

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

**LOK SABHA
UNSTARRED QUESTION NO. 2874
TO BE ANSWERED ON 3rd AUGUST, 2018**

POPULATION CONTROL PROGRAMMES

**2874. DR. KARAN SINGH YADAV:
SHRI ASHOK MAHADEORAO NETE:
SHRI GOPAL SHETTY:**

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

- (a) whether India is expected to become the most populous nation by the year 2024 and if so, the details thereof;
- (b) the schemes and programmes being run by the Government to control and stabilise the growth of population along with the expenditure incurred on these schemes during the last three years, State/ UT-wise;
- (c) whether the Government has sought World Bank funds for implementation of the said programmes and if so, the details thereof; and
- (d) the steps taken/being taken by the Government in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a): As per the Technical Group on Population Projections constituted by the National Commission on Population, India's population is expected to reach 1.38 billion by 2024.

(b): The schemes and programmes being run by the Government to control and stabilise the growth of population is placed at annexure 1.

The expenditure incurred on these schemes during the last three years, State/UT wise is placed at annexure 2.

(c): No.

(d): Does not arise.

Schemes and programmes to control and stabilise the growth of population in India.

- **Mission Parivar Vikas:** The Government has launched Mission Parivar Vikas for substantially increasing the access to contraceptives and family planning services in the high fertility districts of seven high focus states with TFR of 3 and above. These 146 districts are from the seven high focus, high TFR states (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam) that itself constitutes 44% of the country's population.
- **New Contraceptive Choices:** The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptive under Antara programme, Centchroman and Progesterone Only Pills (POP).
- A new method of IUCD insertion i.e. **PPIUCD** has been introduced.
- A new **IUCD (Cu 375)** with 5 years effectivity has been introduced in the programme as an alternative to the existing IUCD (CuT 380A with effectivity of 10 years).
- **Family Planning Logistics Management Information System (FP-LMIS):** The FP-LMIS has been launched to manage the distribution of contraceptives and strengthen the supply-chain management system.
- **Redesigning Contraceptive Packaging:** The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to influence the demand for these commodities.
- Operating the '**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.
- **New Family Planning Media Campaign:** A 360 degree media campaign has been launched to generate contraceptive demand. The first phase of the campaign was launched in 2016 and the second phase (comprising of TVCs, posters and hoardings, Radio show and dedicated FP website) was launched in 2017.
- **Compensation scheme for sterilization acceptors-** under the scheme MoHFW provides compensation for loss of wages to the beneficiaries on account of undergoing sterilisation.
- **Scheme for ensuring drop back services to sterilization clients.**
- Scheme for **Home delivery of contraceptives by ASHAs** at doorstep of beneficiaries.
- Ensuring quality of care in Family Planning services by establishing **Quality Assurance Committees** in all state and districts.
- **Emphasis on Postpartum Family Planning (PPFP)** services with PPIUCD and promotion of minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the huge cases coming in for institutional delivery under JSY.
- **Emphasis on Post Abortion IUCD (PAIUCD)** services which helps in decreasing maternal morbidities by averting unwanted pregnancies.
- **Emphasis on Minilap Tubectomy** services because of its logistical simplicity with less failure rates.
- Increasing **male participation and promotion of Non Scalpel Vasectomy** through **celebration of Vasectomy fortnight** each year (07-14 November)
- Appointing dedicated **RMNCH+A counsellors** at high case load facilities.

Expenditure incurred on Family Planning schemes 2015-16 to 2017-18**(Rs. In Lakhs)**

S.No.	Name of the States/UTs	2015-16	2016-17	2017-18
1	Andaman & Nicobar Islands	6.86	6.97	7.83
2	Andhra Pradesh	3,214.73	3,352.16	2,109.29
3	Arunachal Pradesh	35.32	73.40	133.51
4	Assam	1,754.53	1,716.60	1,502.21
5	Bihar	8,910.13	7,998.31	11,414.20
6	Chandigarh	14.35	10.40	14.96
7	Chattisgarh	1,588.48	1,468.89	1,426.56
8	Dadra & Nagar Haveli	9.68	38.29	14.80
9	Daman & Diu	0.94	1.43	3.17
10	Delhi	197.38	146.25	154.48
11	Goa	14.78	16.79	22.52
12	Gujarat	4,808.90	4,618.01	4,327.30
13	Haryana	1,400.23	1,079.98	1,172.57
14	Himachal Pradesh	417.74	237.95	217.13
15	Jammu & Kashmir	169.87	152.42	180.25
16	Jharkhand	3,220.21	2,749.42	3,438.65
17	Karnataka	2,245.38	2,572.38	1,814.01
18	Kerala	286.94	260.07	338.23
19	Lakshdweep	0.66	0.23	0.91
20	Madhya Pradesh	10,015.72	8,788.98	10,246.44
21	Maharashtra	3,192.23	3,029.37	2,986.06
22	Manipur	49.87	38.23	58.99
23	Meghalaya	94.17	40.02	114.35
24	Mizoram	58.23	61.56	57.84
25	Nagaland	101.93	70.73	19.18
26	Orissa	2,683.23	2,526.39	2,189.84
27	Puducherry	40.35	63.32	58.20
28	Punjab	855.11	496.00	270.63
29	Rajasthan	7,086.38	8,429.97	6,853.53
30	Sikkim	8.33	11.61	66.84
31	Tamil Nadu	2,310.68	3,131.10	1,407.70
32	Telangana	1,048.71	705.75	697.56
33	Tripura	57.40	51.09	168.89
34	Uttar Pradesh	4,957.41	6,437.61	11,849.82
35	Uttarakhand	623.66	525.89	721.79
36	West Bengal	1,554.41	1,935.40	2,402.38