesome, recommend a follow-up visit to the health facility.
 - If there is no bleeding soon after implant insertion, rule out pregnancy. If she is pregnant, refer her for removal of the implant.
- Other side effects, such as headache, breast tenderness, mood changes: Reassure the client and if she is concerned, recommend a follow-up visit to the facility.
- Problem related to insertion: If there is any sign of infection, such as discharge / redness / pain at the insertion site, or if the rod is coming out of the insertion site, advise the client to meet the provider and visit the health facility immediately.

Reasons to return:

Each client should be assured that she is welcome to return to facility at anytime if she has questions or problems or if:

- She has pain, swelling, pus or redness at the insertion site that becomes worse or does not go away, or if she sees the rod coming out.
- She has decided to have the rod removed because:
 - Three-year duration of the implant is over;
 - She wants the implant to be removed for any reason;
 - She wants to have a baby;
 - She has any problems with the method that worry her;
 - She wants to switch to another contraceptive method; or
 - She thinks she might be pregnant.

Removal and re-insertion:

- Implant is effective for 3 years and must be removed thereafter by a trained provider at designated health facilities.
- After removal, the woman is no longer protected from pregnancy.
- If the woman wants to continue with the method, a new implant can be inserted at the same time.

When will the woman get pregnant after removal?

There is an early return of fertility after implant removal. The menstrual pattern also returns to normal once the implant is removed.

Role of ASHA:

- Develop a list of women with unmet need for spacing methods and identify eligible couples in her area.
- Educate and counsel them regarding all available methods, including newer methods, and support them in accessing the services as per their choice.
- Maintain a list of women who have adopted implants
- Follow up with the client periodically and address her anxieties and concerns.
- If the client still has concerns about the effects, encourage her to visit the provider / health facility where the implant was inserted.
- Counsel her regarding the changes in her menstrual bleeding pattern. She may have irregular / prolonged bleeding in the beginning and later, it may stop altogether. Reassure her that changes are normal, and this is how the method works. This does not mean that anything is wrong. Lack of bleeding or no bleeding is also normal and is the same as that happens after childbirth. Normal menstrual pattern will resume soon after stopping the method.
- Help the client in visiting the health facility for removal / replacement of implants after 3 years

THE INJECTABLE CONTRACEPTIVE (MPA)

MPA is a hormonal contraceptive injection for women that provides protection for 3 months with a single dose. This contraceptive is available in government health facilities under the Antara programme. It prevents pregnancy over a long period of time and helps in achieving spacing between children.

It can be administered by a trained provider (doctor, CHO, nurse, ANM) in the public health facility. However, the first dose must be given under the supervision of a trained doctor with MBBS degree and above only.



Figure 2: Injectable contraceptive MPA

Who can use Injectable contraceptive MPA?

- Women of any age, including adolescents and women over 45 years old, irrespective of whether they have children or not.
- Unmarried women in reproductive age group.
- Women who recently had an abortion or miscarriage.
- Women who are breastfeeding (it can be started as early as 6 weeks after childbirth).
- Women who are HIV-infected, irrespective of whether they are on medication or not.

What are the benefits of MPA?

- Requires to be taken only once in 3 months, no hassle of taking daily.
- It is a private and confidential method.
- Can be used by women who are not able to take hormonal contraceptive pills – Mala-N / Mala-D, etc.
- Safe for breastfeeding mothers as it does not affect the quality and quantity of milk (can be started at 6 weeks of delivery in breastfeeding women and at 4 weeks after delivery in non-breastfeeding women).
- Can be taken safely as a post-abortion contraceptive (within 7 days of completion of abortion).
- Does not interfere with sexual intercourse / pleasure.
- Reduces menstrual cramps (in some cases).
- It causes changes in the menstrual cycle, sometimes by stopping the monthly bleeding, which is not harmful. This actually takes care of anaemia by reducing menstrual blood loss.
- Does not interfere with any medicine.
- Protects from uterine and ovarian cancer.
- Protects against ectopic pregnancy.
- Does not require any laboratory investigation before starting the method.

