

[Translation]

### National Family Welfare Programme

\*82. SHRI KANTILAL BHURIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Government have lowered the targets of National Family Welfare Programme in some States during 1997-98 as compared to the earlier years;

(b) if so, the reasons therefor;

(c) whether the States failed to achieve their targets under this programme; and

(d) if so, whether the Government propose to determine again the targets on the basis of the achievements made during the current year?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) to (d) The target based approach was followed upto March 1996. Thereafter the approach of determining targets was modified after extensive consultation with the States. The new target free approach was endorsed at the Central Council of Health and Family Welfare in January, 1997 where all State Governments are represented. It was recommended at the Conference that the target free strategy be continued. As a result of this approach, after initial decline in outcomes, performance has picked up during 1997-98. Hence there is no proposal to give up the target free approach which has lead to improved outcomes.

[Translation]

SHRI KANTILAL BHURIA : Mr. Speaker, Sir, I am a new member in this House. I am fully confident of getting your protection. The hon'ble Minister has simply read the answer prepared by the team of officers concerned; he did not apply his mind on the subject. Sir, it is such a serious question that large increase in population has become a major problem of the country. However, National Programme for family welfare implemented by the Government of India is projecting this problem in a very light manner. At the initiation of this programme, Rs. 120 was paid as an incentive to every patient for sterilization but now the amount of incentive has been reduced to Rs. 40/-. Conditions are even worse in Adivasi areas. Mr. Speaker, Sir, I have been elected from Jhabua constituency of Ratlam, where adivasis are in a large number. Condition there is such that a patient has to walk for 40-50 km to reach the hospital and has to go back again on foot after being operated upon. In such a situation, if operation fails

or some other complication develops, then the individual has no option but to face a certain death. Government has said that target based policy has been abolished and target free policy has been initiated. They have said that it is the discretion of an individual to go for sterilization or not. I would like to know whether such a policy will be successful, in the country? According to the 1991 census, India's population stood at 80 crores.

[English]

MR. SPEAKER : This is an important question. You have to put the supplementary in a proper manner.

[Translation]

SHRI KANTILAL BHURIA : Mr. Speaker, Sir, the growth rate was 2 per cent at that time. Now, in 1998, the population has increased manifold. Therefore, the House should take the situation seriously. I would like to know from the Hon'ble Minister as to what has been the outcome and performance of the newly followed target-free approach scheme and whether there has been progress in achieving the objectives or whether the scheme is giving the desired results?

[English]

SHRI DALIT EZHILMALAI : Sir, for sterilisation and IUD insertions, the compensation is as follows. Under a scheme called 'Compensation Scheme for Sterilisation and IUD Insertions', the Government pays Rs. 200 for tubectomy, Rs. 180 for vasectomy and Rs. 16 for IUD insertion.

Before, 1996-97, from out of the amount paid to the States, for tubectomy and vasectomy, Rs. 100 was to be paid to the acceptors. From 1996-97, it has been decided to give discretion to the State Governments to fix the actual amount to be paid to the acceptors. This modification was made in accordance with the recommendations of the National Development Council's Committee on Population. An amount of Rs. 16 is given to the States per IUD insertion. (Interruptions) The assistance given to the States is to be apportioned among the various items. (Interruptions)

Sir, he was talking about the low payment of the amount. . . (Interruptions)

MR. SPEAKER : Please understand the question and then give the reply.

(Interruptions)

MR. SPEAKER : He was asking about the low payment of incentive.

(Interruptions)

SHRI DALIT EZHILMALAI : I am giving you the details of the amount given by the Government.. . .(Interruptions)

SHRI AJIT JOGI : The question was whether the incentive would be increased or not. He has not replied to that.

MR. SPEAKER : He has given the reply.

(Interruptions)

SHRI AJIT JOGI : Sir, he is a new Member. He seeks your protection.

MR. SPEAKER : The hon. Minister is also a new Minister. He has given the reply.

(Interruptions)

[Translation]

SHRI KANTILAL BHURIA : Mr. Speaker, Sir, I wanted to know some details through you but the Hon'ble Minister is evading my question.

[English]

MR. SPEAKER : You can ask your second supplementary.

[Translation]

SHRI KANTILAL BHURIA : He is not able to answer my question properly. I have been elected from an area where Adivasis are in majority. Government fulfills its target of family planning cases from adivasi areas. I want to know the amount of Budget allocated by the Government for health services and how this amount is being divided between urban and rural areas. As per my information, 6 per cent of the Budget amount is spent in rural areas and the rest is spent in urban areas, despite the fact that Government is achieving its target from villages. I would also like to know whether the amount of incentive for sterilization will be raised to Rs. 120 per person as has been the case previously?

