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Faculty Development Program for IIHMR Group of Institutions

Population Policy and Family Welfare Program in India

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Dr B. S. Singh
Associate Professor
IIHMR Delhi

Dr B. S. Singh is a demographer and monitoring & evaluation specialist. He obtained Ph.D in Population Studies and Certificate Course in Population Studies (CPS) from the International Institute for Population Sciences, Mumbai. He has completed Certificate Course in Planning and Management Information Systems from Management Sciences for Health (MSH), Boston, Massachusetts, United states of America. He has worked in several large-scale project supported by USAID-India in the area of Maternal, New Born, Child Health, Family Planning and Urban Health during the period of 1995-13. Prior joining IIHMR, New Delhi, he worked as Project Director in Health of the Urban Poor project implemented by IIHMR, Jaipur, Deputy General Manager (Research & Evaluation) in State Innovations in Family Planning Services Project Agency (SIFPSA), Lucknow, Assistant Director in MAMTA- Health Institute for Mother & Child, New Delhi and Head-MIS & System in Deepak Foundation, Vadodara. His areas of interest are program planning, monitoring & evaluation, health survey research and project management. In addition to several research publication, he has also published a book " Methods for estimating demographic parameters at sub-national level".

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Population Policy and Family Welfare Program in India

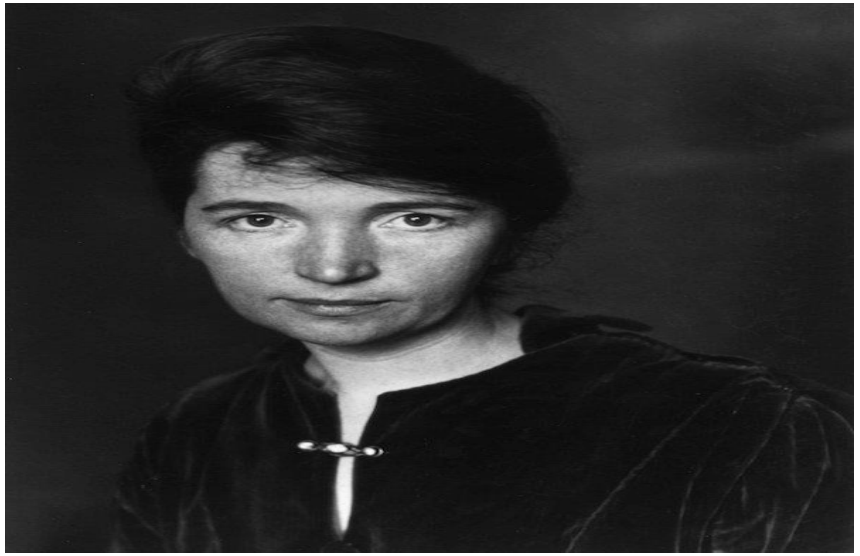
By

Dr B. S. Singh

Faculty Development Program

March 13, 2021

Margaret Sanger (1879–1966)



- She was one of 11 children born into a Roman Catholic working-class Irish American family. Her mother, Anne, had several miscarriages, and Sanger believed that all of these pregnancies took a toll on her mother's health and contributed to her early death at the age of 40 (some reports say 50). The family lived in poverty as her father, Michael, an Irish stonemason, preferred to drink and talk politics than earn a steady wage.

- Margaret Sanger was a **nurse,** early feminist and women's rights activist who coined the term "birth control" and worked towards its legalization.
- In 1910, activist and social reformer Margaret Sanger moved to New York City, settling in the Manhattan neighborhood of Greenwich Village and started a publication promoting a woman's right to birth control (a term that she coined). Obscenity laws forced her to flee the country until 1915.
- In October 16, 1916, she opened the first birth control clinic in the United States. **Nine days after the clinic opened, Sanger was arrested** Sanger fought for women's rights for her entire life.
- **In 1921, She established organizations that evolved into the Planned Parenthood Federation of America. From 1952 to 1959, Sanger served as president of the International Planned Parenthood Federation. She died in 1966 and is widely regarded as a founder of the modern birth control movement**
- "No woman can call herself free until she can choose consciously whether she will or will not be a mother," Sanger said.
- Sanger focused her work on one basic principle: "Every child should be a wanted child.“ (Current Wanted TFR for India is 1.8)

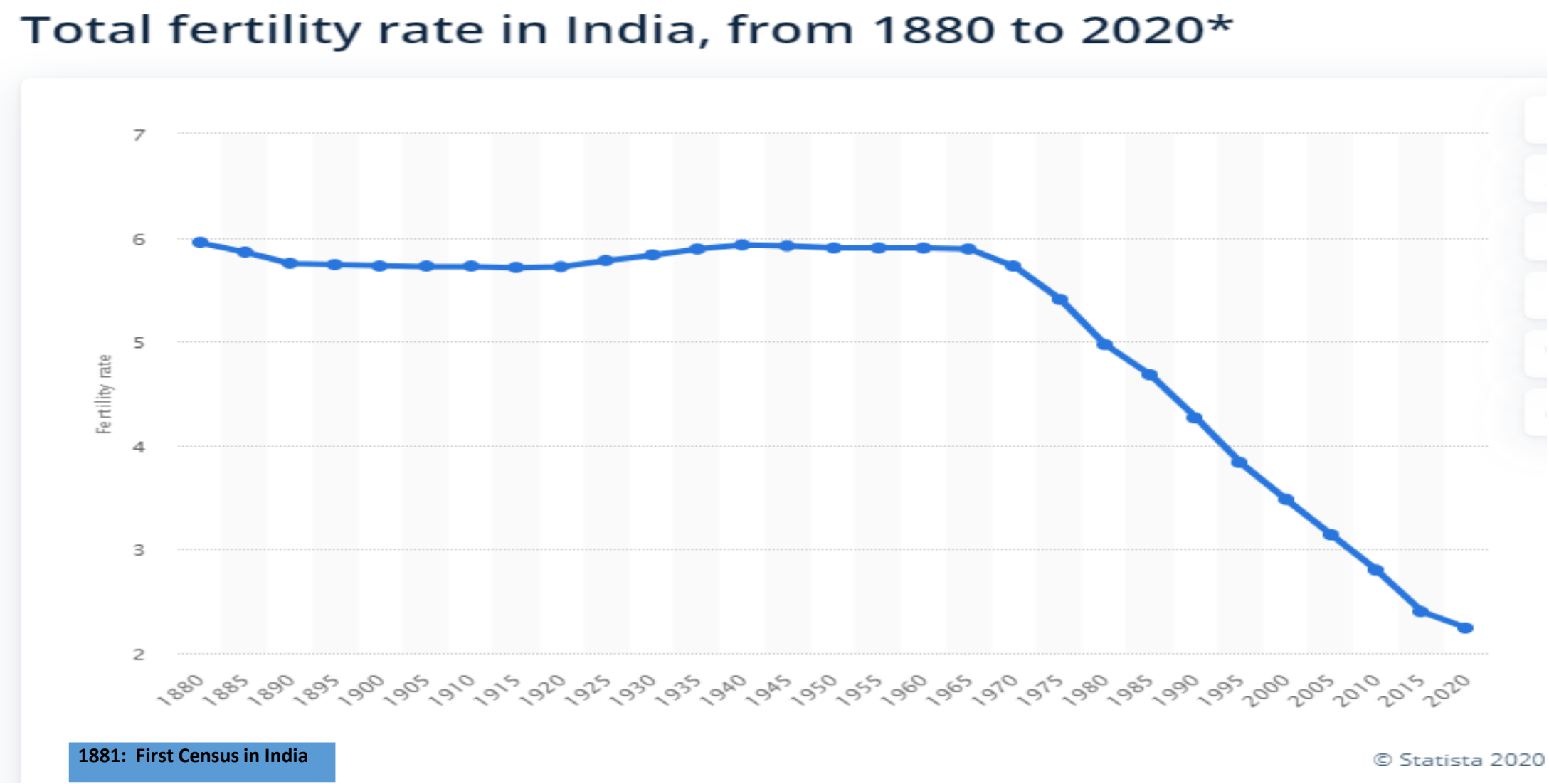
India Vs China

- The **current world population** is 7.8 billion
- India is the second-most populous country (1.37 billion- 17.7% of the total **world population**) and by 2027, India's population is projected to surpass China's (**18.5%** of the total world population)
- India's land area is **3.287 million** square kilometres which is about one-third of China's area (i.e 9.597 million square kilometres)

- India's average Life expectancy is 69 years as against China (77.3 years)
- Total Fertility Rate for India (5.6) and China (5.7) are same in 1970 However

  The current fertility rate for **India** is 2.2 births per woman as against 1.7 for China
- Death Rate of India as well as China are same i.e 6-7 per 1000 population
- MMR of India is 113 as against 29 for China
- CPR (modern method) for India is 48 as against 81 for China

