

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:2161

ANSWERED ON:11.12.2015

Population Policy

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has taken note of the United Nation's projection that India will be the most populous nation by 2022, if so, the details thereof and the reaction of the Government thereto;

(b) whether the Government has taken note of the reported failure of the current population policy and measures to control the population growth and the reported demographic imbalance, if so, the details thereof along with the steps taken by the Government in this regard;

(c) whether the Government has proposed to formulate a uniform population policy applicable to all religions and communities, in consultation with the States in order to rein in the population growth and the consequent demographic imbalance;

(d) if so, the details thereof and if not, the reasons therefor along with the time by which the said policy is likely to be formulated/implemented; and

(e) the other measures/programmes proposed to supplement the above mentioned policy along with the funds sanctioned and released for the above mentioned policies and programmes, State/UT-wise?

Answer

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI JAGAT PRAKASH NADDA)

(a) & (b) As per the latest World Population Prospects released by United Nations (revision 2015), the estimated population of India will be 1419 million approximately whereas China's

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population will be approximately 1409 million by 2022. In spite of perceptible decline in Total Fertility Rate (TFR) from 3.6 in 1991 to 2.3 in 2013, India is yet to achieve replacement level of 2.1. Twenty four states/UTs have already achieved replacement level of TFR by 2013, while states like UP and Bihar with large population base still have TFR of 3.1 and 3.4 respectively. The other states like Jharkhand (TFR 2.7), Rajasthan(TFR 2.8), Madhya Pradesh (TFR 2.9), and Chattishgarh (TFR 2.6) continue to have higher levels of fertility and contribute to the growth of population.

National Population Policy, 2000 is uniformly applicable to the whole country. In pursuance of this policy, Government has taken a number of measures (Annexure-I) under Family Planning Programme and as a result, Population Growth Rate in India has reduced substantially which is evident from the following:

i. The percentage decadal growth rate of the country has declined significantly from 21.5% for the period 1991-2001 to 17.7% during 2001-2011.

ii. Total Fertility Rate (TFR) was 3.2 at the time when National Population Policy, 2000 was adopted and the same has declined to 2.3 as per Sample registration Survey (SRS) 2013 conducted by the Registrar General of India.

(c) & (d): As the existing NPP-2000 is uniformly applicable to all irrespective of religions and communities etc., therefore no proposal is under consideration of the Government to formulate new uniform population policy.

(e): The steps taken by the Government under various measures/programme may be seen at Annexure-I. The funds released under these programmes/schemes is attached at Annexure-II.

Annexure-I

TAKEN STEPS/MEASURES TO CONTROL THE POPULATION GROWTH OF INDIA BY THE GOVERNMENT OF INDIA.

On-going interventions:

â€¢ More emphasis on Spacing methods like IUCD.

â€¢ Availability of Fixed Day Static Services at all facilities.

â€¢ A rational human resource development plan is in place for provision of IUCD, minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion.

â€¢ Quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels.

â€¢ Improving contraceptives supply management up to peripheral facilities.

â€¢ Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various

facilities.

â€¢ National Family Planning Indemnity Scheme' (NFPIS) under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.

â€¢ Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilisations.

â€¢ Increasing male participation and promotion of Non Scalpel Vasectomy.

â€¢ Emphasis on Miniap Tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynecologists/surgeons.

â€¢ Accreditation of more private/NGO facilities to increase the provider base for family planning services under PPP.

â€¢ Strong political will and advocacy at the highest level, especially, in States with high fertility rates.

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NEW INTERVENTIONS UNDER FAMILY PLANNING PROGRAMME:

1. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries: The govt. has launched a scheme to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries.

2. Scheme for ASHAs to ensure spacing in births: The scheme is operational from 16th May, 2012, under this scheme, services of ASHAs to be utilised for counselling newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child. ASHAs are to be paid the following incentives under the scheme:

a. Rs. 500/- to ASHA for ensuring spacing of 2 years after marriage.

b. Rs. 500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child.

c. Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only. The scheme is being implemented in 18 States of the country (8 EAG, 8 NE Gujarat and Haryana).

3. Boost to spacing methods by introduction of new method PPIUCD (Post-Partum Intra Uterine Contraceptives Device).

4. Introduction of the new device Cu IUCD 375, which is effective for 5 years.

5. Emphasis on Postpartum Family Planning (PPFP) services with introduction of PPIUCD and promotion of minilap as the main mode of providing sterilisation in the form of post-partum sterilisation to capitalise on the huge cases coming in for institutional delivery under JSY.

Assured delivery of family planning services for both IUCD and sterilisation.

6. Compensation for sterilisation acceptors has been enhanced for 11 High Focus States with high TFR.

7. Compensation scheme for PPIUCD under which the service provider as well as the ASHAs who escorts the clients to the health facility for facilitating the IUCD insertion are compensated.

