# STRENGTHENING REPRODUCTIVE HEALTH THROUGH COLLECTIVE ACTION IN INDIA

**BACKGROUND** 

India has made significant progress in reproductive health, yet challenges persist in states like Bihar, which remains behind national averages. Bihar, the country's third most populous state has;



40.8% of women marry before the legal age of 18 years.



11% of women experience early childbearing.



Unmet need for family planning is 13.6%



Modern Contraceptive Prevalence Rate (MCPR) is 44.4%, below the national average of 56.5%



The TFR is 2.9, higher than the national average of 1.9

### FAMILY PLANNING CONVERGENCE PROGRAM (FPCP)



### Strategic Partnership

JEEViKA and the State Health Society, Bihar (SHSB), in partnership with the Population Foundation of India, are working to improve reproductive health and family planning through JEEViKA Self Help Group.



### **Strengthening Women's Agency**

Breaking barriers to challenge traditional gender roles while promoting equitable decision making, and agency in making the right choices.



### Institutionalisation

Memorandum of understanding between JEEViKA and SHSB strengthens community health systems by channeling National Health Mission resources for greater reach and impact.



**CAPACITY BUILDING FOR COMMUNITY OUTREACH** 

**CLIENT MOBILISATION** 

**SOCIAL & BEHAVIOR CHANGE COMMUNICATION** 

Training of Health and JEEViKA staff and other cadres

Line listing of eligible couples during Self Help Group meetings, with follow-up home visits for family planning counselling

Group meetings with beneficiaries to address myths and misconceptions using games & interactive mediums



JEEViKA, implemented by the Bihar Rural Livelihoods Promotion Society (BRLPS), empowers women through Self Help Groups (SHGs). With over 10 million rural women across all 38 districts, it strengthens livelihoods, access to credit, and women's collective social capital.

### GOAL

The FPCP represents a groundbreaking approach to integrate reproductive health, leveraging the established network of Jeevika SHGs to create sustainable and community-led change.

This innovative model ensures healthcare reaches the most marginalized women while building their capacity for informed health decisions.

## **OUTCOMES**

1,10,000

Eligible couples successfully linked to family planning services

(Linkage Rate: 48% of 2,27,839)

#### 27,000+ Linked for long-term FP methods

DMPA, Cu-T, Male Sterilization, and Female Sterilization (83% Adopted FP Services)



2,28,000+ **Total Eligible Couples** 

### 82,000+ Linked for temporary FP methods

For temporary methods including Condom, oral contraceptive pills, centchroman and Emergency contraception pills

(82% Adopted FP Services)

#### 90,000 Couples Adopted FP methods

Linked couples who adopted family planning services (Total Adoption Rate 82%)



### UNIQUENESS



### **Community Ownership**

Empowering self-help groups to promote collective action and ownership for sustainable family planning outcomes



### **Gamified Learning**

Using interactive games and engaging activities to enhance knowledge retention and adoption of family planning methods

These strategies set FPCP apart from traditional models by fostering peer-led learning, driving behavioral change, and enabling sustainable reproductive health access.

### **LEARNINGS**



### **COMMUNITY PLATFORM EFFECTIVENESS**

This community-led approach demonstrates that sustainable change thrives when women are empowered to make health decisions within their own communities.



### **COLLABORATIVE DIALOGUE IMPACT**

SHG members are mostly women aged 35 and above, many of whom are mothers-in-law. Engaging them on reducing male child preference and reducing pressure for early conception offers significant opportunities for social change.



### **SCALING OPPORTUNITIES**

The National Rural Livelihoods Mission platform offers significant potential to scale this model nationwide, leveraging Self-Help Groups to challenge deep-rooted norms and expand access to quality family planning services.

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