Total Fertility Rate In India

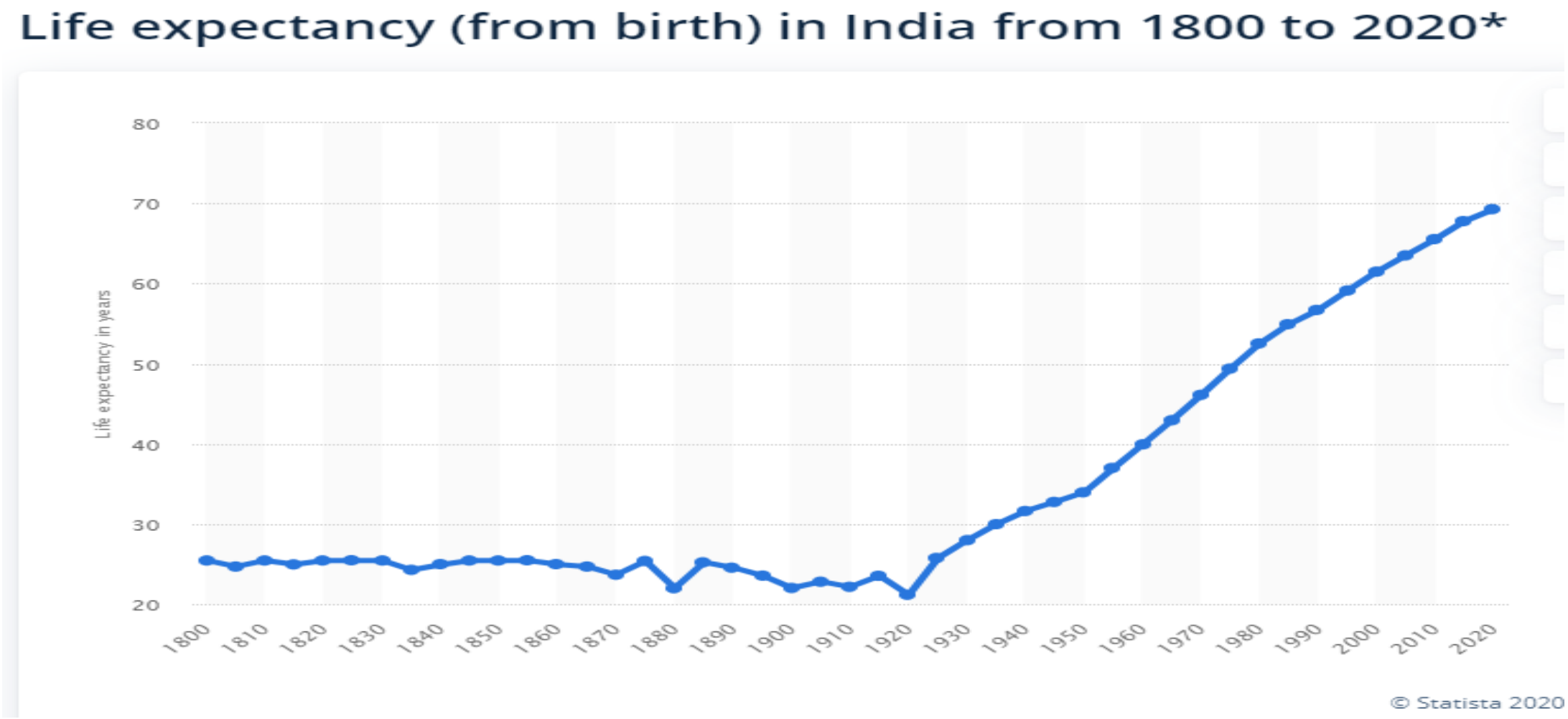


Total Fertility Rate of India and its States

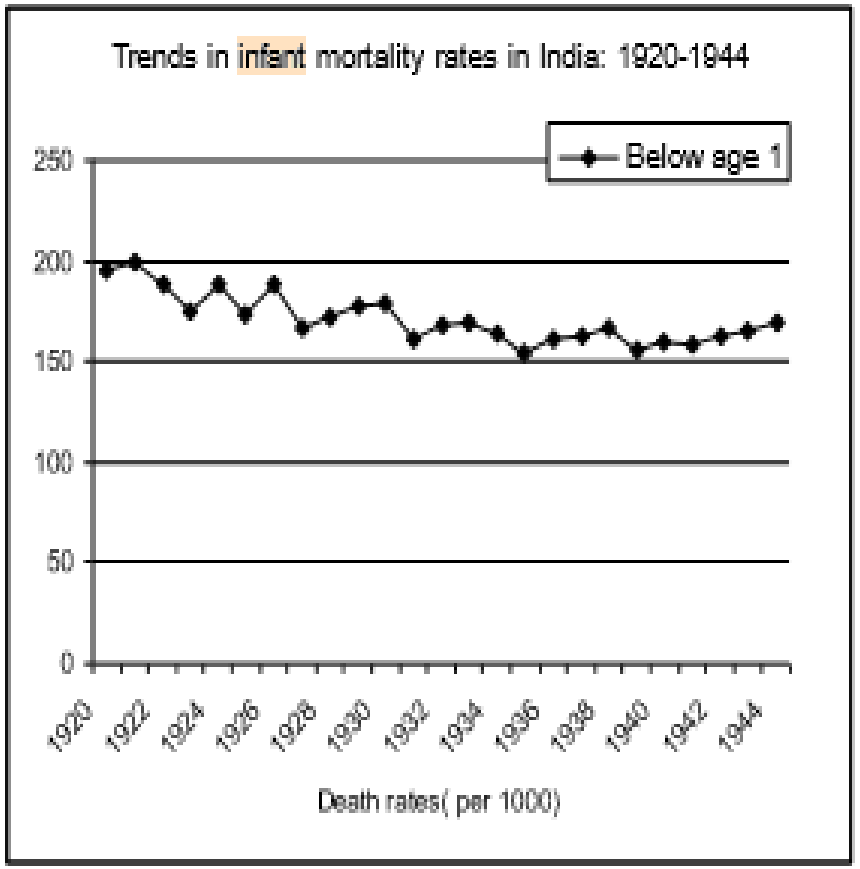
States/UTs	TFR	States/Uts	TFR	States/UTs	TFR
Southern States		Uttarakhand	**1.8**	Gujarat	**2.1**
Andhra Pradesh	**1.6**	North Eastern States		Maharashtra	**1.7**
Telangana	**1.6**	Assam	**2.2**	West Bengal	**1.5**
Tamil Nadu	**1.6**	Meghalaya*	**2.9**	Himachal Pradesh	**1.6**
Karnataka	**1.7**	Manipur*	2.2	Union Territories (Uts)	
Kerala	**1.7**	Mizoram*	1.9	Delhi	**1.5**
Empowered Action Group (EAG) States		Nagaland*	1.7	Andaman & Nicobar Islands*	1.3
Bihar	**3.2**	Sikkim*	1.1	Dadra & Nagar Haveli and Daman & Diu*	1.8
Jharkhand	**2.5**	Tripura*	1.7	Jammu & Kashmir*	1.4
Madhya Pradesh	**2.7**	Aurnachal Pradesh**	2.1	Ladakh*	1.3
Chhattisgarh	**2.4**	Other States		Lakshadweep*	1.4
Odisha	1.9	Haryana	**2.2**	Puducherry **	1.7
Rajasthan	**2.5**	Punjab	**1.6**	Chandigarh**	1.6
Uttar Pradesh	**2.9**	Goa*	1.3	India	2.2

Source:- SRS- 2018, * & ** indicate the source of NFHS-5 (2019-20) & NFHS-4 (2015-15)

Life Expectancy at Birth in India



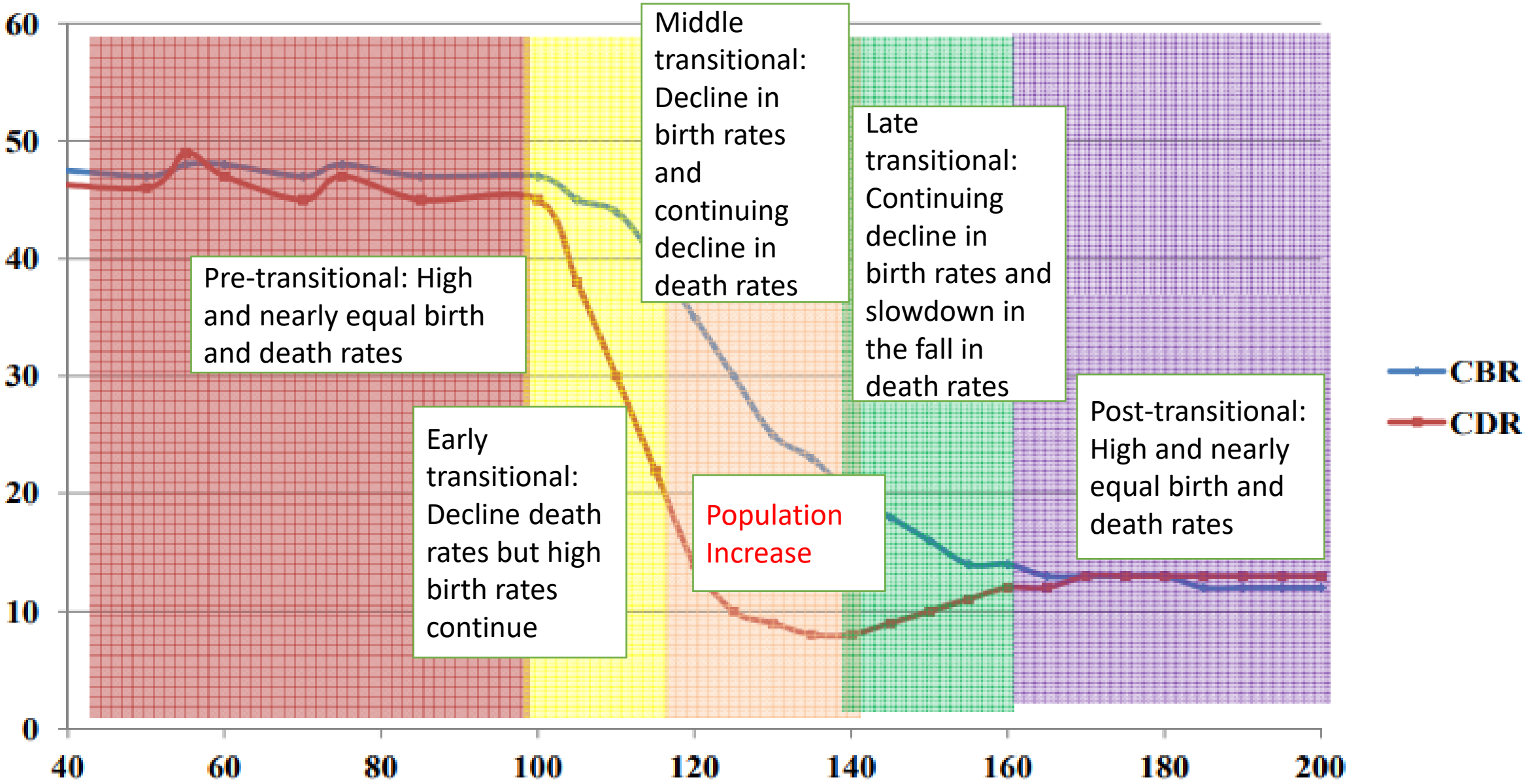
Development Indicators: India , 1901-51



Year	CBR	CDR	Year	Female Age at Marriage (in years)*	Percent Urban Population	Population literacy rate
1901-11	49.2	42.6	1911	12.8	10.27	5.90
1911-21	48.1	47.2	1921	13.0	11.18	7.20
1921-31	46.4	36.3	1931	13.5	12.01	9.50
1931-41	45.2	31.2	1941	14.9	13.87	16.10
1941-51	44.0	27.4	1951	15.4	17.29	18.33

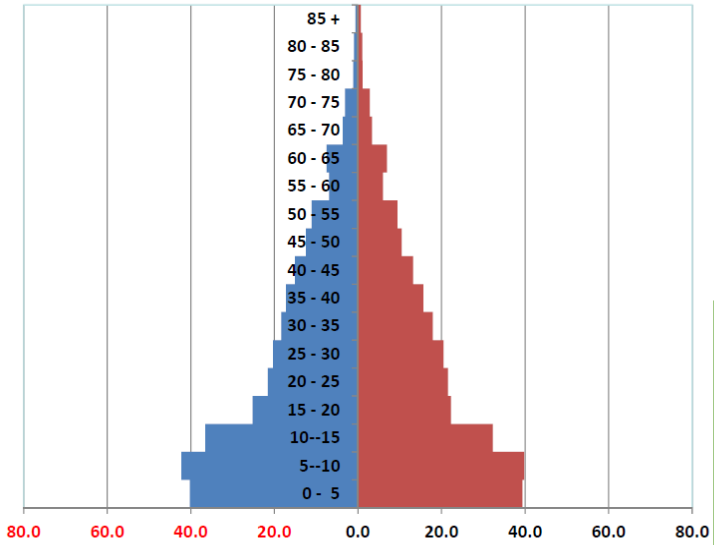
Source: Guha,1991.

