

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO.299
TO BE ANSWERED ON 1ST DECEMBER, 2015**

REVIVING OF FAMILY PLANNING PROGRAMME

299. DR. K.V.P. RAMACHANDRA RAO:

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

- (a) in view of unchecked population growth rate, whether Government would consider reviving the family planning programme as a mass movement, if so, the details thereof; and
- (b) if not, why not and what alternative plans are planned, if any?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) & (b): The Population Growth Rate in India has reduced substantially as a result of persistent efforts of the Government under Family Planning Programme 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.

Further, measures taken by the Government under Family Planning Programme to stabilize the population growth of India may be seen at Annexure.

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

On-going interventions:

- More emphasis on Spacing methods like IUCD.
- Availability of Fixed Day Static Services at all facilities.
- 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.
- **Quality care in Family Planning** services by establishing Quality Assurance Committees at state and district levels.
- Improving contraceptives supply management up to peripheral facilities.
- **Demand generation activities** in the form of display of posters, billboards and other audio and video materials in the various facilities.
- **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.
- **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.
- Increasing male participation and promotion of Non Scalpel Vasectomy.
- Emphasis on Miniap Tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynecologists/surgeons.
- Accreditation of more private/NGO facilities to increase the provider base for family planning services under PPP.
- Strong political will and advocacy at the highest level, especially, in States with high fertility rates.

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.
 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 :
 - Increasing financial commitment on Family Planning whereby India commits an allocation of 2 billion USD from 2012 to 2020.
 - Ensuring access to family planning services to 48 million (4.8 crore) additional women by 2020 (40% of the total FP 2020 goal).
 - 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.