Effects of MPA:

Some women could experience the following:

- Menstrual irregularities – Irregular bleeding, prolonged heavy bleeding or amenorrhea
- Weight gain
- Headaches
- Mood changes

Limitation:

- It does not provide protection from HIV and RTI / STI.
- Return of fertility takes 7–10 months from the date of last injection.

Where can women get MPA and how should it be taken?

Women who decide to start taking MPA require repeat injections every 3 months. You know from previous trainings that it is important to use contraceptives regularly. MPA is available at the government health facilities where providers have been trained in providing the method. Once a woman in your community starts using injectable contraceptive MPA, your role as an ASHA is to follow up with the woman to understand if she has any side effects, to remind her when the next dose is due, and to motivate her to visit the health facility for the repeat dose where a trained provider is available.

Dose and site: The intramuscular variety of injection may be given in the upper arm, buttocks or thigh in the muscle, and subcutaneous variety of injection may be given in the upper arm, abdomen or thigh under the skin, as per the client's preference.

Schedule: One injection provides protection from pregnancy for at least 3 months. It is best to take the injection exactly 3 months after the previous dose. However, it can be taken upto 2 weeks before or 4 weeks after the scheduled date of next dose.

Post-injection advice: After the woman gets the injection, she should be cautioned not to massage or apply any fomentation (hot or cold) to the injection site.

Just like you have details of all the women in your community who are on any method of contraception, you should help every woman who receives MPA injection to get an MPA card. The card should have information about the details of the woman, including the dates of current dose and the next due dose. Every client should be encouraged to carry this card to the facility where repeat doses are given. This card helps in remembering the date of next dose, addresses misconceptions related to the method, and enlists warning signs when the client must report to the health facility. The counterfoil of this card is maintained at the facility providing the first dose of injectable MPA.

MPA CARD (Antara Program)
(To be kept in client's possession)

Client Card (To be issued to client)

Intersessional/Injections (Tick the type of MPA administered)

OPD/IPD Number: _____

Name of Facility: _____

Client's Name: _____

Client's Address: _____

Tel. No.: _____

Client's Age: _____ Parity: _____

Date of Last Child Birth/Abortion: _____

Family Planning Method used earlier (Tick)

Condom [] IUCD [] Not used []

Instructions for clients

Once taken it is effective for 3 months
Return on scheduled date as decided with the provider

After injection Do not massage injection site
Do not pinch the skin at the injection site

MPA does not affect breast milk.
MPA does not affect future pregnancy however some women may take 7-10 months to conceive after injection.
There are some menstrual changes which are not harmful.
Use backup method (like condom) if injection is taken after 7 days of menses.

Contact health provider to following conditions:

- Irregular bleeding or menorrhagia
- Abnormal weight gain
- Headache
- Wound swells

Injection No.	Date of Injection	Side Effect
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Figure 3 : MPA client card

MPA CARD (Antara Program)
(To be kept in facility's possession)

Intersessional/Injections (Tick the type of MPA administered)

OPD/IPD Number: _____

Name of Facility: _____

Client's Name: _____

Client's Address: _____

Tel. No.: _____

Client's Age: _____ Parity: _____

Date of Last Child Birth/Abortion: _____

Family Planning Method used earlier (Tick)

Condom [] IUCD [] Not used []

MPA Must Know Instructions for Provider

- Each injection gives protection for 36 days (3 months). Decide on next date of injection with client.
- MPA does not affect breast milk.
- MPA does not cause infertility. Women can become pregnant after 7-10 months of last injection.
- Menstrual irregularities are normal while using MPA and are not dangerous.
- Do not massage injection site.
- Do not give hot fomentation at the injection site.
- Ask the client to use a backup method if menses is gone after 7 days of menses, provide condoms to such client.
- Ask the client to report in following conditions:
 - Irregular bleeding or amenorrhoea
 - Abnormal weight gain
 - Headache
 - Wound swells

Injection No.	Date of Injection	Side Effect
1		
2		
3		
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Figure 4: Facility section (counterfoil) on MPA card kept at the health facility

Follow up care for Injectable contraceptive MPA:

Some of the major reasons for discontinuation of MPA injection by women are forgetting the date of next injection, losing motivation to continue, or not being able to cope with the side effects, etc. Therefore, your role is very important in supporting all women who start MPA to continue with the method and reassuring them about the side effects during follow-up.