Demographic Transition: Stages



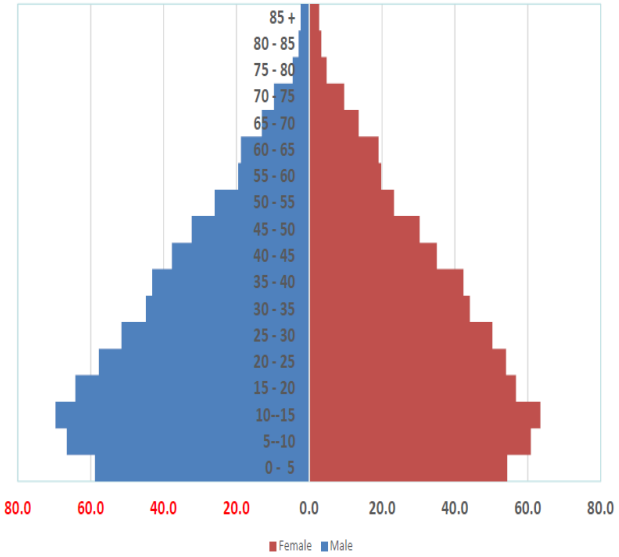
No Demographic Dividend

1971



Demographic Dividend Starts

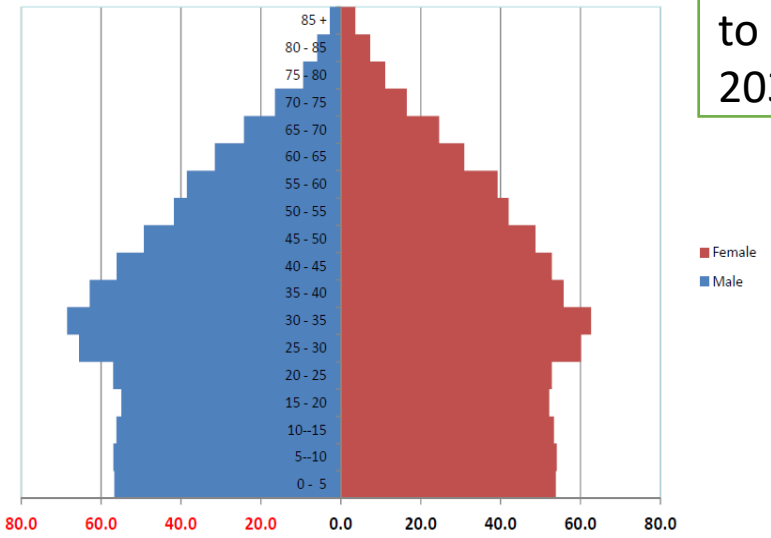
2011



Proportion of the working-age population is expected to increase from 61% in 2011 to 65% in 2036

