

# Strengthening Provision of Family Planning Information, Commodities and Services through Community-based Interventions in Ranchi and Hazaribagh Districts of Jharkhand, 2023-24



Organisation-Mamta Health Institute for Mother and Child  
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## Background

- Family Planning Vision 2030 : Create an enabling environment for all women and girls to make own informed decisions for using contraception and having children.
- Actions for India emphasize on overcoming challenges of a) teenage pregnancies (addressing child marriages), b) low male participation and c) ensuring access to modern contraceptives

Indicators	India	Jharkhand
TFR (Overall)	Total-2.0 Urban-1.63; Rural-2.14	Total-2.3 Urban-1.6; Rural-2.48
TFR in tribal community	2.09	2.26
Total unmet need for FP (%)	9.4	12
Total unmet need for FP in tribal community (%)	9.2 (4.5 for spacing and 4.7 for limiting)	12.6 (4.8 for spacing and 7.8 for limiting)
Women married before the age of 18 years (%)	23.3	32 Ranchi-20.9; Hazaribagh-39
Adolescent girls (15-19 years of age) started early child bearing (%)	6.8	9.8 Ranchi-5.5; Hazaribagh-10.9
Health workers talked about family planning to non-contraceptive users (%)	23.9	29.1 Ranchi-33; Hazaribagh-20

## Barriers for access to Family Planning

### Health System level

- FLW community outreach lacks focus on newly married, low-parity couples and people with disabilities.
- FLWs have limited skills in FP communication, counselling, and managing side-effects.
- Social norms restrict sexuality education for unmarried youth; newlyweds face pressure to prove fertility early.
- FP education excludes protected tribal communities.

### Community level

- Sociocultural norms and beliefs
- Preference for natural and traditional remedies, Ojhas and traditional healers
- Child Marriage and Dhuku system puts underage girls at high risk for unplanned, mistimed, unwanted pregnancies.
- Population living with disability find access difficult.

## Approaches for Strengthening Community Processes

Capacity building of FLWs (focus on IPC and couple counselling)

Sectoral-collaboration & Community partnerships (promoting FP access)

Reaching the last mile population for FP Services & uptake of modern contraceptives

(Adolescents, young newly-wed, low parity couples, eligible couples)

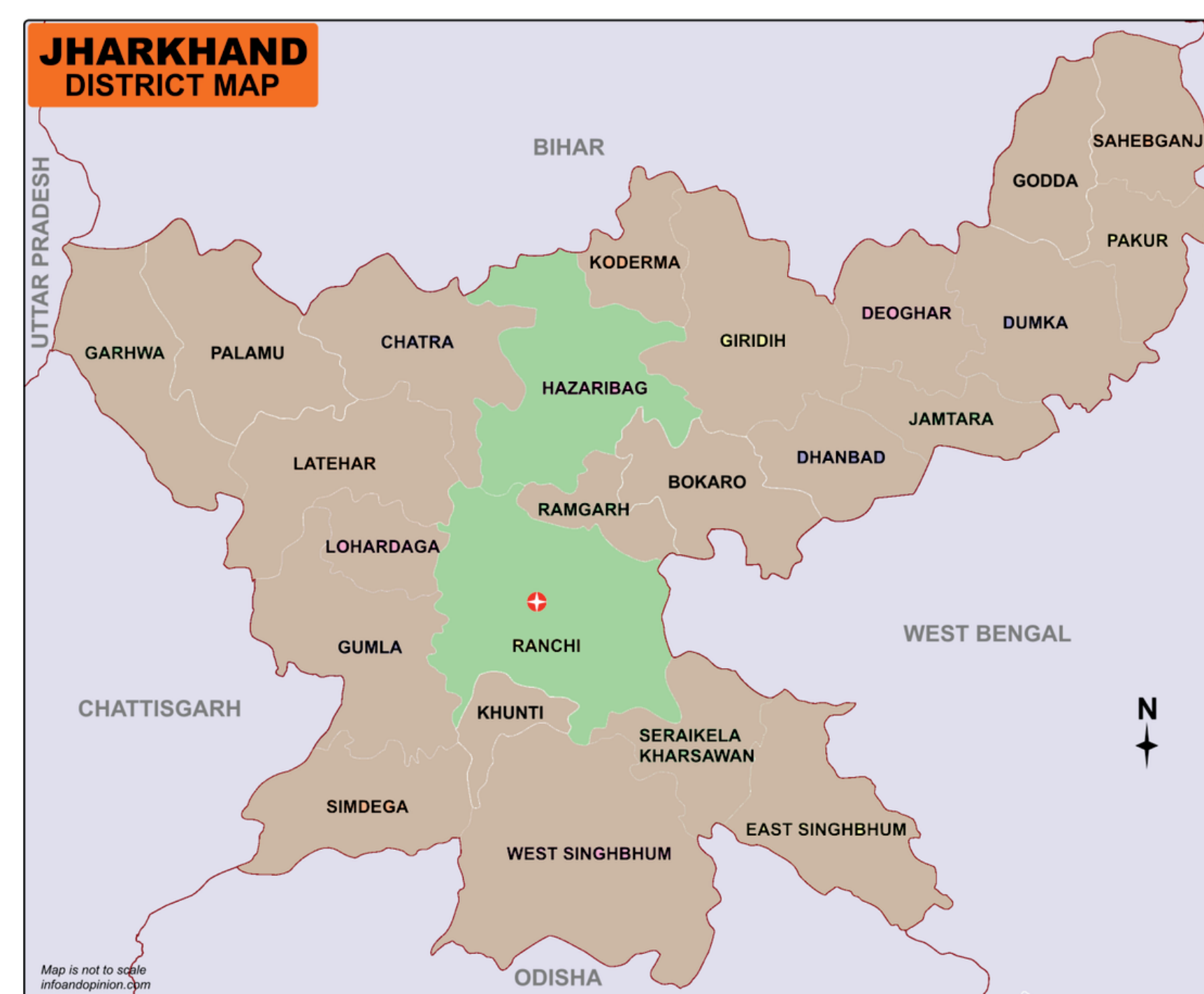
Promoting FP with Gender transformative dialogue & mid media

