

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

UNSTARRED QUESTION NO:4759
ANSWERED ON:24.04.2002
FAMILY WELFARE PROGRAMMES
RATNA SINGH

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

- (a) whether a new approach has been adopted to implement the family welfare programmes;
- (b) if so, the various components of this new approach;
- (c) whether the Government have identified the reasons for failure of the family planning/welfare programme;
- (d) if so, the details thereof; and
- (e) the steps taken to remove the demerits of the family planning/welfare programme for the purpose of making this programme more and more successful?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a)to(b): In order to implement the National Family Welfare Programme in the country in a holistic manner, Government of India has adopted the National Population (NPP), in February, 2000.NPP lists certain socio-demographic goals to be achieved by 2010. These are:

- 1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- 2) Make school education upto age 14 free and compulsory and reduce dropouts at primary and secondary school levels to below 20 percent for both boys and girls.
- 3) Reduce infant mortality rate to below 30 per 1000 live births.
- 4) Reduce maternal mortality ratio to below 100 per 100,000 live births.
- 5) Achieve universal immunization of children against all vaccine preventable diseases.
- 6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- 7) Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- 8) Achieve universal access to information/counseling and services for fertility regulation and contraception with a wide basket of choices.
- 9) Achieve 100 per cent registration of births, deaths, marriages and pregnancy.
- 10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS) and promote greater integration between the management of Reproductive Tract Infection (RTI) and Sexually Transmitted Infections (STI) and the National AIDS Control Organisation.
- 11) Prevent and control communicable diseases.
- 12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and child health services and in reaching out of households.
- 13) Promote vigorously the small family norm to achieve replacement levels to TFR.
- 14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centered programme.

(c)to(e): Governemnt of India started a National Family Welfare Programme officially, in 1952 with the objective of reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the national economy. Approach to the Ninth Plan lists the following three factors for the current population growth rate:

- The large size of the population in the reproductive age-group (estimated contribution 60%).
- Higher fertility due to unmet needs for contraception (estimated contribution 20%).
- High wanted fertility due to prevailing high infant mortality (estimated contribution about 20%).

A large number of other factors also influence population growth rate. Some of these factors are women empowerment, women's status in the family, education particularly of women, infrastructure and communication facilities etc.

Since the year 1997 innumerable major steps have been initiated to remove the demerits of National Family Welfare Programme for the purpose of making the programme more and more successful:

- An integrated and holistic programme for Reproductive and Child Health that include Maternal Health, Child Health and Contraception issues was launched since 1997.
- Reproductive and Child Health Programme combines fertility regulation, safe motherhood, child survival RTI/STI interventions. The Programme, launched on 10th October, 1997. The overall goals of the programme are to reduce maternal and infant mortality, morbidity and unwanted fertility and to contribute towards stabilisation of population. The Programme aims to:
 - Provide need-based, client-centered, demand-driven, high quality and integrated RCH services;
 - Maximize coverage by improving accessibility especially for women, adolescents, socio-economically backward groups, tribals and slum-dwellers, with a view to promoting equity;
 - Withdraw financial incentives to health providers with the objective of improving quality of care as the incentive for utilization of services;
 - Introduce a package for essential Reproductive Health care that includes family planning, safe motherhood and child survival and management of RTI/STD services;
 - Directly finance States through the Standing Committee for Voluntary Action (SCOVA) in order to minimize delays in implementation due to budgetary constraints;
 - Involve NGOs and the private sector in the delivery of services: IEC/advocacy in the public sector; and
 - Involve practitioners of the Indian System of Medicine (ISM) in the delivery of RCH services to improve access to services, especially in rural and tribal areas and to include ISM medicines under the programme.
- The RCH Programme has been extended to all the districts of the country and is currently in the 4th year of implementation. Besides implementing and strengthening the various activities/interventions of the programme, efforts were made to provide quality services to all and basic services to those pockets which have been neglected so far, example tribal populations, urban slum dwellers, migrant and displaced population. Focused attention is being paid to the initiatives of Dai training: Border District Cluster Project, RCH Camps and RCH out reach services.