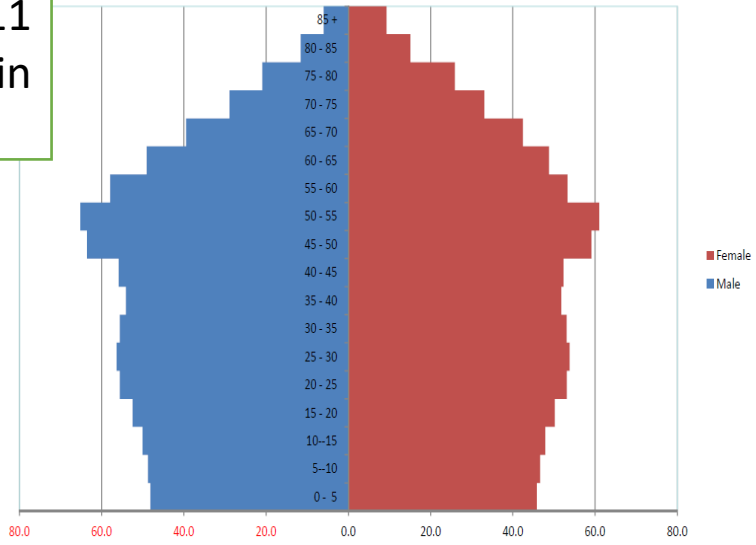
High Demographic Dividend

2031

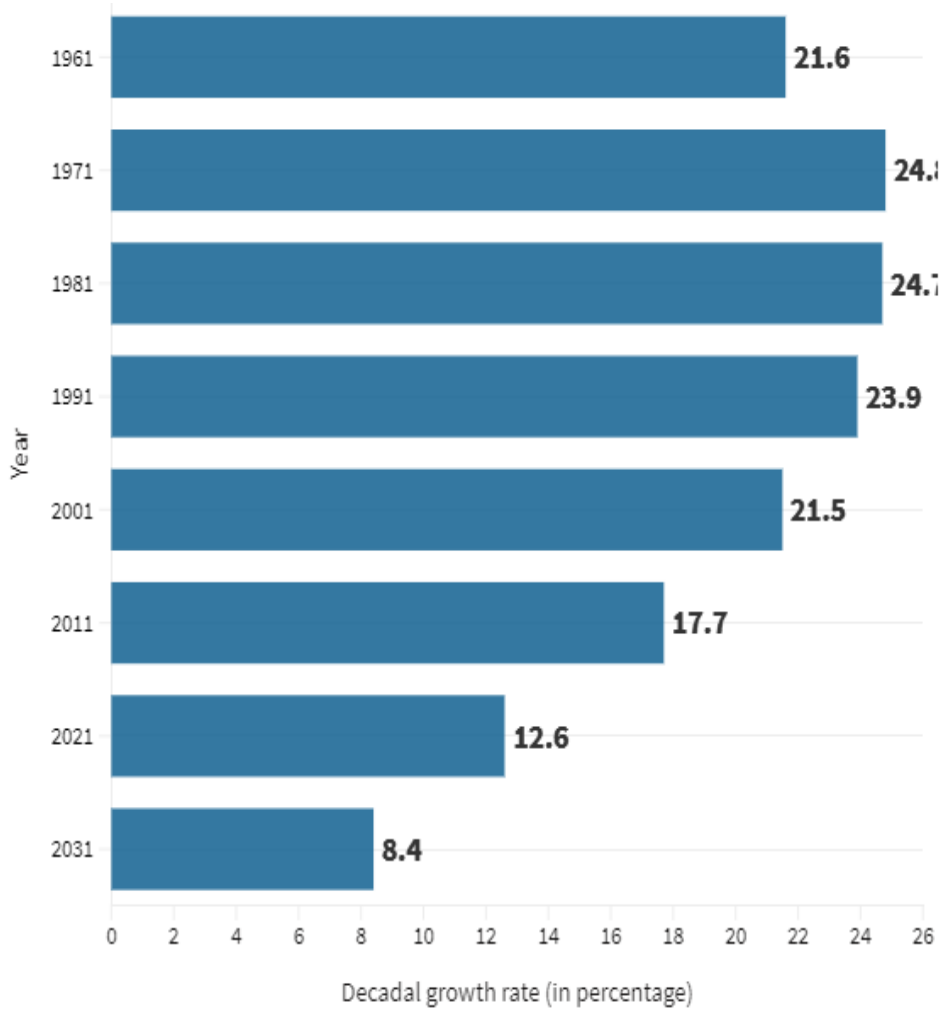


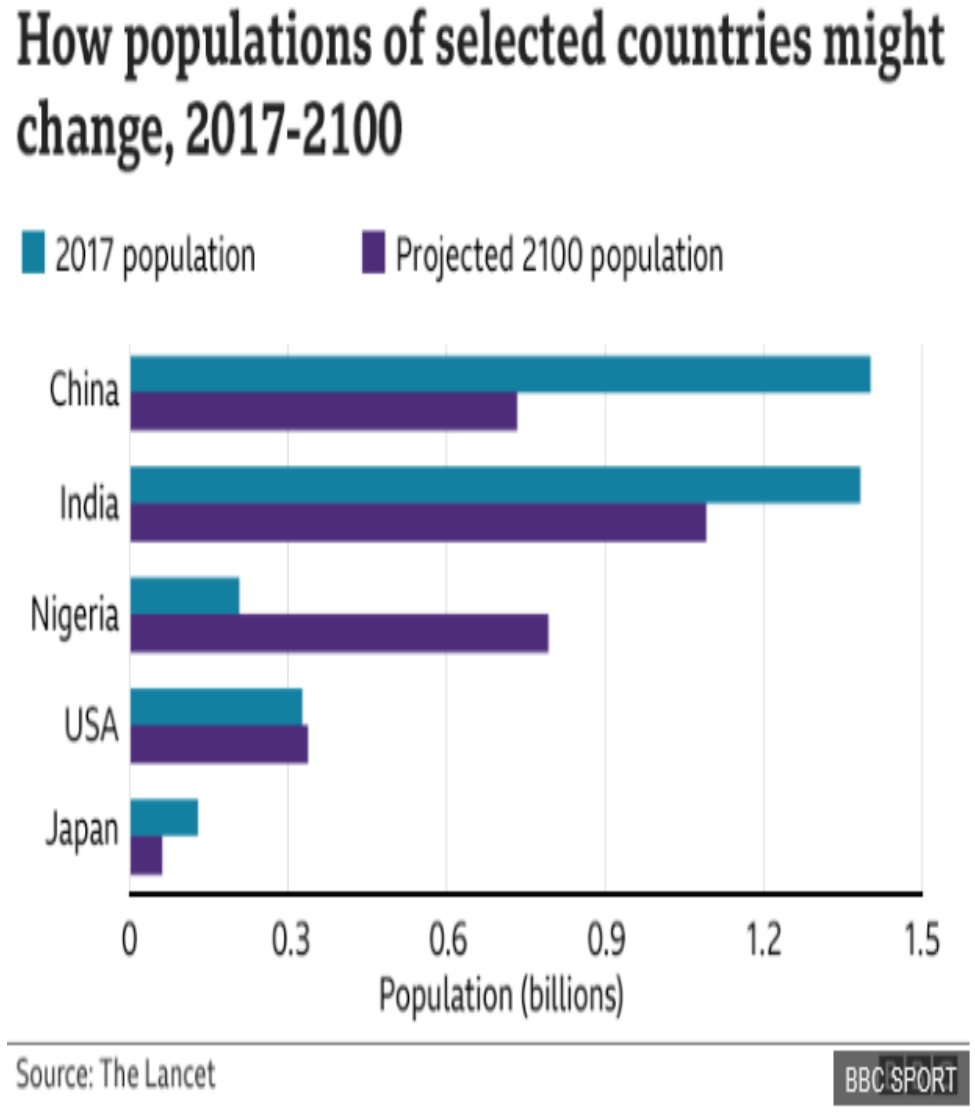
Phasing Out of Demographic Dividend

2051



Population growth rate since independence



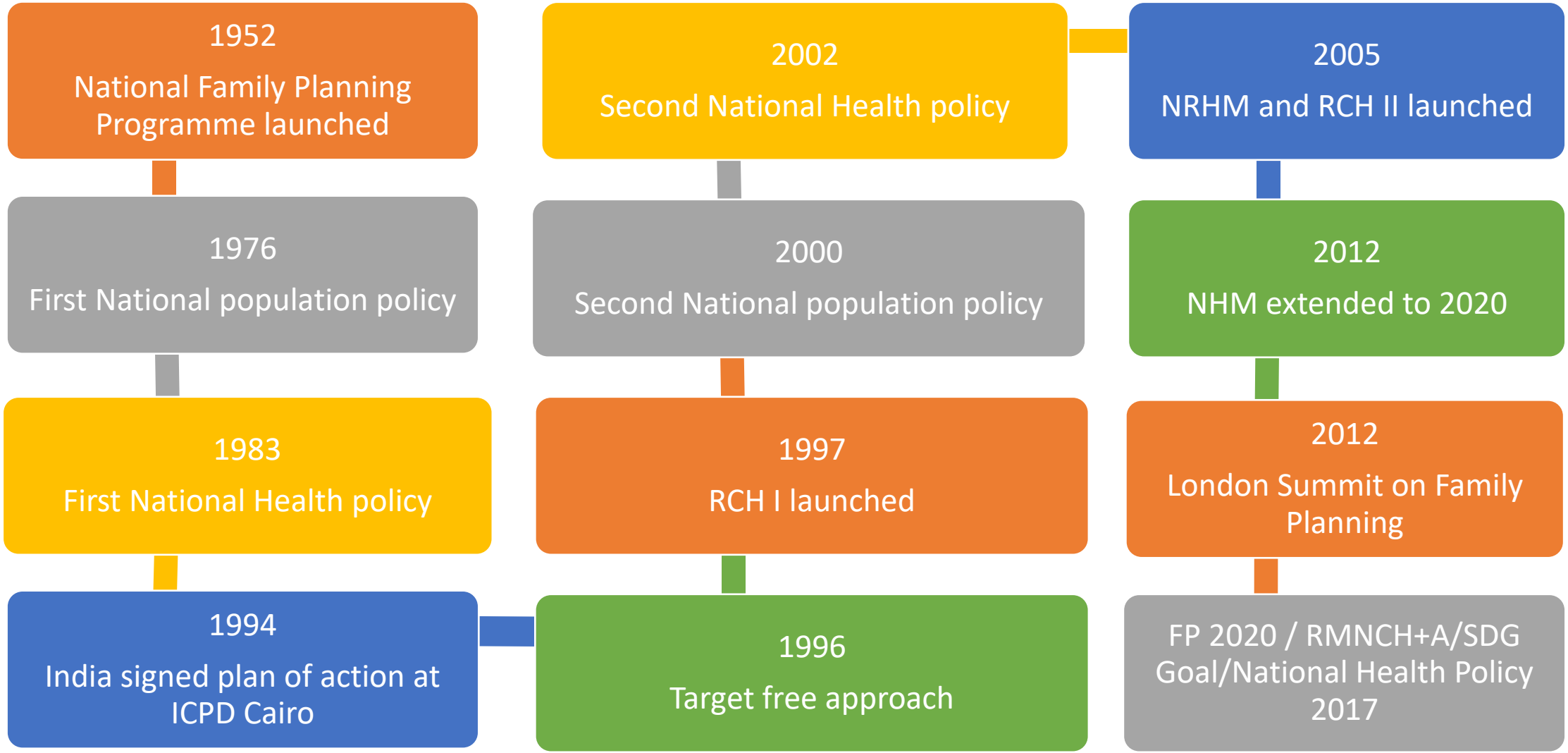


Source: Report of the technical group on population projections , Census of India

Population Control Through Development &/ Law

- The World Population Conference was organized by the United Nations and held in Bucharest, Romania, from 19 to 30 August 1974. This Conference, the first of an intergovernmental nature, was attended by representatives of 135 countries. The debate focused on the relationship between population issues and socio-economic development
- The statement "Development is the best contraceptive," made by Dr Karan Singh at the World Population Conference in Bucharest in 1974, highlighted a change of thinking and the need for a more balanced approach to population control.
- Several Studies also shows that Education, change in marriage pattern, expanding the basket of choice and **Reducing the unmet need by an improved access to voluntary family planning services, supplies and information,** child survival etc effect the fertility.
- The mass sterilisation drive of 1976 was one of the most infamous incidents of the 21-month (25 June 1975 until its withdrawal on 21 March 1977) period known as the "Emergency," which Prime Minister Indira Gandhi had declared the year prior, suspending the Indian constitution. In 1976 alone, the Indian government sterilised 6.2 million men.
- One Child Policy was introduced by China in 1979. Decline growth rate of China (Annual growth rate in 2019 is 0.33) due to strict birth Control

Milestones in Family Planning Programme in India



Government Policy to Control Population Growth

Pre-Independence Period

The British rulers of the country were not interested in formulating any population policy for India, nor they were in favour of the birth control movement. The reasons for this being,

(1) In their own homeland the birth control issue was itself controversial and

(2) The general policy of British was to keep away from any measures which would be considered by the Indians as an intrusion on their own traditions, customs, values and beliefs.

- However, the intelligentsia in India was aware of the problem of growing population and did advocate birth control. Among them Pyare Kishan Wattal was the pioneer who wrote a book on Population Problem in India in 1916, followed by R.D. Karve, Rabindranath Tagore, P.N. Sapru, Jawaharlal Nehru and Bhore Committee among others who advocated birth control.
- Gandhiji also favoured birth control but emphasized natural methods like self-control or abstinence and safe period instead of artificial methods of birth control.
- The logical and systematic policies of birth control were put in force after independence."

Government Policy to Control Population Growth

The Period of Neutrality, 1947-51

- The period following independence and before the beginning of the planning era was one of neutrality. The Government of India was busy with the post-independence problems like rehabilitation of the people following the Partition, reorganization of the States and Pakistan's invasion of Kashmir. However, at one of the meetings of the Planning Commission in 1949, Jawaharlal Nehru laid emphasis on the need for family planning programme in India.

Government Policy to Control Population Growth

The Period of Experimentation, 1951-61

- During the first decade (1951-61) of planned economic development, family planning as a method of population control was started as a government programme in India. The National Family Planning Programme was launched in 1952 with the objective of "reducing birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of the national economy."

- This programme was started on an experimental basis with a Plan outlay of Rs. 65 lakh in the First Plan and Rs. 5 crore in the Second Plan. It was based on Clinical Approach to provide service to those who were motivated to visit family planning centres set up by the Government.

- In the 1st five year plan, provision of studies on inter-relationships between economic, social and population changes was made for the formulation of a national population policy and the development, of appropriate measures for population planning based on factual information

Government Policy to Control Population Growth

The beginning of the policy of population control

- By 1961-62, population control was accepted as “an essential element in the strategy of development” to achieve a faster rate of economic growth
- Mudaliar Committee (The Health Survey and Planning Committee) was appointed in 1961 with a view to suggesting an adequate programme for implementing the policy of population control from the 3rd plan onwards
- The Committee recommended appointing a minister for population control, extending facilities for voluntary sterilization throughout country, legalizing aboration, mass importing and subsidizing cheap contraceptives, promoting intensive research on fertility control and providing economic incentives for those who limit their family
- A separate department of family Planning was created in 1966 in the ministry and thereafter the Janata government named the FP dept. as department of family Welfare in the year 1977
- The scheme of Immunisation of infants and pre-school children with DPT, immunisation of expectant mothers against tetanus, nutritional programme for control of blindness caused by Vitamin 'A' deficiency among children were implemented through family welfare planning centres.

Contraceptive Method Available During 1950s and 1960s

- 1951-52- Rhythm method
- 1954- Vasectomy -During the Second World War, vasectomy was finally regarded as a method of birth control. The 1st vasectomy program on a national scale was launched in 1954 in India but the Indian government began aggressively promoting sterilisation in the 1970s
- 1960s- Pill. Currently 4.2% women are using Pill
- 1965- With the approval of the Indian Council of Medical Research, the Lippes **Loop was the first IUD to be introduced into the Family Welfare Program (FWP) of India in 1965**. This was followed by the introduction of the Copper T 200B in 1975. The copper-bearing IUDs—the Copper T 380A (CuT 380A) and Multiload 375 (ML 375)—are approved for ten years and five years of use respectively; Currently 1.5% women are using IUCD or PPIUCD
- 1968- Nirodh (a.k.a. Deluxe Nirodh) is the first **condom** brand produced in **India**. **Introduced** in 1968, the **condom** is credited with the success of the family planning and birth control campaign in the country. Currently 6.1% People are using Condom.

First National Population Policy 1976

- **For the first time, National Population Policy was announced in 1976 to mount "a direct assault on the problem of numbers. Its salient features were:**
- (1) To raise the age of marriage for girls to 18 years and for boys to 21 years;
- (2) To take special measures to raise the level of female education in all States;
- (3) Raising the monetary incentive to persons undergoing sterilisation according to the number of children in the family; and
- (4) Additional incentives to government employees undergoing sterilisation, having upto two children.

Targets of sterilisation were fixed in all the States. As a result, the number of sterilisations rose from 9.4 lakh in 1973-74 to 82.6 lakh in 1976-77. But this was due to the adoption of compulsory sterilisation by the majority of State governments. Taking advantage of the emergency, many States resorted to unfair and coercive methods to sterilise people of all ages. This led to mass resentment and unrest among the people. As a result, family planning programme became very unpopular.