Social and Disability Inclusion (supportive supervision to ASHAs)

## Location

- 5 Health blocks in two districts.  
 % of Tribal population in 15-49 age group
- Ranchi, 55% in Angara, 60% in Mandar, 48% in Ratu
  - Hazaribagh, 11 % in Bishnugarh and 26 % in Churchu

Six major tribes inhabit Ranchi



## Target Population

Adolescents, men, women in reproductive age group with focus on newly married, low parity eligible couples

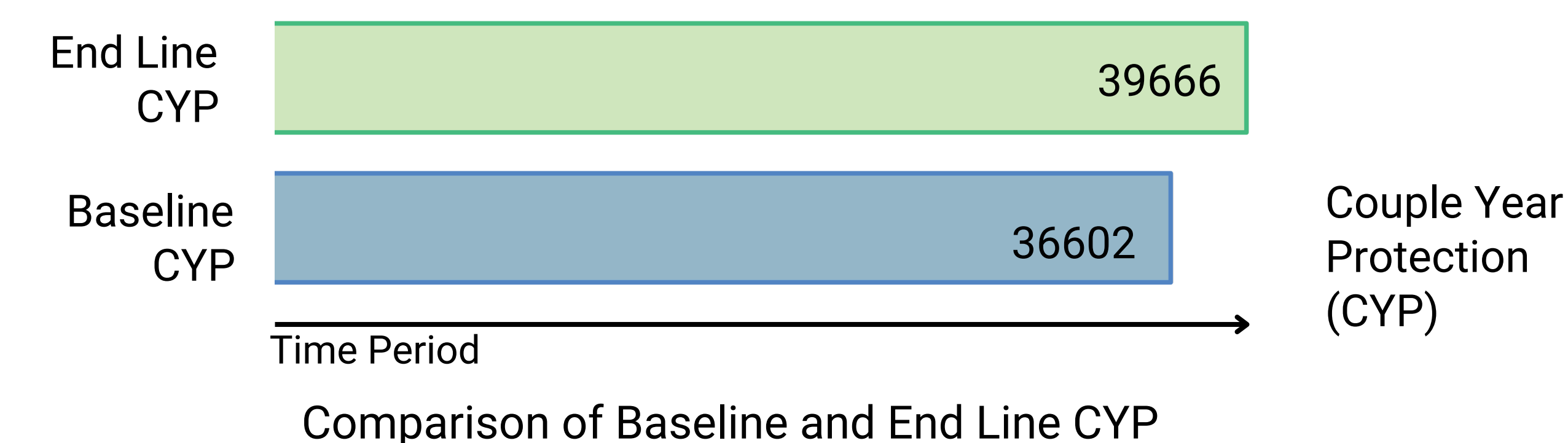
### Stakeholders

- Frontline Workers (FLWs) in the public health system, department of women and child development, and key community stakeholders (Panchayati Raj Members, Women Self-Help Groups, Rural Health Practitioners, Alternative medicine practitioners, Traditional Healers, Religious Leaders.
- Composite regional Centre for empowerment of Persons with Disabilities, and partnership with the Disability Alliance, other CSOs.

