

*Details of Voluntary Organisations*

| 1996-97   | (Rs. in lakhs) |
|---|----------------|
| 1. P. Perichi Gounder Memorial Charitable Trust, Coimbatore | Rs. 5.00       |
| 2. Indore Cancer Foundation, Indore, Madhya Pradesh         | Rs. 5.00       |
| 3. Indian Cancer Society, Delhi                             | Rs. 5.00       |
| 4. FJFM Hospital and Community Health Unit, Maharashtra     | Rs. 5.00       |
| 5. Dharmshila Cancer Foundation & Research Centre, Delhi    | Rs. 5.00       |
| <b>1997-98</b>  |                |
| 1. Cancer Society of Madhya Pradesh, Indore                 | Rs. 2.00       |
| 2. Cachar Cancer Hospital Society, Silchar, Assam           | Rs. 2.00       |
| 3. Bharat Charitable Cancer Hospital & Instt. Mysore        | Rs. 2.00       |

*[Translation]***Family Planning Programmes**

4902. DR. RAMKRISHNA KUSMARIA :  
 SHRI S.S. OWAISI :  
 SHRI PANKAJ CHOUDHARY :  
 SHRI NARESH PUGLIA :  
 SHRI AJAY KUMAR S. SARNAIK :  
 SHRI RANJIB BISWAL :  
 SHRI N. DENNIS :

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

(a) the names of the States having birth and death rates above the national average during the last two years;

(b) whether the country stood behind the progress in the family planning during 8th plan;

(c) if so, the reasons therefor;

(d) the name of the states lagging behind the target of implementation of Family Planning Programme;

(e) the steps taken by the Government to reduce the birth rate;

(f) whether the Government determined to take fresh initiatives to popularise the small family norms in the country;

(g) if so, the details of special programmes for the traditional groups formulated for the purpose;

(h) whether the Government plan to slow down the implementation of FPP in remote tribal areas; and

(i) is so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) : (a) A statement giving the names of States & UT's having birth and death rates above national average as per Sample Registration System 1995 and 1996 is annexed.

(b) Although birth rate has declined in the country from 28.3 in 1995 to 27.5 in 1996 which is indicative of sizeable impact of Family Welfare Programme, as per Sample Registration System 1996 but the crude birth rate was 27.5 as against the target of 8th Plan of a crude birth rate of 26 at all India level.

(c) and (d) The national target of crude birth rate of 26 could not be achieved by the States of Assam, Bihar, Haryana, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh among major States. The factors responsible for

tardy implementation of family welfare programme in these States are limited support by state leadership and community for the programme, slow progress in education particularly of women and weak accountability of field health functionaries for delivery of good results.

(e) to (g) The overriding objective guiding the Family Welfare Programmes continues to stabilise population of the country at a level consistent with the needs of national development. The system of Centrally determined method-specific targets for family planning has been dispensed with since April, 1996 in all the States/UTs. Immunization, Vitamin-A supplementation and Oral Rehydration Salt therapy will be sought to be provided to all needy children, maternity services including vaccination for Tetanus and treatment for anaemia will be provided to all women in reproductive age group and birth control facilities will be provided to desirous couples and they will be encouraged to use these more during IX Plan.

#### Statement

*Statement showing names of States/UTs having birth and death rates above the national average during 1995 and 1996.*

| Year | Birth rate<br>the national<br>level | States/UTs with birth<br>rate above national<br>average  | Death rate<br>at the<br>national<br>level | States/UTs' with<br>death rate<br>above national<br>average   |
|------|-------------------------------------|--|---|---|
| 1995 | 28.3                                | Assam, Bihar, Haryana,<br>Madhya Pradesh,<br>Meghalaya, Rajasthan,<br>Uttar Pradesh, Dadra<br>& Nagar Haveli | 9.0                                       | Assam, Bihar,<br>Madhya Pradesh,<br>Orissa,<br>Rajasthan,<br>Uttar Pradesh                          |
| 1996 | 27.5                                | Assam, Bihar, Haryana,<br>Madhya Pradesh,<br>Meghalaya, Rajasthan,<br>Uttar Pradesh, Dadra<br>& Nagar Haveli | 9.0                                       | Assam, Bihar,<br>Madhya Pradesh,<br>Orissa,<br>Rajasthan,<br>Uttar Pradesh,<br>Dadra & Nagar Haveli |

The Reproductive and Child Health Programme (RCH), which is an integrated approach to the family welfare programme is being implemented in the Ninth Five Year Plan. The concept of RCH is to provide to the beneficiary need based, client centered, demand driven

and high quality services. This is being sought to be achieved by improving facilities for family welfare services under various specific programmes.

(h) and (i) No, Sir.