New Population Policy in 1977

- **In the post-emergency period, the Janata Government announced a New Population Policy in 1977. The main features of this policy were:**
- (a) Renaming the family planning programme into family welfare programme;
- (b) Fixing the marriage age for girls at 18 years and for boys at 21 years. This has been implemented by the Child Marriage Restraint (Amendment) Act, 1978;
- (c) Making sterilisation voluntary;
- (d) Including population education as part of normal course of study;
- (e) Monetary incentive to those who go in for sterilization and tubectomy;
- (f) Private companies to be exempted in corporate taxes if they popularise birth control measures among employees;
- (g) Use of media for spreading family planning in rural areas, etc. this policy put an end to compulsory sterilisation and laid emphasis on voluntary sterilization. This slowed down the family planning programme. As a result, the number of sterilizations fell from 82.6 lakh in 1976-77 to 9 lakh in 1977-78.

First National Health Policy 1983 & Health for All by 2000

- The Alma-Ata conference called for acceptance of the WHO goal of health for all by 2000 and ‘Primary Health Care’ as a way to achieve Health for All
- Alma-Ata Declaration called on all the governments to formulate National Health Policy according to their own circumstances, to launch and sustain primary health care as a part of national health system
- The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of "Health for All" around the globe
- National Health Policy 1983 – NRR will 1 (i.e 2 child family) by 2000

World Population Conference

- A World Population Conference was held in Geneva from 29 August to 3 September 1927, organized by the League of Nations and Margaret Sanger
- World Population Conference, Rome, 31 August–10 September 1954, Rome, Italy; academic conference organized by the UN;
- World Population Conference, Belgrade, 30 August–10 September 1965, Belgrade, Yugoslavia; expert level conference organized by the International Union for the Scientific Study of Population (IUSSP) and the UN;
- Bucharest World Population Conference, 19–30 August 1974, Bucharest, Romania; the first International Conference on population organized at the intergovernmental level by the United Nations, attended by more than 1,400 delegates from 136 countries (from a total of 138 UN member states at the time);
- International Conference on Population, 6–14 August 1984, Mexico City, Mexico; the second International Conference on population, attended by representatives of 147 member states (from a total of 157 UN member states at the time);
- International Conference on Population and Development, 5–13 September 1994, Cairo, Egypt; the third International Conference on population under the auspices of the UN, attended by 179 governmental delegations from UN member states, 7 observers at governmental level, the European Union, and several hundred NGOs.
- The term 'reproductive health' was defined by the United Nations (UN) in 1994 at the Cairo International Conference on Population and Development. India signed plan of action at ICPD Cairo

ICPD Goals- 1994

The conference delegates achieved consensus on the following four goals

- **Universal education**: Universal primary education in all countries by 2015. Urge countries to provide wider access to women for secondary and higher level education as well as vocational and technical training;
- **Reduction of infant and child mortality**: Countries should strive to reduce infant and under-5 child mortality rates by one-third or to 50–70 deaths per 1000 by the year 2000. By 2015 all countries should aim to achieve a rate below 35 per 1,000 live births and under-five mortality rate below 45 per 1,000.
- **Reduction of maternal mortality**: A reduction by 1/2 the 1990 levels by 2000 and 1/2 of that by 2015. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.
- **Access to reproductive and sexual health services including family planning**: Family-planning counseling, pre-natal care, safe delivery and post-natal care, prevention and appropriate treatment of infertility, prevention of abortion and the management of the consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and education, counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Services regarding HIV/AIDS, breast cancer, infertility, and delivery should be made available

Target-Free Approach in Family Planning-1996

- In 1996 the Government of India initiated the Target-Free Approach (TFA) in family planning as a result of dissatisfaction with over-emphasis on demographic targets, leading to a numbers game, insensitivity to client needs, low demographic impact, violation of reproductive rights, neglect of the quality aspect, and stagnation of the programme

RCH Programme 1997

- The Reproductive and Child Health (RCH) Programme was launched throughout the country on 15th October, 1997. This programme aimed at achieving a status in which women will be able to regulate their fertility, women will be able to go through their pregnancy and child birth safely, the outcome of pregnancies will be successful and will lead to survival and well being of the mother and the child.

National Population Policy 2000

- India's population reached 100 crore on May 11, 2000 and it is estimated that if current trends of population increase continue India will become the most populous country in the world by 2045 when it would overtake China.
- During the 20th century, India's population increased nearly five times from 23 crore to 100 crore, while during the same period world's population increased nearly three times from 200 crore to 600 crore.
- With 1.55 crore current annual increase in population, it seems difficult to maintain a balance to conserve the resource endowment and environment in the country. For promoting sustainable development with more equitable distribution, there is an urgent need to stabilize population.
- To meet the reproductive and child health needs of the people of India and to achieve TFR= 2.1 by 2010, the provision of policy framework for advancing goals and priorities to various strategies is available in the National Population Policy announced on 15 February, 2000.
- The basic aim of this policy is to cover various issues of maternal health, child survival and contraception and to make reproductive health care accessible and affordable for all.
- NRR=1, IMR= below 30 MMR= below 100, Institutional Delivery=80, universe immunization of children etc to be achieved by 2010.

NRHM/NHM & RCH II- 2005

- The second phase of RCH program i.e. RCH – II was launched on 1st April, 2005 . The main objective of the program was to bring about a change in mainly three critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality rate with a view to realizing the outcomes envisioned in the Millennium Development Goals.
- The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups.
- The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

NHM Objectives:

- Reduction of infant mortality and maternal mortality.
- Universal access to public health services such as women's health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
- Prevention and control of communicable and non-communicable diseases.
- Population stabilization, gender & demographic balance.
- Access to integrated comprehensive primary health care.
- Promotion of healthy lifestyles.

RMNCH+A intervention to reduce child mortality & to improve maternal health- 2013

- National commitment to 'A Promise Renewed-Global Call to Action in June 2012 at Washington D.C. and India's : Child survival –Call to Action in February, 2013 at Mahabalipuram and the comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy was thereafter unveiled in May, 2013.
- This is a comprehensive strategy for improving the maternal and child health outcomes , under NRHM
- It is based on the evidence that maternal and child health cannot be improved in isolation as adolescent health and family planning have an important bearing on the outcomes.
- GoI launched a 3 year national campaign to accelerate achieving MDG 4 (to reduce child mortality) & 5 (to improve maternal health) by end of 2015

What does RMNCH+A stand for?

Reproductive, Maternal, New-born, Child & Adolescent Health : Links maternal and child survival to other components (family planning , adolescent health, gender & PC & PNDT)

Plus denotes

inclusion of **adolescence** as a distinct 'life stage' in the overall strategy

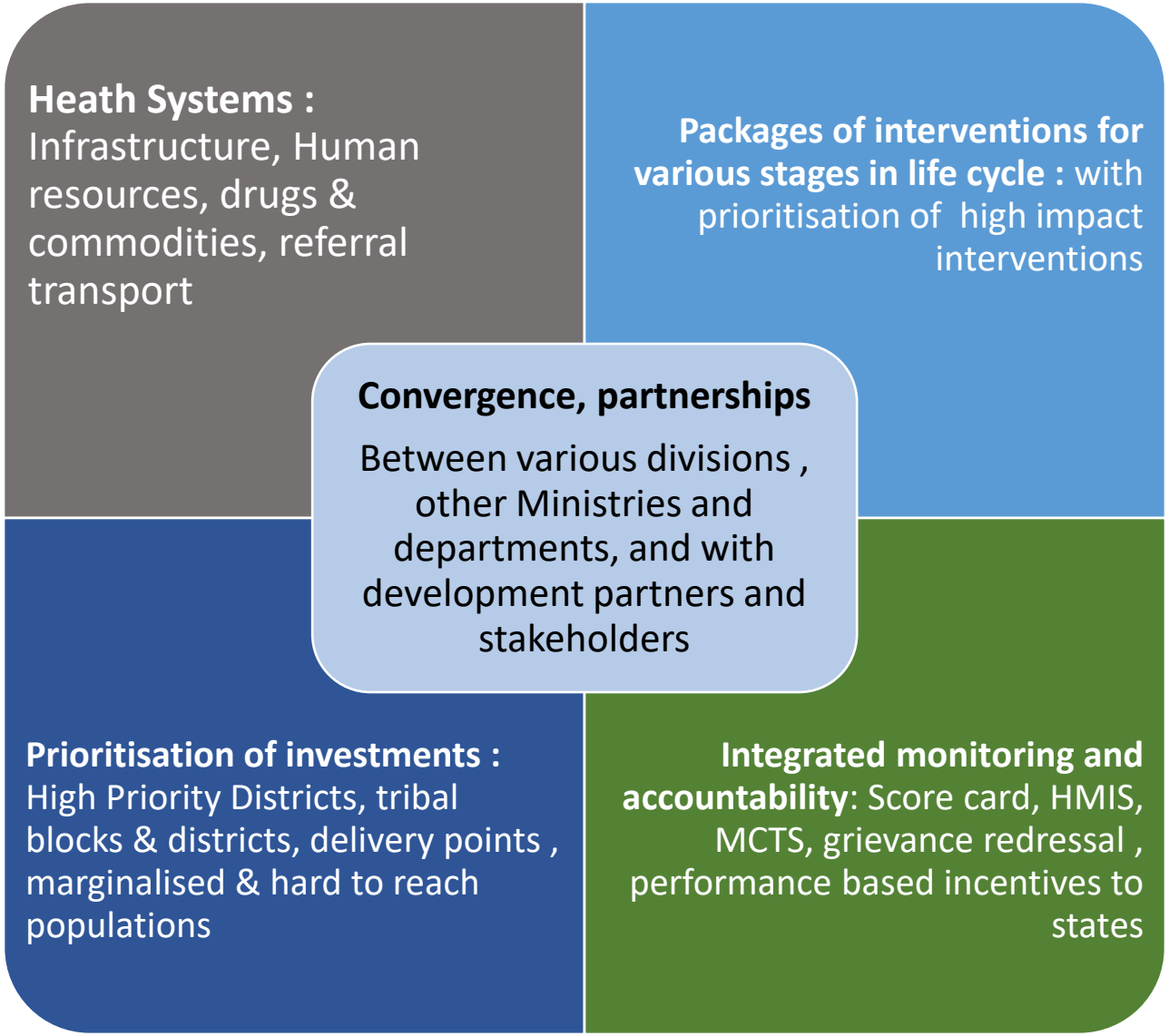
Links community and facility based care as well as referrals between various levels of health care system

- Adolescent Health Package
- Reproductive Health package
- Antenatal & Intrapartum care package
- Newborn Care package
- Postpartum family planning, spacing methods
- Under five child health package