MR. SPEAKER : Please do not ask a long question.

SHRI KANTILAL BHURIA : My submission is whether the Government will increase the cash incentive being given to Adivasis so that they may have proper treatment? Otherwise, in such a situation, people living there do not have any other option but to face a certain death.

[English]

MR. SPEAKER : The Minister can give a good reply now.

(Interruptions)

MR. SPEAKER : Order please.

(Interruptions)

SHRI DALIT EZHILMALAI : Mr. Speaker, Sir, I will give you the figures. The amount that is given by the Government to the beneficiaries as on date is like this. The Government of India pays Rs. 200 for Tubectomy; Rs. 180 for Vasectomy; and Rs. 16 for IUD insertion. These amounts are paid through the State Governments.

MR. SPEAKER : The hon. Member wants to know whether the Government is going to increase that incentive to the tribal areas.

SHRI DALIT EZHILMALAI : Sir, this suggestion will be examined.

DR. RAVI MALLU : Sir, the family welfare programme is very important because of the population explosion. As per the reply given by the hon. Minister, upto 1996 the programme was operating under the target oriented scheme. Now, they have removed the targets due to which there is a lot of laxity, starting from the national level to the divisional level. If the targets are fixed, there would be continuous persuasion from the Directorate level to the health supervisor level to achieve the targets. As the targets have been removed now, I am sure, there will not be desired achievement in the Family Welfare Programme. I request the hon. Minister to review the target-oriented programmes.

MR. SPEAKER : You need not request the hon. Minister, you please ask the question.

DR. RAVI MALLU : May I know from the hon. Minister whether he is going to consider about reintroducing the target-oriented programmes?

SHRI DALIT EZHILMALAI : Sir, I have already stated that there is no proposal to give up the target free approach scheme which has led us to the improved outcome.

Targets are based on the perception of high officials at National, State and District levels rather than people's need.

Focus is only on numbers and once the targets are fixed the quality of service becomes unimportant.

Field workers tended to resort to over-reporting to somehow show achievement of targets.

Therefore, the approach of determining targets was given up after extensive consultation with the State Governments and the States were asked to implement the Family Welfare Programme on the basis of target free approach in the States of Tamil Nadu, Kerala, the Union Territory of Chandigarh and 18 districts in other 14 States during 1995-96. The experience was subsequently discussed with the State Governments and the approach of

abolishing the contraceptive targets was subsequently extended to cover the whole country with effect from 1.4.1998.

The Fourth Conference of the Central Council of Health and Family Welfare held in October 1995, placed on record its appreciation of the efforts made by all the State Governments to implement the Family Welfare Programme on the basis of the Target Free Approach (TFA) with effect from 1996-97.

MR. SPEAKER : Okay, you can lay this on the Table of the House.

SHRI DALIT EZHILMALAI : All right.

SHRI VAIKO : Mr. Speaker, Sir, there is an alarming growth in population growth and this problem has gone out of proportions. It is going to be the real explosion threatening the prosperity and well-being of the country. We are going to surpass even China in another five years. It is because the Chinese have taken very effective measures to tackle the problem of population growth. The hon. Minister, in his statement, has mentioned that after consulting the State Governments, they have given up the concept of targets.

Sir, I would like to know from the hon. Minister which are the States which have fulfilled the targets and which have failed to fulfil the targets. I would also like to know from him the effective measures which the Government is proposing to take to tackle this problem. Will the hon. Minister enlighten us on these points?

SHRI DALIT EZHILMALAI : With regard to population control, Tamil Nadu stands in the first place.

SEVERAL HON. MEMBERS : No, Kerala stands in the first place.

SHRI VARKALA RADHAKRISHNAN : Sir, what the hon. Minister is stating is not correct.

SHRI DALIT EZHILMALAI : I stand corrected. It is Kerala which stands in the first place and Tamil Nadu comes only next to Kerala.

SHRI VAIKO : But what incentives have they got? Do you propose to give any incentives for those States? . . . (Interruptions)

MR. SPEAKER : Mr. Minister, please address the Chair and not the Members.

SHRI DALIT EZHILMALAI : Other outstanding schemes are now being allowed to be carried out in Kerala as well as in Tamil Nadu whereas other States which have

been lagging behind like Madhya Pradesh, Uttar Pradesh and Bihar are not even completing their projects. Subsequently, they have been asked for their reports and we are processing them. Certainly, the States like Maharashtra, Tamil Nadu and Kerala are well in advance and are taking advantage. Like that, we are offering them incentives.

SHRI VAIKO : What about special incentives to be given for those States?

SHRI DALIT EZHILMALAI : No special incentives are given to them but they are allowed to carry out the projects.