1. A client coming for the next dose after 3 months on the scheduled date:

- Encourage the client to keep visiting the health facility on time for the next injection (as per the date given on the MPA client card) if she wants to continue with the method.
- Discuss the alarming signs (like prolonged or heavy bleeding that does not subside within few weeks) and tell her when to report to the health facility.
- Discuss if she has any side effects. If yes, reassure her / refer her to the nearest health facility.

2. A client coming for the next dose within the grace period (up to 2 weeks earlier or 4 weeks later from the scheduled date):

- Counsel the client on the importance of taking the subsequent injections on the scheduled date (as per the date given on the MPA client card). Remember that if the client has come 2 weeks earlier / 4 weeks later than the scheduled date, the date of the next injection would be calculated as exact 3 months from the last dose.
- Discuss the alarming signs (like prolonged or heavy bleeding that does not subside within few weeks) again and tell her when to report to the health facility.
- Discuss if she has any side effects. If yes, reassure her or refer her to the nearest health facility.

- In case the woman does not want to continue with the method, help her to choose another method.

3. A client coming after the grace period / not returning for subsequent dose:

- Counsel the client on the importance of taking the subsequent injections on the scheduled date (the client would be considered as a new client if she comes after the grace period).
- Discuss the reasons for not returning on time for subsequent doses.
- Discuss if she has any side effects. If yes, reassure her or refer her to the nearest health facility.
- In case the woman does not want to continue with the method, help her to choose another method.

Role of ASHA:

- Maintain the list of women who opt for MPA as a contraceptive option.
- Discuss the importance of follow-up visits with the clients and remind them just before the due date to go to the facility.
- Visit women taking MPA injection at least once a month to discuss their experiences with the method and reassure them regarding their concerns. If the clients are very concerned about side effects, motivate them to consult the ANM or the doctor who has given the injection.
- One concern that women may have is related to the changes in the menstrual cycle. These include irregular or heavy bleeding. Some women may complain that their monthly bleeding has stopped. Tell them that these changes are normal. They need to be told that the periods may completely stop because that is the way the method works and is not harmful. Reassure the women that the menstrual cycle will restart when they decide they want to get pregnant again and discontinue the contraceptive.

“It may be explained in the following way to the client, “Every month a woman’s body prepares for conception. An egg is released, and the uterus also prepares to nurture the baby. Hence, the inner lining of the uterus becomes thick and soft as it gets more blood supply. If she does not conceive that month, this inner lining of blood is thrown out of her body as menstrual flow. This is repeated every month, causing menstrual cycles. With MPA, the monthly preparation for pregnancy in woman’s body does not occur. There is no release of egg or thickening of inner lining of uterus. The menstrual cycle gradually comes to a stop after irregular bleeding for some time.”

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CENTCHROMAN (CHHAYA) - WEEKLY PILLS

The second contraceptive that you will learn about in this update is Centchroman (Chhaya pills).

Centchroman is an oral contraceptive pill that does not contain any hormone. It is available in the market in some places as 'Saheli' tablet. However, in the public health facilities, it is available under the brand name of 'Chhaya' to benefit more women, free of cost. The non-hormonal Chhaya pills come in a strip of 8 tablets, which need to be taken only twice a week for the first 3 months and once a week from 4th month onwards.



Figure 5: Centchroman (Chhaya)

Who can use Centchroman (Chhaya)?

- Centchroman (Chhaya) can be safely used by all women once it is confirmed that they are not pregnant.
- Can be used by women of any age, including those who are unmarried or who do not have children.
- Women who had side effects with Mala-N / Mala-D can also opt for this method.
- It can be used by postpartum women who are breastfeeding as soon as they feel comfortable after delivery but before 4 weeks. Centchroman does not affect quantity, quality and composition of breast milk.