Objective

To **achieve 12th FYP/MDG** targets through maximising gains in terms of improved RMNCH+A outcomes in **identified 184 High priority districts (HPDs)** by intensifying **efforts, adopting standardised** approach and harmonised action involving Partner agencies and all other stakeholders. **These districts have been identified applying composite Health Index**

Key features of RMNCH+A



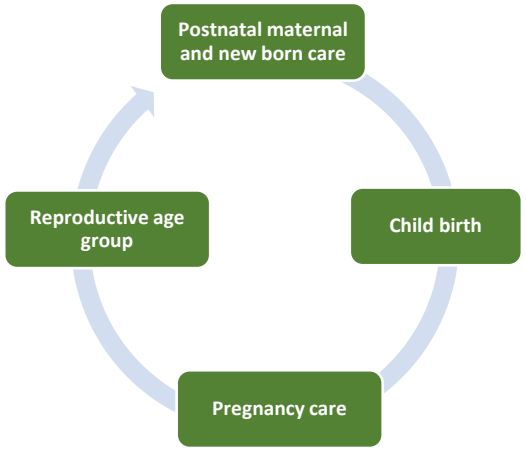
Score Card: Indicators across the life cycle

Proportion of:

- Newborns breast fed within 1 hour to total live births
- Women discharged in less than 48 hours of delivery in public institutions to total no. of deliveries in public institutions
- Newborns weighing less than 2.5 kg to newborns weighed at birth
- Newborns visited within 24hrs of home delivery to total reported home deliveries
- Infants 0 to 11 months old who received Measles vaccine to reported live births

Proportion of:

- Post-partum sterilization to total female sterilization
- Male sterilization to total sterilization
- IUD insertions in public plus private accredited institution to all family planning methods (IUD plus permanent)



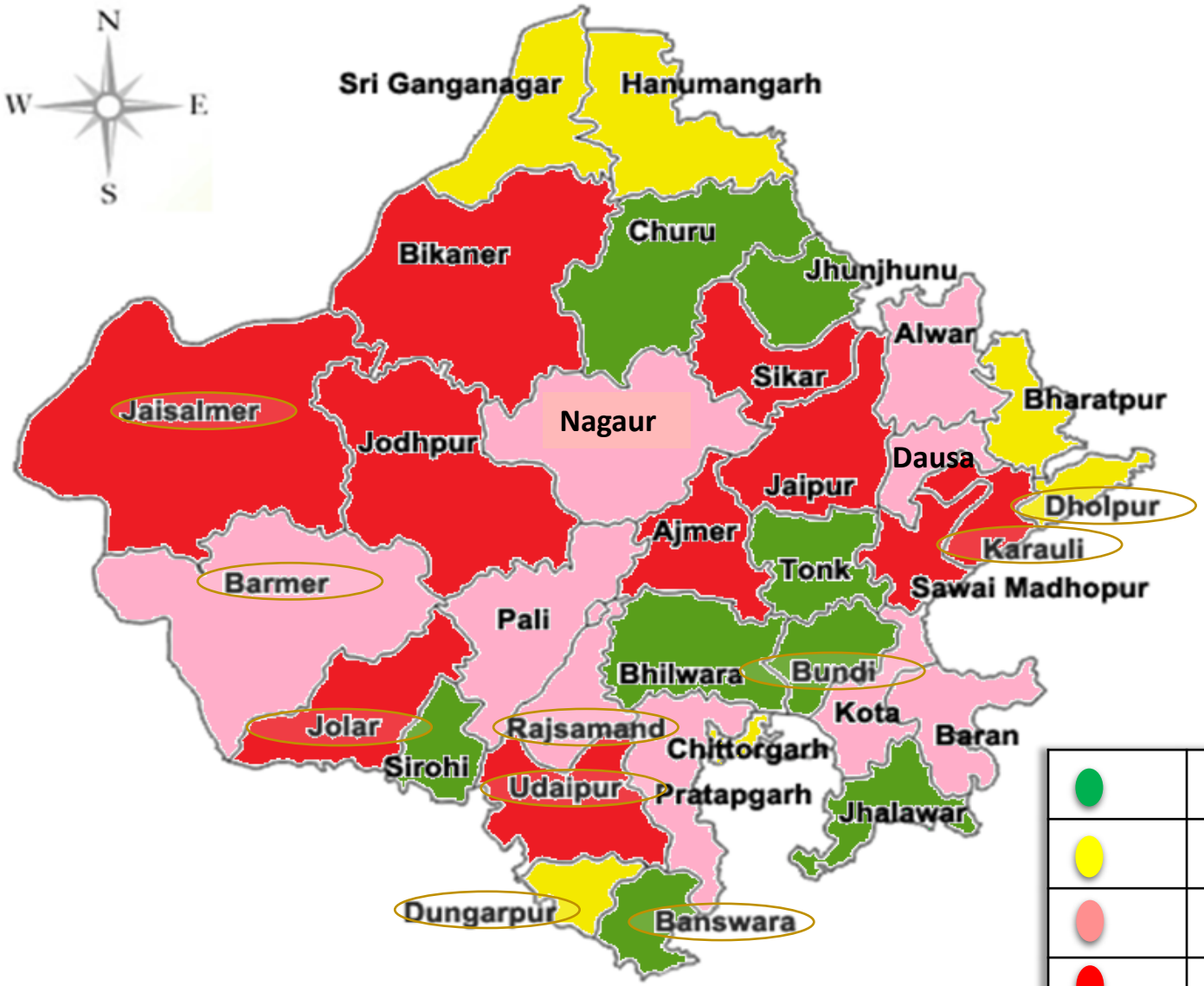
Proportion of:

- SBA attended home deliveries to total reported home deliveries
- Institutional deliveries to ANC registration
- C-Section to reported deliveries

Proportion of:

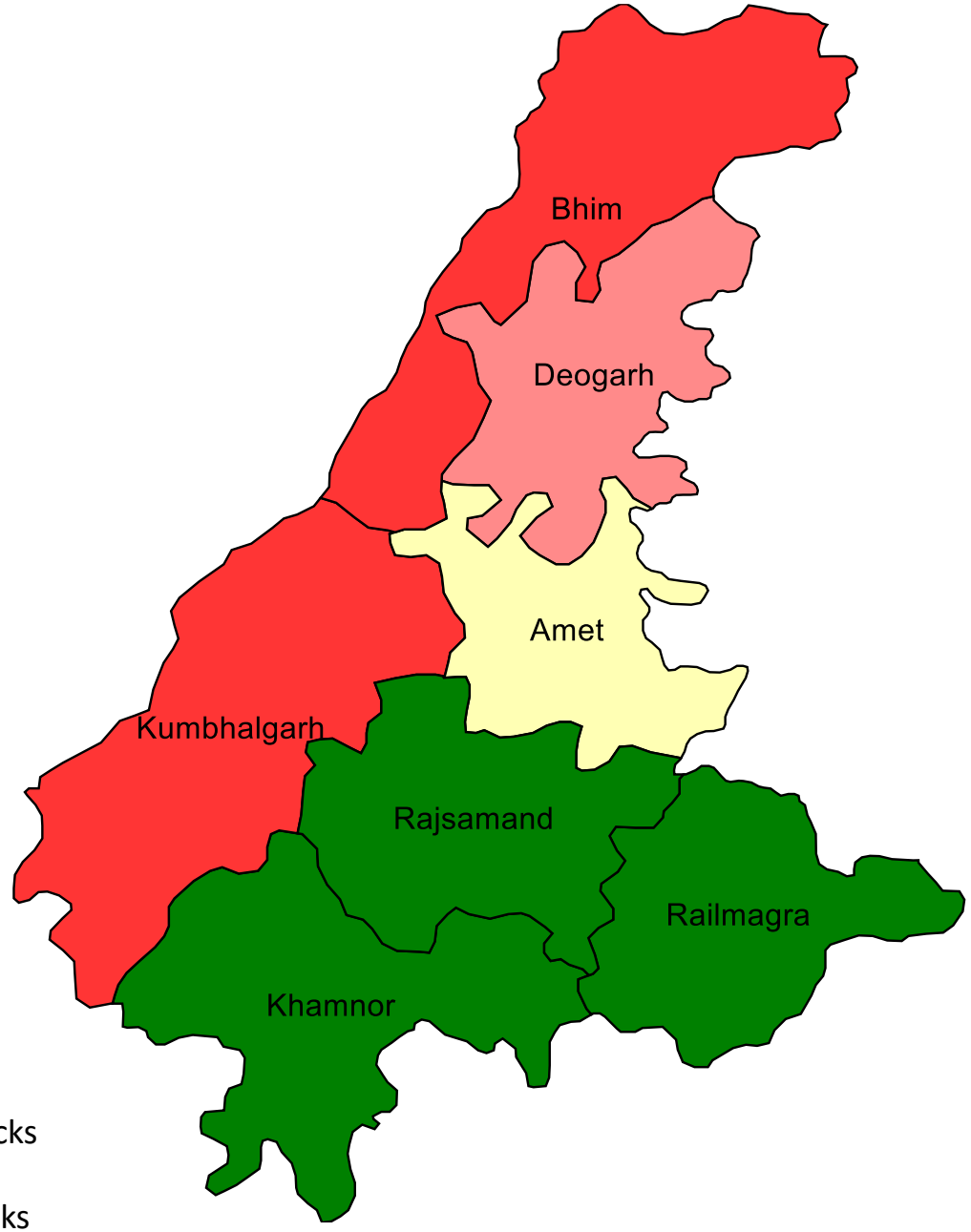
- 1st Trimester registration to ANC registration
- Pregnant women received 3 ANC check-ups to total ANC registration
- Pregnant women given 100 IFA to total ANC registration
- Cases of pregnant women with Obstetric Complications and attended to reported deliveries
- Pregnant women receiving TT2 or Booster to total number of ANC registered

Rajasthan District Performance (April – December 2012)



	High Performance
	Promising
	Low Performance
	Very Low

Rajsamand



- High Performance Blocks
- Promising Blocks
- Low Performance Blocks
- Very Low Performance Blocks

Millennium Development Goals (MDGs) by the year 2015

- The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015.
- The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women.
- The MDGs are derived from this Declaration, and all have specific targets and indicators.
- The Eight Millennium Development Goals are: to eradicate extreme poverty and hunger; to achieve universal primary education; to promote gender equality and empower women; to reduce child mortality; to improve maternal health; to combat HIV/AIDS, malaria, and other diseases; to ensure environmental sustainability; and to develop a global partnership for development

MDG 4: REDUCE CHILD MORTALITY	
***TARGET 5 :* Reduce by two-thirds, between 1990 and 2015, the Under- Five Morality Rate**	**Nearly achieved.**
MDG5 5: IMPROVE MATERNAL HEALTH	
TARGET 6 : Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	In progress

Source:-Millennium Development Goals - Final Country Report of India, Ministry of Statistics and Programme Implementation Government of India, 2017

UN Sustainable Development Summit 2015

- More than 150 world leaders gathered at United Nations Headquarters in New York to adopt an ambitious new sustainable development agenda at a 3-day summit - **25–27 September 2015**
- Agreed by the 193 Member States of the UN, the new agenda, Transforming Our World: 2030 Agenda for Sustainable Development, consists of a Declaration, 17 Sustainable Development Goals and 169 targets.