SHRIMATI JAYANTI PATNAIK (Berhampur) (Orissa) : When the target-free approach was endorsed, it was suggested to provide for the concept of reproductive health services, that is, the comprehensive maternal and child health services. Even in this concept of reproductive health services, child survival, the delivery should take prominence. But the big 'M' i.e. Mother which means the interest, care and right of the mother along with free choice of family planning methods are missing. These would be predominant if the target-free approach is to be a successful one. I would like to know from the hon. Minister whether the concept of reproductive health services has been taken up infrastructure-wise to include would-be mothers, adolescent girls, prenatal conditions and postnatal conditions of mothers alongwith family planning methods. To what extent have these been done by the Government as well as by the NGOs? Secondly, to what extent have the family planning methods been adopted by women vis-a-vis men?

SHRI DALIT EZHILMALAI : Sir, the need-based reproductive and child health programme has been introduced since September, 1997. In our serious approach, mothers have been given enough priority . . . (Interruptions)

[English]

SHRIMATI JAYANTI PATNAIK : Sir, he may answer me afterwards, if he does not have to reply now.

[Translation]

SHRI CHETAN CHAUHAN : Mr. Speaker, Sir, I had asked this question in the 10th Lok Sabha also. At that time the Hon'ble Prime Minister had assured the House that the matter would be discussed in all party meeting and decision taken therein would be implemented. I would like to ask my question to the Hon'ble Minister in two parts. Firstly, will the Hon'ble Prime Minister call such an all party

meeting as this matter is very serious and sensitive? The number of Bhartiya Janata Party are also increasing on the lines of increase in the country's population you need not worry. . . . (Interruptions)

Sadly what incentives and disincentives are going to be implemented by the Government to control the population growth? Thirdly, has the Government any plan to impose a restriction on contesting that election for a person having more than two children as has been done in Rajasthan.

(English)

SHRI DALIT EZHILMALAI : We will examine the suggestions given by the hon. Members.

MR. SPEAKER : All right.

**Amount Provided and spent on  
Prevention of Aids**

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\*83. SHRI RAVI SITARAM NAIK :  
SHRI K.C. KONDAIAH :

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

(a) whether the attention of the Government has been drawn to the news-item captioned "Crores are spent on AIDS awareness, not a penny on victims" appeared in Indian Express dated May 5, 1998;

(b) if so whether the number of AIDS patients has been increasing continuously in the country despite the huge amount spent on AIDS awareness without any results;

(c) whether the amount spent for AIDS awareness was higher than the treatment of victims on account of inadequate facilities in the hospitals;

(d) if so, the details of total fund provided and spent by the Government on the prevention of AIDS during each of the last three years, State-wise;

(e) the details of AIDS control measures and facilities for treatment of AIDS victims available at present in the country, State-wise; and

(f) further steps taken by the Government to control the spread of this disease, create general awareness and provide adequate facilities for treatment of victims in the hospitals?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) to (f) A statement is laid on the Table of the House.

**Statement**

(a) Yes, Sir.

(b) No, Sir. On the other hand because of the importance given to AIDS awareness, there has been no alarming rise of AIDS cases in the country. The total reported cases of AIDS as on April, 1998 was 5209 as against 3458 in April, 1997.

(c) The thrust of the National Programme for AIDS Prevention and Control lies, in creating awareness and bringing about behaviour change, in order to prevent the further spread of disease, and empower people to protect themselves against HIV/AIDS. This is particularly important, since there is no immunisation or cure of the disease till date. Significant amount of expenditure has therefore, to be incurred on preventive measures, which are of overriding importance. Where victims of AIDS suffer from Opportunistic Infections, necessary facilities exist in the Hospitals. In order to equip the clinicians to manage cases, over 2,200 doctors have received specialised training. Some selected doctors from some of the hospitals in the country have been sent for training abroad so that they are aware of the latest systems and practices adopted there to enable them to extend up-to-date professional services.

(d) A detail is given in Annexure-I.

(e) Clinical management of HIV AIDS case is based on proper and timely diagnosis of infection and management thereof supported by counselling for prevention of transmission of infection to other people. Since there is no cure for AIDS, only palliative care and management of opportunistic infections is being provided in hospitals.

(f) In order to prevent and control the spread of HIV/AIDS in India, a comprehensive Programme is currently under implementation, as a central sponsored scheme through out the country. The strategies of the programme consist of (i) creation of awareness amongst high risk behaviour group and general public about HIV/AIDS; (ii) control of Sexually Transmitted Diseases; (iii) Blood Safety and rational use of blood; (iv) strengthening and surveillance, diagnosis and clinical management of HIV/AIDS cases. As AIDS patients are treated for Opportunistic Infections, there is no distinction between treatment of AIDS patients and other patients. State-wise details are given in Annexure-II.