

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2110  
TO BE ANSWERED ON 6<sup>TH</sup> MAY, 2016**

**FAMILY PLANNING MEASURES**

**2110. SHRI M. CHANDRAKASI:**

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

- (a) the implementation status of family planning measures in the country;
- (b) the percentage of married couples adopting family planning measures, State/ UT-wise;
- (c) whether the Government has recognised certain contraceptives for promoting family planning measures; and
- (d) if so, details thereof?

**ANSWER**

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

- (a): The implementation status of family planning measures in the country is placed at Annexure-I
- (b): The states/UT wise percentage of married couples adopting family planning measures is placed at Annexure –II
- (c) & (d): Yes, government has recognized following contraceptives for promoting family planning measures under the National Family Planning Program:

1. Condoms
2. Oral Contraceptive Pills
3. Intrauterine Contraceptive Device (IUCD)
4. Injectable Contraceptive DMPA
5. Male Sterilization
6. Female Sterilization

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**Implementation status of family planning measures in the country:**

The GoI's new strategy of RMNCH+A encompasses Reproductive Health, Maternal Health, Newborn Health, Child Health and Adolescent Health. The Family Planning Program has witnessed a paradigm shift from a program aiming at population stabilization to a program ensuring better maternal and child health.

**On-going Interventions under Family Planning Programme**

- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees in all state and districts.
- Increasing male participation and promotion of 'Non Scalpel Vasectomy'.
- '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 on account of undergoing sterilisation.
- Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
- Improving contraceptives supply management up to peripheral 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
- Emphasis on Minilap Tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/ surgeons.
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities

**New interventions**

1. The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to influence the demand for these commodities.
2. The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptive DMPA, Centchroman and Progesterone Only Pills (POP).
3. Promotion of IUCDs as a short & long term spacing method - Introduction of Cu IUCD-375 (5 years effectivity) under the Family Planning Programme.

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4. Emphasis on Postpartum Family Planning (PPFP) services with introduction of 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.
5. Appointment of dedicated RMNCH+A counsellors at high case load facilities.
6. Assured delivery of family planning services- In last four years states have shown their commitment to strengthen fixed day family planning services for both IUCD and sterilisation.
7. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries has been expanded to the entire country w.e.f. 17<sup>th</sup> Dec, 2012.
8. Scheme for ASHAs to ensure spacing in births:
  - a. Under the scheme, services of ASHAs are being 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.
  - b. The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, Andhra Pradesh, Telangana, Maharashtra, Daman Diu and Dadra and Nagar Haveli
9. Celebration of World Population Day & fortnight (July 11 – July 24):
  - a. The World Population Day celebration is a step to boost Family Planning efforts all over the country.
  - b. The event is observed over a month long period, split into an initial fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery.
    - i. June 27 to July 10: “Dampati Sampark Pakhwada” or “Mobilisation Fortnight”
    - ii. July 11 to July 24 “Jansankhya Sthirtha Pakhwada” or “Population Stabilisation Fortnight”.

**Annexure -II****State/UT wise percentage of married couples adopting modern family planning measures**

| SNo. | States                     | % of currently married couples (15-49) using modern contraceptives | Source          |
|------|----------------------------|--|-----------------|
|      | <b>India</b>               | <b>47.1</b>  | <b>DLHS III</b> |
| 1    | Andaman and Nicobar Island | 48.3   | NFHS IV         |
| 2    | Andhra Pradesh             | 69.4   | NFHS IV         |
| 3    | Arunachal Pradesh          | 43.9   | DLHS IV         |
| 4    | Assam                      | 38.1   | AHS 2012        |
| 5    | Bihar                      | 23.3   | NFHS IV         |
| 6    | Chandigarh                 | 65.9   | DLHS IV         |
| 7    | Chhattisgarh               | 57.2   | DLHS IV         |
| 8    | Dadar and Nagar Haveli     | 49.9   | DLHS III        |
| 9    | Daman and Diu              | 51.9   | DLHS III        |
| 10   | Delhi                      | 55.5   | DLHS III        |
| 11   | Goa                        | 24.8   | NFHS IV         |
| 12   | Gujarat                    | 54.3   | DLHS III        |
| 13   | Haryana                    | 59.4   | NFHS IV         |
| 14   | Himachal Pradesh           | 56.1   | DLHS IV         |
| 15   | Jammu and Kashmir          | 41.2   | DLHS III        |
| 16   | Jharkhand                  | 43.7   | AHS 2012        |
| 17   | Karnataka                  | 51.3   | NFHS IV         |
| 18   | Kerala                     | 53.9   | DLHS IV         |
| 19   | Lakshadweep                | 16.6   | DLHS III        |
| 20   | Madhya Pradesh             | 49.6   | NFHS IV         |
| 21   | Maharashtra                | 62.6   | NFHS IV         |
| 22   | Manipur                    | 12.7   | NFHS IV         |
| 23   | Meghalaya                  | 21.9   | NFHS IV         |
| 24   | Mizoram                    | 59.0   | DLHS IV         |
| 25   | Nagaland                   | 23.9   | DLHS IV         |
| 26   | Odisha                     | 46.3   | AHS 2012        |
| 27   | Puducherry                 | 61.2   | NFHS IV         |
| 28   | Punjab                     | 59.8   | DLHS IV         |
| 29   | Rajasthan                  | 62.4   | AHS 2012        |
| 30   | Sikkim                     | 45.9   | NFHS IV         |
| 31   | Tamil Nadu                 | 52.6   | NFHS IV         |
| 32   | Telangana                  | 56.9   | NFHS IV         |
| 33   | Tripura                    | 42.8   | NFHS IV         |
| 34   | Uttar Pradesh              | 37.6   | AHS 2012        |
| 35   | Uttaranchal                | 49.3   | NFHS IV         |
| 36   | West Bengal                | 57.0   | NFHS IV         |