SDG Global Target	Indicator Selected for SDG India Index	National Target Value for 2030
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	1. Maternal Mortality Ratio	70
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	2. Under-five Mortality rate per 1000 live births	11
	3. Percent of children aged 12-23 months fully immunized	100
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	Percent of Women in the age-group of 15-49 years using modern methods of family planning	100

SDGs and Family Planning 2020 India Commitments

- The London Summit on Family Planning in 2012 provided a platform to bring family planning program back to the centre stage where India made commitments to improve access to family planning services and reduce the unmet need for contraception.
- An outcome of the 2012 London Summit on Family Planning, FP2020 is based on the principle that all women, no matter where they live, should have access to life saving contraceptives.
- Achieving the FP2020 goal is a critical milestone to ensuring universal access to sexual and reproductive health services and rights by 2030, as laid out in Sustainable Development Goals 3 and 5.
- FP2020 is in support of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health.
- Governments have agreed a range of commitments to advance sustainable development, including promoting women's and girls' health and protecting human rights for all.
- Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have
- FP2020 works with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community to enable 120 million additional women and women and girls to have access to rights based family planning services and supplies by 2020
- FP2020 is a partnership that encourages country-level progress on family planning goals.
- FP2020 has prioritized 69 focus countries to accelerate progress, including 36 commitment-making countries which are working to expand access to family planning commodities and services

SDGs and Family Planning 2020 India Commitments

- Inclusion of Family planning as a central element of our efforts to achieve Universal Health Coverage
- The Government of India has increased domestic investment for family planning. At the 2012 Summit, India committed to spend USD$2 billion by 2020 for family planning program and, in July 2017, India renewed its commitment to invest USD$3 billion by 2020.
- Ensuring access to family planning services to 48 million (4.8 Crore) additional women by 2020 (40% of the total FP 2020 target)
- Sustaining the coverage of over 100 million (10 Crore) women currently using contraceptives
- Reducing the unmet need by an improved access to voluntary family planning services, supplies and information
- Expanding the basket of choices and scaling up the usage of current methods available
- Ensuring availability of free commodities, through a strengthened commodity supply system in public health facilities for all couples of reproductive age group and adolescents seeking contraceptive services

Financial allocation for FP program

- The funding for family planning program is channelised through two routes: the National Health Mission (NHM) route and the treasury route

Outlay and expenditure as family welfare programme over different plan periods in In

Plan	Out as total Investment outlay		(%)	Total
	Health	Family welfare	Ayush	
First plan	3.3	0.1	----	3.4
Second plan	3.0	0.1	----	3.1
Third plan	2.6	0.3	----	2.9
Fourth plan	2.1	1.8	----	3.9
Fifth plan	1.9	1.2	-----	3.1
Sixth plan	1.8	1.3	-----	3.1
Seventh plan	1.7	1.4	------	3.1
Eighth plan	1.7	1.5	0.02	3.2
Ninth plan	2.31	1.76	0.03	4. 02
Tenth plan	2.09	1.83	0.05	3.9
Eleventh plan	6.3	merged with Health	0.18	6.5

Table 3: Projected financial allocation for Family Planning Programme

Budget Head	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	Total up to 2020
Service Delivery/ Infrastructure/HR	1329.6	1255.2	1380.7	1518.8	1670.7	1837.7	2021.5	2223.7	13237.9
Commodities	400.0	440.0	484.0	532.4	585.6	644.2	708.6	779.5	4574.4
TOTAL INR (Crores)	1729.6	1695.2	1864.7	2051.2	2256.3	2481.9	2730.1	3003.2	17812.3
TOTAL (billion $) 1 USD = 60	0.29	0.28	0.31	0.34	0.38	0.41	0.46	0.50	3.0

FP2020: State wise Goals

- FP 2020 envisions reaching 4.8 Crore (48 million) additional users by the year 2020. It is considered that the states with higher unmet need and higher population will have to contribute more for attaining the FP 2020 goals
- As far as percentage share of unmet need is considered, about a quarter (25.8%) of the country's unmet need is contributed by Uttar Pradesh, followed by Bihar which contributes to about 15%