## Project Reach

- Trained:** 84 Master Trainers, 242 CHOs/ANMs/MPWs, 205 ASHA Facilitators, 892 ASHAs (135 mentored on disability inclusion).
- 327 persons with disabilities identified and counselled appropriately.
- Oriented:** 53 Sector Supervisors (DSW), 60 Cluster Resource Persons (SRLM), 277 Gram Pradhans (PRI) on FP and inclusion.
- ~10,000 community stakeholders (SHGs, elected reps, healers, rural practitioners) oriented. 404 young volunteers engaged.
- Supported:** 272 VHNDs, 45 Parivaar Kalyan Diwas, 66 Saas Bahu Samellans, 18 Swasthya Melas, 74 haat bazaar drives, 105 special-day events.
- Reached 41,000+ people** (31,000 women, 9,000 men, 948 PWDs) via direct outreach.

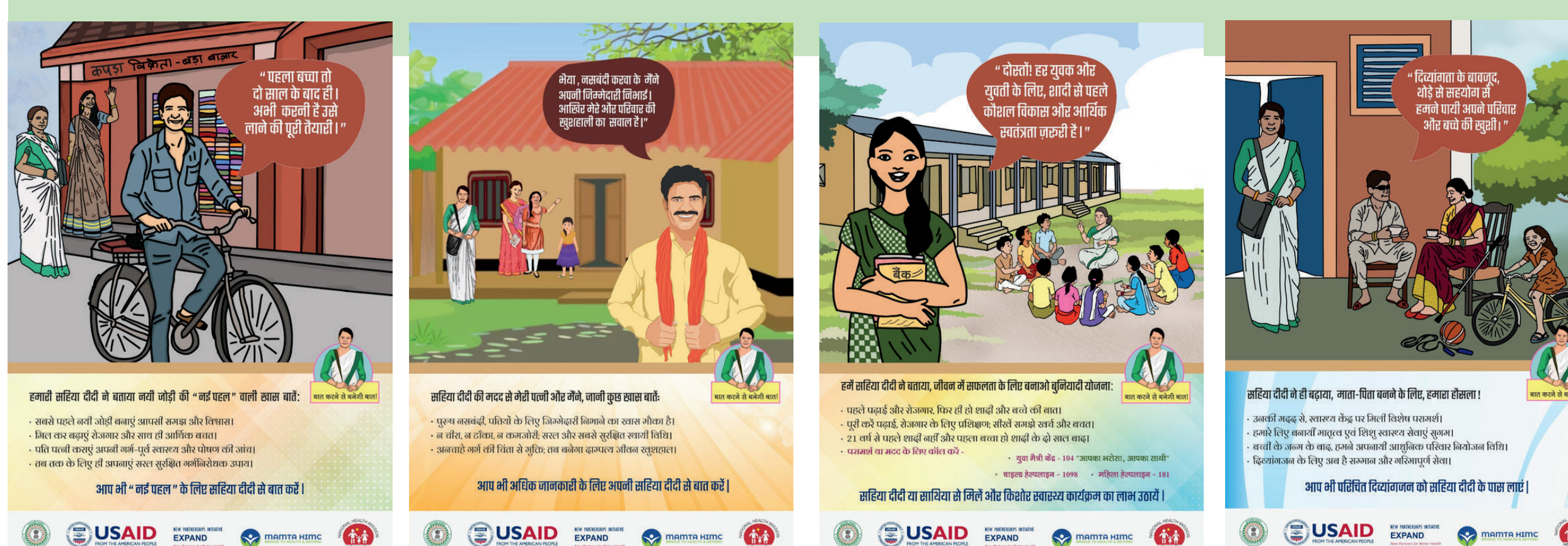
