

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

UNSTARRED QUESTION NO:2481

ANSWERED ON:23.08.2013

POPULATION STABILIZATION

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

- (a) whether as per the report of United Nations the population of India is likely to exceed Chinese population by 2025 and touch 1.7 billion by the year 2060 and if so, the reaction of the Government thereto;
- (b) the efforts made by the Government for the stabilisation of population along with the funds allocated during each of the last three years and current year, State/UTwise;
- (c) whether the Government has taken certain new initiatives to boost family welfare programmes including provision for intra-uterine contraceptive device insertion services at the health centres/ sub-centres and if so, the details thereof;
- (d) whether the Government has given any compensation in the cases of death/ failure of tubectomy and vasectomy operations; and
- (e) if so, the details thereof and if not, the reasons therefor along with the number of death cases/failed tubectomy and vasectomy operations reported during the said period, State/UT-wise?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a): As per World Population Prospects – The 2012 Revision, the population of India will cross the level of Chinese population by 2028. In that year, the projected population of India will be 1.454 billion, while China's population will be 1.452 billion. The population of India will peak at 1.645 billion by the year 2064. These are the estimates based on medium levels of fertility assumptions.

(b): Population stabilization has been a key priority area of the Government and it has been vigorously implemented through the National Rural Health Mission launched in the year 2005 in line with the policy framework of population stabilization as envisaged in National Population Policy-2000, by helping create a robust service delivery mechanism to address the unmet need for family planning.

The interventions for population stabilization include the following:

A new scheme has been launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries in all districts of all states in the country.

Under a new scheme launched by the GOI, ASHAs are being incentivised for counselling newly married couples to ensure spacing of 2 years after marriage, ensuring spacing of 3 years between 1st and 2nd child and motivating clients for permanent method after 2 children. The scheme is operational in 18 states.

Promoting Post-partum Family Planning services.

Placement of dedicated Family Planning Counselors and training of personnel.

Santushti Strategy: Santushti is a Scheme of Jansankhya Sthirata Kosh(JSK) for high populated states of India viz Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh & Odisha. According to this Scheme, an accredited private Nursing Home/Hospital shall be entitled for incentive, whenever it conducts 10 or more Tubectomy/Vasectomy cases in a month.

Prerna Scheme: The Prerna strategy of Jansankhya Sthirata Kosh (JSK) promotes population stabilization by encouraging delayed marriage (after the legal age) among girls by rewarding and publically honouring the women who marry after the legal age and ensure proper spacing in the birth of their children.

National Helpline toll free-(1800-11-6555): A National Helpline service for Reproductive Child Health related information is available.

Availability of Fixed Day Static Services for family Planning at all facilities.

Improving contraceptive supply management up to peripheral facilities

- # A rationale human resource development plan for providing Family Planning services at Public Health Facilities.
- # Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at the State and District levels
- # Accreditation of private/ NGO facilities to increase the provider base for family planning services.
- # Increasing male participation and promoting Non scalpel vasectomy
- # Emphasis on minilap tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post-graduate gynaecologists/ surgeons.
- # Compensation scheme for sterilization acceptors: Under the scheme, MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider for conducting sterilisations.
- # 'National Family Planning Indemnity Scheme' (NFPIS), under which clients are indemnified against cases of death/failure/complications related to sterilization operations and litigations against Doctors/Health Facilities.
- # Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities
- # Advocacy at the highest level, especially in states with high fertility rates

Funds allocated by the Government for implementation of schemes for Family Planning are at Annexure-I.

(c): Govt. of India has taken initiative to boost spacing serviced by providing Intra Uterine Contraceptive Devices (IUCD) insertion services at the Health centers and sub-center across a country. The details are given below:-

(i) A new Contraceptives Cu 375 has been introduced

ii) A new method viz post –partum Intra Uterine Contraceptive Devices [PPIUCD] has been introduced.

(d) Yes, the Government has given compensation in the cases of death/ failure of tubectomy and vasectomy operations and the details of compensation is as under:

Section	Coverage	Limits
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I A	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
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I B	Death following sterilization within 8 - 30 days from the date of discharge from the hospital.	Rs. 50,000/-
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I C	Failure of Sterilization	Rs 30,000/-
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I D	Cost of treatment in hospital and upto 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge.	Actual not exceeding Rs 25,000/-
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II	Indemnity per Doctor/Health Facilities but not more than 4 in a year.	Upto Rs. 2 Lakh per claim
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(e) The details of year wise data for compensation of death/complication/ failure during the last 3 years is at Annexure II