GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

STARRED QUESTION NO:82 ANSWERED ON:30.07.2010 NATIONAL POPULATION POLICY Joshi Shri Mahesh;Reddy Shri Mekapati Rajamohan

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

- (a) the objectives of the National Population Policy (NPP);
- (b) whether the Government has finalized any comprehensive programme on population stabilization in consultation with the State Governments:
- (c) if so, the details thereof;
- (d) the measures taken by the Government including the financial assistance provided to the States to stabilize the population during the last three years and the success achieved so far in this regard;
- (e) whether the Non-Governmental Organisations (NGOs) have been involved in the programme; and
- (f) if so, the details thereof?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a)to(f): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.82 FOR 30TH JULY, 2010

- (a): The long and short term objectives of National Population Policy, 2000, are to address the unmet need for contraception, development of health care infrastructure including human resources, ensure the implementation of inter-sectoral operational strategies and achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.
- (b)to(d): For achieving population stabilisation as envisaged by National Population Policy (NPP), comprehensive strategies aimed at convergence of service delivery at the village level for basic health care, family planning and maternal and child health related services; and empowerment of women for accessing health and nutrition services and promotion of male participation in Family Planning are being implemented as components of the State Programme Implementation Plan under National Rural Health Mission.

The following specific initiatives have been taken in pursuance of the objectives of NPP/NRHM towards population stabilisation:-

- # Since 2005, the National Family Planning Insurance Scheme is under implementation to compensate the sterilization acceptors for failures, complications and deaths and indemnity insurance cover to doctors;
- # Compensation Package for Sterilization acceptors increased in September, 2007 i.e. in Vasectomy from Rs.800/- to Rs.1500/- and tubectomy from Rs.800/- to Rs.1000/- in public facilities and a uniform amount of Rs.1500/- in accredited private health facilities for all categories in all States for vasectomy in order to promote acceptance of No Scalpel Vasectomy;
- # Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years;
- # Promotion of Fixed day Fixed Place Family Planning Services round the year in health facilities under NRHM.
- # The Prema and Santushti strategy under which delayed marriage (after the legal age) among girls, proper spacing in the birth of their children and Public Private Partnership for providing family planning services are being implemented by Jansankhya Sthirata Kosh(JSK).
- # The JSK Call Centre to provide information on Health promotion and issues related to family planning, reproductive and child health.

The financial assistance provided to the States for Population Stabilisation activities during the last three years is at Annexure-I.

Total Fertility rate has come down from 6.0 in 1951 to 2.6 in 2008. 14 major States have already reached the replacement level of

fertility. 12 States have TFR between 2.1 and 3.0. In the remaining nine States /UTs viz. Uttar Pradesh, Bihar; Madhya Pradesh; Rajasthan; Chhatisgarh, Jharkhand, Meghalaya, Nagaland and Dadra & Nagar Haveli, the TFR is above 3.0. State-wise Total Fertility Rate is at Annexure-II.

(e)&(f): NGOs are supported by the respective State Governments under NRHM to provide service delivery in Maternal and Child Health, Family Planning, Adolescent Reproductive Health and Prevention and Management of RTI in addition to advocacy and awareness generation, in areas which are under served or not served by Government infrastructure.