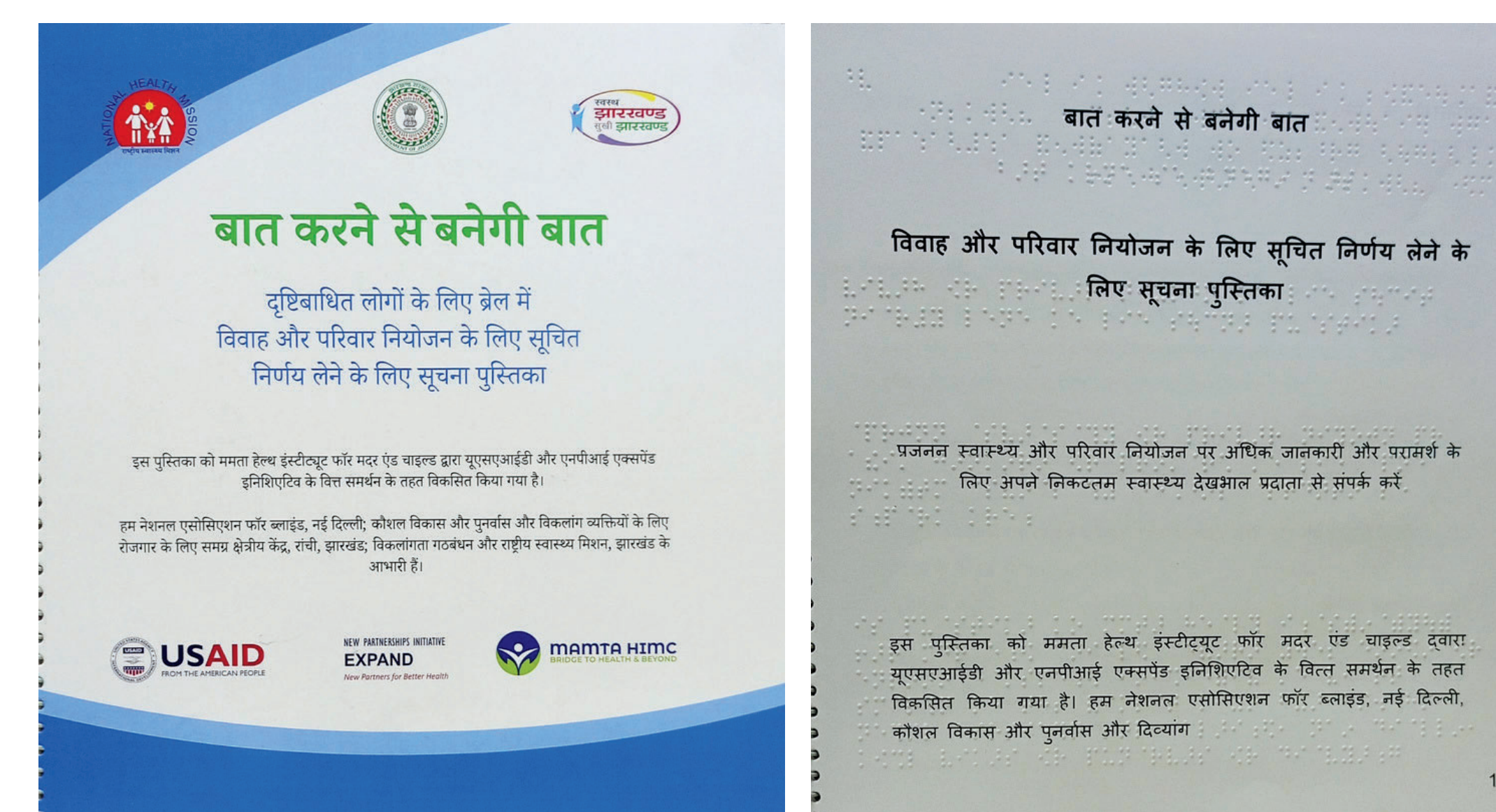
## Results



## Key Learnings

- Training FLWs on gender and disability inclusion is crucial.
- Targeted messaging improves FLW engagement with diverse groups.
- Sub-district inter-sectoral collaboration boosts FP outcomes.
- Local public-private participation aids bottom-up planning.
- Community male champions encourage male FP involvement.
- Haat bazaars, kilns, and remote sites serve as key FP outreach spots

## First Information Booklet on SRH and FP in Braille script developed in partnership with JKH NHM, Composite Regional Centre, Disability Alliance.



Four posters co-created with JKH-NHM - positioned priority groups for FP 2030 and ASHA 's as SRH and FP promoters and service linkages.