What are the benefits of Centchroman (Chhaya)?

- Chhaya causes less bleeding during the monthly period, and also makes the interval between two menstrual cycles longer. This is beneficial for anaemic women.
- Can be adopted as postpartum (earlier than 4 weeks of delivery) or post-abortion contraception (within 7 days of completion of abortion).
- It does not impact the quality or quantity of milk.
- Woman can become pregnant immediately after discontinuing the method.
- Women who are not recommended to use hormonal method can use this method.
- No interference with sexual intercourse / pleasure.

Effects of Chhaya pills:

Chhaya has very few side effects. In a few women, there may be delay in periods in the first 3 months or scanty periods over time.

Limitations:

- It does not protect from HIV and RTI / STI.
- Every client should be screened by a trained provider before starting Centchroman, just like other oral pills.

Where can women get Centchroman (Chhaya) and how should it be taken?

It is available in all public health facilities. It would also be a part of your ASHA kit, so you may distribute to the clients using it. However, the first dose can be provided only after proper screening at a health facility by a trained provider (doctor, CHO, SN, LHV, ANM).

Schedule: Centchroman (Chhaya) is to be taken twice a week for the first 3 months and once a week from the 4th month onwards.

To begin the use of Chhaya, the woman is advised to take the first pill on the first day of period (which is the first day of bleeding) and the second pill three days later (on the 4th day of bleeding). This pattern of days are repeated through the first 3 months.

Starting from the fourth month, the pill is to be taken once a week on the first pill day and should be continued on the weekly schedule regardless of her menstrual cycle.

Table 1: Schedule of Centchroman

If the first day of pill is taken on	First 3 months	After 3 months
Sunday	Sunday and Wednesday	Sunday
Monday	Monday and Thursday	Monday
Tuesday	Tuesday and Friday	Tuesday
Wednesday	Wednesday and Saturday	Wednesday
Thursday	Thursday and Sunday	Thursday
Friday	Friday and Monday	Friday
Saturday	Saturday and Tuesday	Saturday

What should be suggested to clients in case of 'missed pills'?

You should tell the woman that if she forgets to take the pill, she should take the missed pill as soon as she remembers that it has been missed. If she misses taking the tablet by 1–2 days (less than 7 days), she should take the missed pill as soon as she remembers and

continue the normal schedule. In addition, she should use a backup method like condom till next periods, just to ensure complete protection.

If she forgets to take pills by more than 7 days, then the current pack should be discarded, condoms should be used till she has her monthly bleeding and then she should start taking a new pack like a new user; that is, twice a week for first 3 months followed by once a week thereafter.

Role of ASHA:

- Undertake regular follow-up visits to the women who choose to use Chhaya.
- If the woman complains of any changes in the duration and amount of bleeding during menstrual cycle, reassure her that these are temporary changes and will subside with regular intake of pills.
- If there is a delay in the menstrual cycle by over 15 days, then you should help the woman in testing for pregnancy.
- Support the woman to remember the schedule of taking Chhaya.
- Maintain line listing of eligible couples who require spacing.
- Record all relevant information like name, address and contact number.
- Maintain a monthly record of contraceptives distributed to each couple.
- Submit the record of distribution of contraceptives on a monthly basis to the ANM.

POST-ABORTION FAMILY PLANNING

Now we will learn about post-abortion family planning:

What is the importance of post-abortion family planning?

Many women die of abortion or abortion-related complications in India every year. Repeated abortions affect the health of women. They also affect the pregnancy outcome of the next pregnancy (increased chances of stillbirth, low birth weight, mortality). Post-abortion family planning is important for women to end the cycle of repeated pregnancies. Post-abortion family planning enables women to use a contraceptive method after they have had an abortion to prevent unintended pregnancy again and have recommended spacing of at least 6 months between abortion and the next pregnancy. If a woman does not begin to use contraception immediately after having an abortion, she can conceive as early as within 10 days of abortion.

Which contraceptive methods can be used in the post-abortion period and when?

All available contraceptives under the National Family Planning Programme can be provided in the post-abortion period.

