

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

**LOK SABHA
UNSTARRED QUESTION NO.4518
TO BE ANSWERED ON 19TH JULY, 2019**

FAMILY PLANNING

**4518. SHRI KULDEEP RAI SHARMA:
SHRIMATI SUPRIYA SULE:
SHRI SUNIL DATTATRAY TATKARE:
DR. SUBHASH RAMRAO BHAMRE:
DR. HEENA GAVIT:
DR. AMOL RAMSING KOLHE:**

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

- (a) whether the Government has failed to achieve the objective and the target while implementing the National Family Welfare Programme, if so, the details thereof and the reasons therefor;
- (b) whether the Government proposes to formulate any effective family planning policy to check rapidly increasing population of the country, if so, the details thereof and if not, the reasons therefor;
- (c) the details of the family planning policies currently being implemented by the Government and details of impact of our constantly increasing population on law and order situation, crime scenario, employment opportunities and equitable distribution of resources, State/UT-wise;
- (d) the quantum of funds allocated to States/UTs under National Family Welfare Programme during each of the last three years and the current year; and
- (e) whether certain States/UTs have not utilized the funds provided to them and target fixed has not been achieved and if so, the action taken by the Union Government in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): As a result of the initiatives taken by the Government under the National Family Welfare Programme, following successes have been achieved:

- The Total Fertility Rate has declined from 2.9 to 2.2 from 2005 to 2017 (SRS)
- 24 out of 36 States/UTs have already achieved the replacement level fertility of 2.1 or less.
- The decadal growth rate has declined from 21.54% in 1990-2000 to 17.64% during 2001-11.

- The Crude Birth Rate has declined from 23.8 to 20.2 from 2005 to 2017 (SRS)
- The teenage birth rate has halved from 16% (NFHS III) to 8% (NFHS IV)
- The teenage marriage has halved from 47.4% (NFHS III) to 26.8% (NFHS IV);

(b) & (c): India adopted a comprehensive and holistic National Population Policy (NPP) in the year 2000, which serves as a policy framework for advancing goals and prioritizing strategies to meet the reproductive and child health needs of the people, to achieve the goal of population stabilization.

Since 2005, the Government has been implementing the family planning programme under the National Rural Health Mission [now National Health Mission(NHM)], in line with the policy framework of population stabilization as envisaged in NPP-2000, by helping to create a robust service delivery and demand side mechanism to address the unmet needs for family planning.

The National Health Policy (NHP) 2017 also provides policy guidance and sets out indicative, quantitative goals and objectives for population stabilization;

Details of initiatives currently being implemented by the Government are placed at Annexure I;

(d): The quantum of funds allocated to States/UTs under the Family Welfare Program in the last three years is placed in Annexure II;

(e): States/UTs are allocated funds under NHM in flexible pools so that they can utilize the funds as per their need and context. There is an established mechanism to ensure timely utilization of funds.

The Family Welfare Programme in India is voluntary in nature and follows a target free approach.

NEW INTERVENTIONS UNDER FAMILY PLANNING

- **Mission Parivar Vikas:** The focused initiative has been launched for 146 districts with high Total Fertility Rate (TFR>3) in 7 most populous states (Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Assam). The aim is to increase contraceptive usage and decrease the fertility rates in these 146 TFR districts.
- **Introduction of New Contraceptive Choices:** The current basket of choice has been expanded to include new contraceptives viz. Injectable contraceptive and Centchroman.
- **Redesigned Contraceptive Packaging:** The packaging for Condoms, Oral Contraceptive Pills (OCPs) and Emergency Contraceptive Pills (ECPs) has now been improved and redesigned so as to augment the demand for these commodities.
- **Family Planning Logistics Management Information System (FP-LMIS):** The FP-LMIS has been launched to strengthen the supply-chain management system of family planning commodities. It aims to serve as a decision-making tool for policy makers, program managers and logistics personnel to monitor and manage the flow of contraceptive supplies, in order to reduce stock-outs and overstocks, and improve the program's effectiveness and contraceptive security.
- **Clinical Outreach Teams (COT) Scheme:** The scheme has been launched in 146 Mission Parivar Vikas districts for providing Family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
- **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, yearlong Radio show, and a dedicated website on Family Planning) was launched in 2017.
- **Enhanced Compensation Scheme for Sterilization:** The sterilization compensation scheme has been enhanced in 11 major high focus states (8 Empowered Action Group states, Assam, Gujarat, Haryana) where fertility rates were higher than 2.1.
- Emphasis on **Post pregnancy Family Planning** services which includes promotion of Post-Partum and Post-Abortion contraception (Post-Partum Intra Uterine Contraceptive Devices-PPIUCD, Post Abortion Intra Uterine Contraceptive Devices-PAIUCD)
- Promotion of **Intra Uterine Contraceptive Devices (IUCDs)** as a spacing method - Introduction of Copper IUCD-375 (5 years effectivity) under the Family Planning Programme.
- Scheme for ensuring **drop back services to sterilization clients.**
- Appointment of dedicated **Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) counsellors** at high case load facilities.