8. Scheme for provision of pregnancy testing kits at the sub-centres as well as in the drug kit of the ASHAs for use in the communities to facilitate the early detection and decision making for the outcome of pregnancy.

9. RMNCH Counselors (Reproductive Maternal New Born and Child Health) availability at the high case facilities to ensure counseling of the clients visiting the facilities.

10. Celebration of World Population Day 11th July & Fortnight: The event is observed over a month long period, split into fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery and has been made a mandatory activity from 2012-13 and starts from 27th June each year.

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11. FP 2020- Family Planning Division is working on the national and state wise action plans so as to achieve FP 2020 goals. The key commitments of FP 2020 are as under :

â€¢ Increasing financial commitment on Family Planning whereby India commits an allocation of 2 billion USD from 2012 to 2020.

â€¢ Ensuring access to family planning services to 48 million (4.8 crore) additional women by 2020 (40% of the total FP 2020 goal).

â€¢ Sustaining the coverage of 100 million (10 crore) women currently using contraceptives.

Reducing the unmet need by an improved access to voluntary family planning services, supplies and information.

In addition to above, JANSANKHYA STHIRATA KOSH/NATIONAL POPULATION STABILIZATION FUND has adopted the following strategies as a population control measure:-

Prerna Strategy:- JSK has launched this strategy for helping to push up the age of marriage of girls and delay in first child and spacing in second child the birth of children in the interest of health of young mothers and infants. The couple who adopt this strategy awarded suitably. This helps to change the mindsets of the community.

Santushti Strategy:- Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynaecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode. The private hospitals/nursing home who achieved target to 10 or more are suitably awarded as per strategy.

National Helpline:- JSK also running a call centers for providing free advice on reproductive health, family planning, maternal health and child health etc. Toll free no. is 1800116555.

Advocacy & IEC activities:- JSK as a part of its awareness and advocacy efforts on population stabilization, has established networks and partnerships with other ministries, development partners, private sectors, corporate and professional bodies for spreading its activities through electronic media, print media, workshop, walkathon, and other multi-level activities etc. at the national, state, district and block level.

Annexure-II

Statement of SPIP Approval under the Activity Family Planning Services under NHM for the F.Ys 2013-14 to 2015-16

Rs. In Lakhs

S.No. State 2013-14 2014-15 2015-16

SPIP Approval SPIP Approval SPIP Approval

A. High Focus States

1 Bihar 7,776.27 5,936.19 10,892.01
2 Chattisgarh 2,207.80 2,221.53 1,309.51
3 Himachal Pradesh 414.76 480.00 464.55
4 Jammu & Kashmir 205.99 384.97 358.13
5 Jharkhand 2,440.05 3,662.94 4,214.20
6 Madhya Pradesh 8,417.96 6,460.46 9,629.27
7 Orissa 1,777.62 1,956.81 3,301.23
8 Rajasthan 5,252.23 7,417.61 9,242.44
9 Uttar Pradesh 6,629.40 7,815.66 11,774.84
10 Uttarakhand 378.00 539.31 732.14
Sub Total 35,500.08 36,875.48 51,918.31

B. NE States

11 Arunachal Pradesh 107.27 99.68 85.74
12 Assam 1,665.74 1,680.41 2,231.97
13 Manipur 90.67 65.76 73.32
14 Meghalaya 74.99 67.90 84.90
15 Mizoram 61.76 79.67 -
16 Nagaland 157.99 94.18 90.00
17 Sikkim 33.32 22.32 11.71
18 Tripura 171.42 148.56 139.82
Sub Total 2,363.16 2,258.48 2,717.46

C. Non-High Focus States

19 Andhra Pradesh 5,564.16 2,902.31 2,872.13
20 Goa 27.75 29.39 27.66
21 Gujarat 2,744.97 4,390.48 5,051.60
22 Haryana 867.82 825.00 1,494.15
23 Karnataka 2,861.40 2,680.00 2,527.80
24 Kerala 608.67 468.34 467.60
25 Maharashtra 4,172.93 3,979.91 4,496.69
26 Punjab 801.09 773.17 743.22
27 Tamil Nadu 2,516.21 1,921.09 2,800.77
28 Telangana 2,139.63 2,120.22
29 West Bengal 3,445.63 3,047.04 1,651.71
Sub Total 23,610.63 23,156.36 24,253.55

D. Small States/UTs

30 Andaman & Nicobar Islands 27.91 31.50 34.45
31 Chandigarh 14.60 27.06 25.14
32 Dadra & Nagar Haveli 17.39 44.55 31.24
33 Daman & Diu 8.49 7.91 10.10
34 Delhi 368.67 364.69 411.79
35 Lakshadweep 3.81 2.64 1.99
36 Puducherry 84.62 94.97 49.37
Sub Total 525.49 573.32 564.08
Grand Total 61,999.35 62,863.64 79,453.40

Note:

a) SPIP- State Programme Implementation Plan.