Table 2: Timing of initiating contraceptive methods in the post-abortion period

S.No.	Method	Surgical abortion	Medical abortion
1	Post-abortion female sterilization	With abortion procedure or within 7 days post-abortion	After first menstrual period post-abortion
2	Post-abortion IUCD	Within 12 days of completion of abortion (if no injury / infection)	
3	Combined oral contraceptive pills	Immediately or within 7 days post-abortion	
4	Centchroman pills	Immediately or within 7 days post-abortion	
5	Injectable contraceptive MPA	Immediately or within 7 days post-abortion	
6	Contraceptive Implant	Within 7 days after completion of abortion	
7	Condoms	As soon as sexual activity resumes	
8	Male sterilization	Anytime	

Please note: After an abortion, any method can be initiated after proper screening by a doctor.

What is to be done during follow-up care?

You have already learnt about the follow-up care of each method after a woman in your community begins to use a method. This is the same for any woman using contraception after an abortion. You should maintain the list of women who opt for post-abortion family planning. Just as you would for a woman using any other method, you should undertake regular follow-up visits, and reassure the woman about her anxieties or concerns. If necessary you should motivate the woman to visit a trained provider so that she can feel reassured about continuing the method. This will enable her to maintain healthy birth spacing between children.

SCHMES FOR ASHA UNDER NATIONAL FAMILY PLANNING PROGRAMME

1. HOME DELIVERY OF CONTRACEPTIVES BY ASHA

Under this scheme, ASHA delivers the contraceptives at the doorstep of the clients as per the need. The contraceptives include Nirodh (condoms), Mala-N (combined oral contraceptive pills), Chhaya pills (Centchroman) and Ezy pill (emergency pills).

Coverage of the scheme: The scheme is applicable uniformly all across the country.

Role of ASHA in implementing the scheme in the community:

- ASHA would make a list of all the eligible couples of village and the preferred contraceptive method of each couple. This data of eligible couples should be updated regularly and shared with the sub-centre and PHC.
- ASHA would deliver the preferred method of choice at the doorstep of the beneficiaries.
- ASHA should indent using FPLMIS to replenish her contraceptive stock every month from the sub-centre / PHC / block (as per the existing system established by the state). Monthly meetings could be one of the opportunities to receive contraceptive stocks every month.

2. ENSURING SPACING AT BIRTH SCHEME

Under this scheme, the ASHA would counsel newly married couples to delay the birth of the first child for two years after marriage and counsel couples with 1 child to have spacing of 3 years between the 1st and 2nd childbirth. For this, ASHA would be given incentives as per the following:

- a) Rs.500/- to ASHA for delaying the birth of the first child for two years after marriage.
- b) Rs.500/- to ASHA for ensuring spacing of 3 years between the 1st and 2nd childbirth.
- c) Rs.1000/- to ASHA in case the couple opts for permanent limiting method after 2 children.

Coverage of the scheme: The scheme is under implementation in 18 focus states of the country, viz. eight EAG states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand), eight NE states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) and the states of Gujarat and Haryana. Additionally, in seven other states, only spacing components [i.e., a) and b)] are applicable. These states are: Andhra Pradesh, Telangana, Karnataka, Maharashtra, West Bengal, Punjab, and Daman and Diu.

ASHA is eligible for the above incentives if:

- ASHA counsels the couple on the benefits of spacing between children and limiting family size.
- ASHA prepares and updates the list of the following and gets them certified by ANM /MO.
 - a) Newly married couples, along with date of marriage in her register.
 - b) Couples with 1 child / women pregnant with the 1st child, along with date of birth of the first child. Production of birth certificate is mandatory.

- c) Couples with 2 children / women pregnant with the 2nd child, along with date of birth of the child.
- Use Nishchay kit (pregnancy test kit) to confirm the pregnancy status of the woman.
- Regularly submit the information to MO and ANM who would certify the information for ASHA incentives.

3. PREGNANCY TESTING KIT (NISHCHAY KIT)

Under this scheme, ASHA would regularly collect Nishchay kit from the sub-centre / PHC / block (as per the existing system of the state) and provide it to the women in her community for detection of pregnancy.