- **Assured delivery of family planning services:** In the last four years states have shown their commitment to strengthen fixed day family planning services for sterilization.
- **Scheme for Home delivery of contraceptives by ASHAs** at doorstep of beneficiaries.
- **Scheme for ASHAs to Ensure spacing in births:** Under the scheme, services of ASHAs are being utilized 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.

ON-GOING INTERVENTIONS UNDER FAMILY PLANNING PROGRAMME

- Ensuring quality of care in Family Planning services by establishing **Quality Assurance Committees in all States and Districts.**
- Operating the ‘**National Family Planning Indemnity Scheme**’ (NFPIIS) under which clients are indemnified in the unlikely event of death, complication or failure following sterilization.
- **Compensation scheme for sterilization acceptors:** Under the scheme MoHFW provides compensation for loss of wages to the beneficiaries on account of undergoing sterilization.
- **Accreditation of more private/NGO facilities** to increase the provider base for family planning services under PPP.
- **Demand generation activities** in the form of display of posters, billboards and other audio and video materials in various facilities.
- **Observation of World Population Day & fortnight** (July 11 - July 24): The month long World Population Day campaign is a step to boost Family Planning efforts all over the country. It comprises:
 - June 27 to July 10: “Dampati Sampark Pakhwada” or “Mobilisation Fortnight”
 - July 11 to July 24 “Jansankhya Sthirtha Pakhwada” or “Population Stabilisation Fortnight”
- **Observation of Vasectomy Fortnight** (November 21 - December 4) –The vasectomy fortnight is held in an effort to enhance male participation and revitalize the NSV programme, whereby male sterilization services would be provided to clients at health facilities. It comprises:
 - 21st Nov – 27th Nov: Mobilization phase
 - 28th Nov – 4th Dec: Service delivery phase

State wise FP allocation

S.No.	State	FP Allocation (Rs. in lakhs)		
		2016-17	2017-18	2018-19
A. High Focus States				
1	Bihar	24078.5	28396.8	37340.6
2	Chhattisgarh	8098.0	10017.1	9431.5
3	Himachal Pradesh	2193.6	2704.4	2743.2
4	Jammu & Kashmir	3897.1	3077.3	3893.3
5	Jharkhand	7441.7	10435.4	11800.1
6	Madhya Pradesh	24262.3	25187.6	28877.5
7	Orissa	11120.9	12060.2	13532.1
8	Rajasthan	19418.4	23713.7	22936.1
9	Uttar Pradesh	52519.2	54055.0	53388.4
10	Uttarakhand	2246.3	2465.6	2769.1
B. NE States				
11	Arunachal Pradesh	1380.2	1906.2	1509.4
12	Assam	10993.9	12629.1	13937.6
13	Manipur	947.4	1159.0	1033.5
14	Meghalaya	1737.0	1125.9	1258.6
15	Mizoram	713.3	751.8	544.2
16	Nagaland	1064.5	943.5	917.7
17	Sikkim	249.5	302.2	284.9
18	Tripura	1245.9	1839.9	1420.5
C. Non-High Focus States				
19	Andhra Pradesh	9685.4	7914.7	6273.1
20	Goa	200.2	366.1	321.4
21	Gujarat	11262.2	11659.9	12512.1
22	Haryana	4845.0	4998.6	5905.7
23	Karnataka	12264.0	13268.1	14883.4
24	Kerala	2284.4	3257.7	5206.6
25	Maharashtra	17537.5	20357.2	19780.2
26	Punjab	3812.5	3611.7	5509.1
27	Tamil Nadu	9982.8	11019.4	11445.9
28	Telangana	9399.0	11419.5	6409.4
29	West Bengal	10511.3	17908.9	14810.2
D. Small States/UTs				
30	Andaman & Nicobar Islands	222.4	300.5	262.4
31	Chandigarh	171.3	218.5	139.7
32	Dadra & Nagar Haveli	204.6	202.3	217.1
33	Daman & Diu	96.7	118.4	110.0
34	Delhi	1983.2	1944.0	1908.9
35	Lakshadweep	52.5	72.6	62.4
36	Puducherry	187.4	252.0	273.6