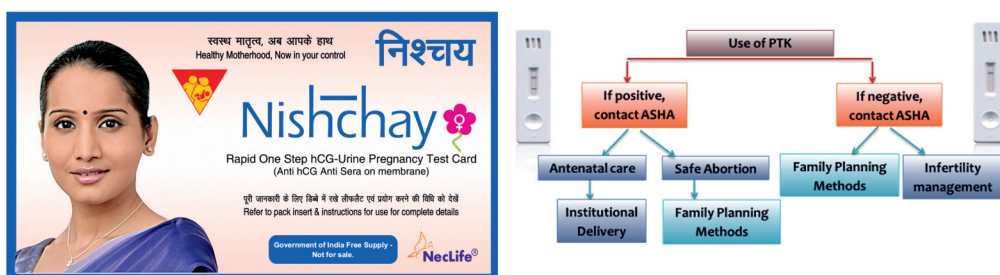


Figure 6: Pregnancy testing kit (Nishchay kit)

- If the test is positive:
 - a) Woman wants to continue pregnancy: Refer the woman for ANC registration and check-up.
 - b) Woman does not want to continue pregnancy (wants to terminate pregnancy): Refer the woman to the service provider for safe abortion services and offer PAFP choices.
- If the test is negative:
 - a) Woman does not want to get pregnant: Counsel for family planning methods, provide contraceptive pills / condoms or refer to the health facility for IUCD / sterilization procedure.
 - b) Woman wants to get pregnant: Refer the woman to the service provider (for screening of RTI / STI or treatment of infertility, as the case may be).

Coverage of the scheme: The scheme is applicable uniformly all across the country.

Role of ASHA:

- ASHA should inform women about the availability of Nishchay kit.

- ASHA should counsel the women regarding the advantages of early detection of pregnancy.
- ASHA should provide the Nishchay kit to the client for early detection of pregnancy and tell her how to use the Kit.
- She should also tell the client how to read the pregnancy test results. ASHA may help and conduct the test for clients who are not able to understand how to read the results on their own.
- ASHA should refer the client, as per client's need and pregnancy test results.

Role of ASHA in generating demand for family planning services:

ASHA should ensure following activities in their community:

- Prepare a line list of all eligible couples as well as pregnant women in her village.
- Counsel the couple for adoption of appropriate contraceptive method in interval / postpartum / post-abortion period.
- Counsel the couple on the benefits of healthy spacing between children and limiting family size.
- Inform the client about the availability of family planning services in the health facilities.
- Escort the client to the health facility if the client chooses to adopt PPIUCD / PAIUCD / sterilization services.

Coverage of the scheme: This scheme is applicable throughout the country.

ASHA is eligible for incentives for:

- 1) Motivating the client for sterilization services (as per the Revised Compensation Scheme / Enhanced Compensation Scheme).
- 2) Motivating and escorting clients to the health facility for facilitating for PPIUCD / PAIUCD insertion. ASHA is eligible for Rs 150/- insertion/client. The client is also eligible for an incentive of Rs 300/- for PPIUCD / PAIUCD insertion.

Mission Parivar Vikas (MPV):

The Government of India has launched Mission Parivar Vikas (MPV) in 2016 for improving access to contraceptives and family planning services in selected 146 districts in seven high focus states namely Uttar Pradesh, Chhattisgarh, Madhya Pradesh, Rajasthan, Assam, Bihar and Jharkhand. Based on its success in 146 districts, later in 2021, this was extended to the remaining districts of seven MPV states and additionally to all districts of six NE states namely Nagaland, Arunachal Pradesh, Meghalaya, Tripura, Manipur and Mizoram.

Promotional schemes under Mission Parivar Vikas:

1) Nayi Pahel kit: To promote family planning among newly married couples, Nayi Pahel Kit would be given to newlywed couple by the ASHA. This kit contains samples of short-acting contraceptives, promotional materials and information leaflets on contraception, copy of marriage registration form, and suggestive hygiene and grooming items. The purpose of the kit is to promote family planning and counsel newlywed about the importance of delay for the first child, and ensure availability of choices of contraceptives like Nirodh, Chhaya, Mala-N, and also Nishchay PTK and emergency pill.

Role of ASHA in distribution of Nayi Pahel kits:

- Provide a tentative estimation of kits required.
- Distribute the kits to newly married couple.
- Maintain the record of the kits received and distributed.
- Place demand for Nayi Pahel kits as and when required.

ASHA is eligible for an incentive of Rs 100/- for distribution of Nayi Pahel kit per newlywed couple

2) Saas Bahu Pati Sammelan: Saas Bahu Pati Sammelan is aimed to facilitate improved communication between mothers-in-law, daughters-in-law and husbands through interactive games and exercises and building on their experiences to bring about changes in their attitudes and beliefs about reproductive and sexual health.

Saas Bahu Pati Sammelan would be organized at the sub-centre level, where ASHA will mobilize mothers-in-law, daughters-in-law and their husbands to these Sammelans.

Role of ASHA in conducting Saas Bahu Pati Sammelans:

- Prepare the list of mothers-in-law and daughters in-law in their catchment area.
- Motivate and mobilize pairs of mothers-in-law and daughters-in-law (beneficiaries) and their husbands to these Sammelans.
- Follow up with the mothers-in-law for motivating their daughters-in-law for adoption of family planning methods.
- Identify champion mothers-in-law and take their support in creating awareness and motivating others in their community.
- Maintain record of Sammelans conducted in the ASHA diary.

ASHA is eligible for an incentive of Rs 100/- for mobilization for Saas Bahu Pati Sammelan.

3) Motivating client for injectable MPA:

In the MPV districts, service providers are being trained up to the sub-centre level to provide Antara MPA injectable to eligible women. To promote Antara, ASHA is eligible

for Rs 100/dose/client for injectable contraceptive MPA. The client is also eligible for an incentive of Rs 100/- per dose.

4) Motivating client for PPIUCD and PAIUCD services

ASHA is eligible for an incentive of Rs 150/- for motivating and escorting clients to the health facility for facilitating for PPIUCD / PAIUCD insertion/client. The client is also eligible for an incentive of Rs 300/- for PPIUCD / PAIUCD insertion.

5) Motivating clients for sterilization

ASHA receives incentives for motivating the client for sterilization services. (as per the Revised Compensation Scheme / Enhanced Compensation Scheme).

Key guidelines for ASHA in promoting Family Planning services during and post COVID-19 pandemic:

- During the multiple home visits as a part of COVID-19 duties, these home visits may be clubbed / utilized for effective counselling on contraception and distribution of Nishchay PTK and contraceptives like condom, Mala-N, ECP and Chhaya.
- Existing family planning clients using short-acting methods (condoms, Mala-N and Chhaya) should be provided extra supplies (at least 2 months' supply).
- Any woman seeking emergency contraceptive pills must be provided with the Ezy pills strip along with counselling for adoption of regular methods of contraception.
- New clients seeking oral contraceptive pills may be screened by the ANM / CHO at the health facility / VHSND / at home (by ANM) before initiating the method.
- Give information of the clients suffering from any issue / complications to the nearest facility from where teleconsultation may be provided. It may be done through online telemedicine portals E.g., e-Sanjeevani (National Teleconsultation Service) or State telemedicine portals, etc.
- Pregnancy testing kits may be provided to eligible couples, and its use may be explained to overcome undue stress of unwanted pregnancy.
- The distribution of Nirodh / Mala-N / Chhaya / Ezy pills / Nishchay PTK kit to the client may be updated in FP-LMIS through 'issue to client' (mobile app) or 'update stock' (keypad mobile) features of the FPLMIS.
- Social distancing and other COVID-appropriate behaviour must be practised at all times while distributing contraceptives in the community.
- Disseminate information in the community to call the toll-free helpline number 1800-116-555 for reliable, confidential and authentic information on family planning. This can be accessed from anywhere in India from 9 am to 6 pm, except on national holidays.



Family Planning Division
Ministry of Health & Family Welfare
Government of India