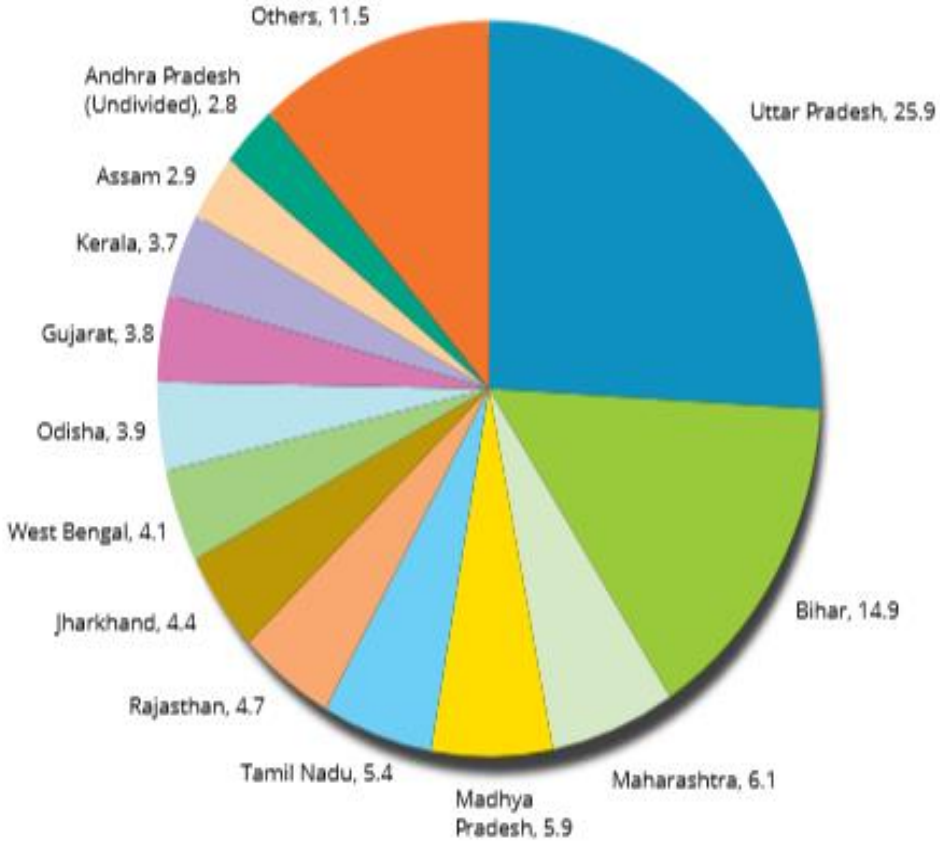


Figure 13: Percentage share of unmet need of Indian states

Snapshot of Family Planning Interventions / Services

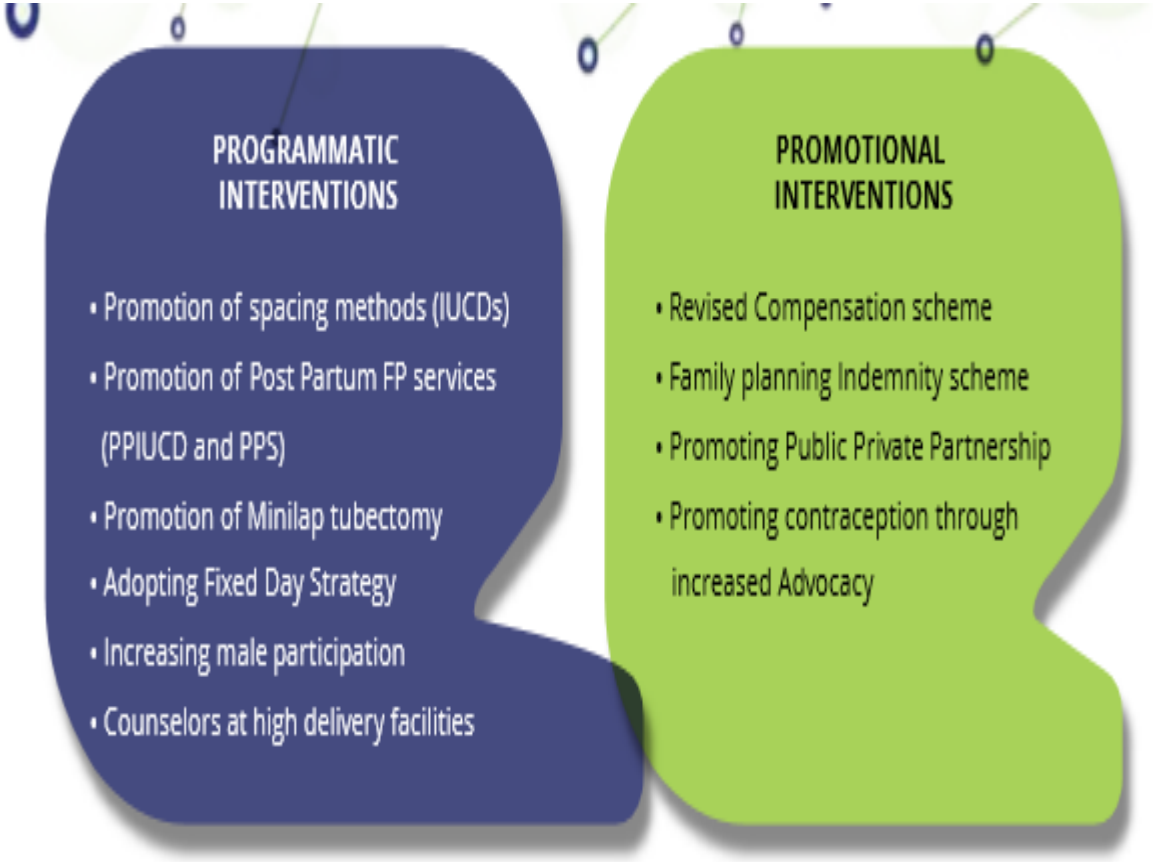


Figure 17: Ongoing Family Planning Interventions

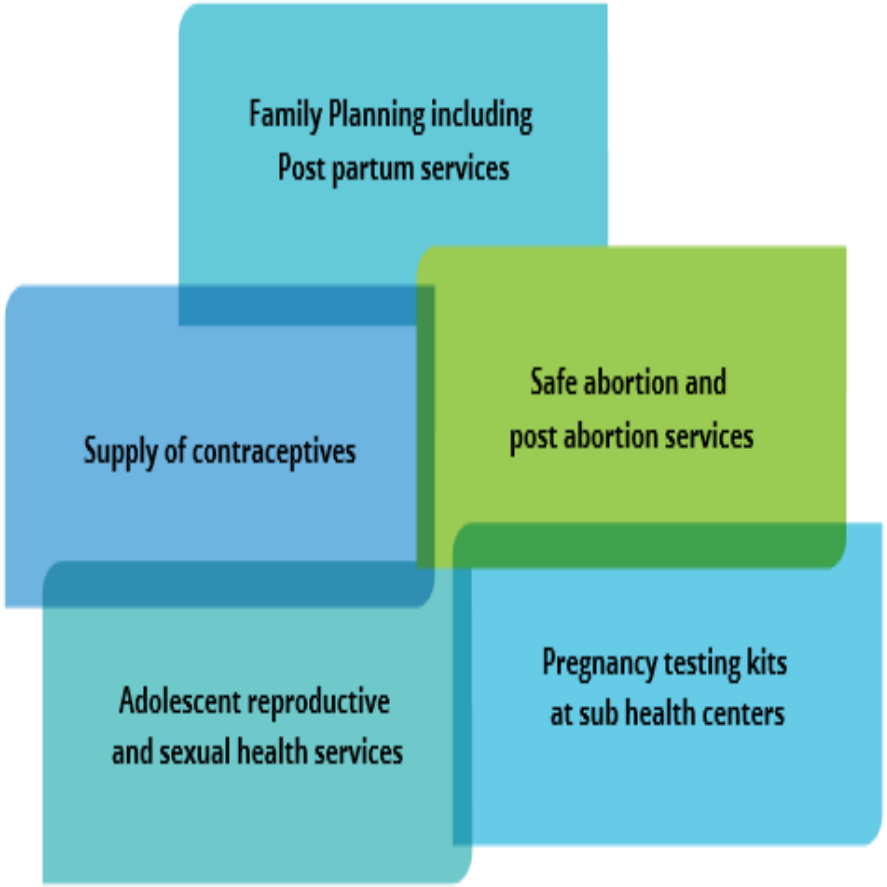
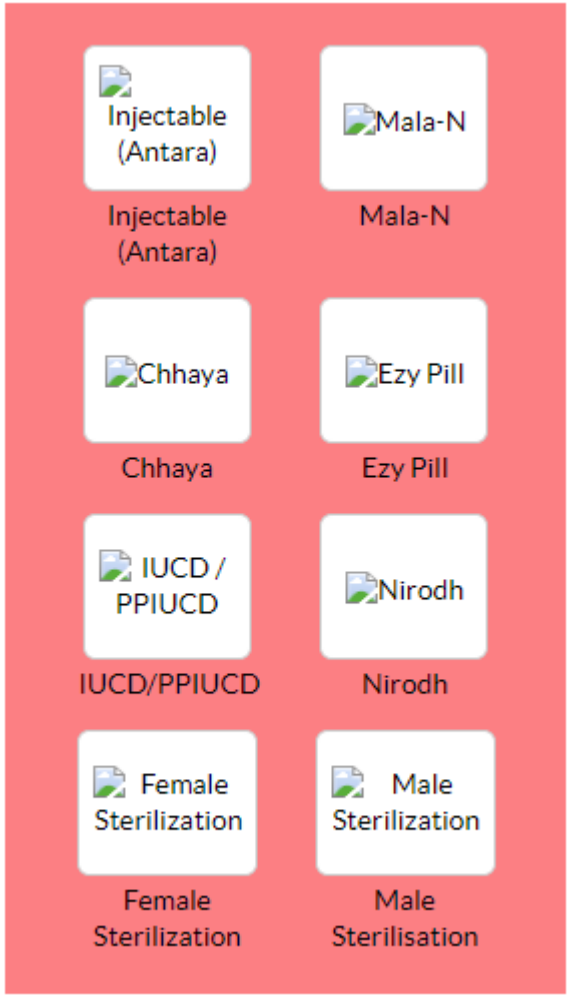


Figure 18: Bouquet of Family Planning Services

Ensuring Service Availability through Expanding Basket of Choices for planning your family under the National Family Planning Programme

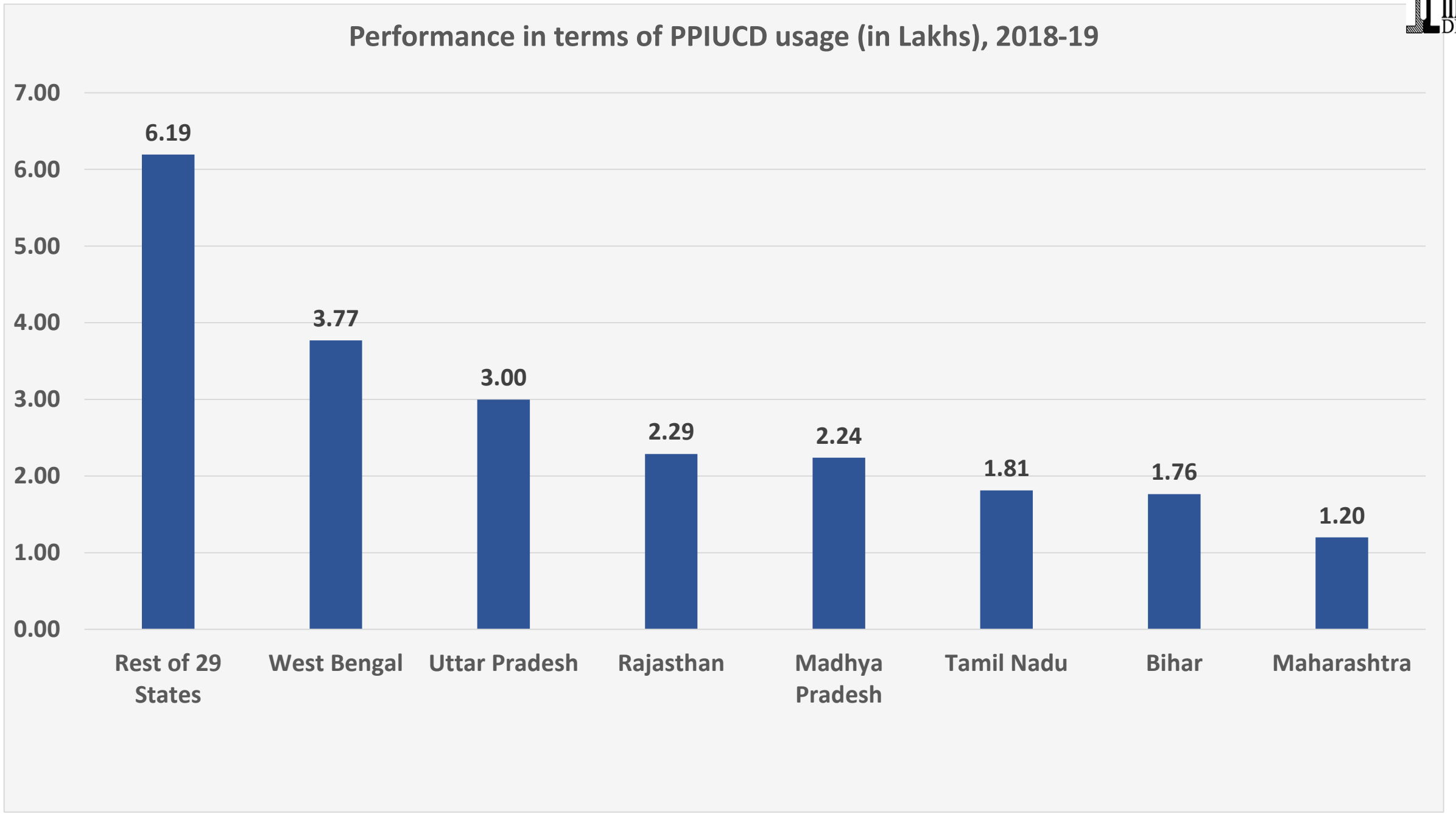
- Mission Parivar Vikas (MPV) launched In September 2016, it identified 145 ‘high focus’ districts across the country that had not responded to government measures to lower fertility rates, control population and, most importantly, curb maternal and infant mortality rates.
- Spread across seven states — Uttar Pradesh (57), Bihar (37), Madhya Pradesh (25), Rajasthan (14), Jharkhand (9), Chattisgarh (2), Assam (2) — MPV focusses on Information Education Communication (IEC) methods, said the health ministry.
- Monitoring Progress of ‘Transformation of Aspirational Districts’ Programme to improve the socio-economic status of 117 districts



Operationalization of facilities for FP Services

PPIUCD

- Almost 70% of the district and sub district level public health facilities of the country are conducting deliveries and it is planned to operationalize all of them for provision of PPIUCD services. That would translate into operationalization of almost 3700 more district and sub district facilities almost 5666 primary health centres and 5000 Health sub centres.
- For this India currently has to train a minimum of 27,000-30,000 providers; 80% of these would be from the nursing cadre and a small percentage of it would be the AYUSH practitione


Performance in terms of PPIUCD usage (in Lakhs), 2018-19
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
6.19
3.77
3.00
2.29
2.24
1.81
1.76
1.20
Rest of 29 States
West Bengal
Uttar Pradesh
Rajasthan
Madhya Pradesh
Tamil Nadu
Bihar
Maharashtra

Operationalization of facilities for FP Services

Sterilization

- It is assumed that for achieving 2020 goals, India needs to operationalize all district and sub district hospitals for laparoscopic sterilization services, all district, sub district hospitals and 50% of PHCs for minilap sterilization services and all district, sub district hospitals and 10% of PHCs for NSV services.
- At present, a total of 11,793 minilap trained providers, 5483 laparoscopic trained providers and 3574 NSV trained providers are available at various public health facilities. An additional 7000 doctors need to be trained for minilap services, 1600 doctors for laparoscopic services and 6000 doctors to be trained for NSV services in the country.

Astana Declaration 2018:New global commitment to primary health care for all

- The declaration aims to **refocus efforts on primary health care** to ensure that everyone everywhere is able to enjoy the highest possible attainable standard of health
- The new Declaration recognizes the **increasing importance of non-communicable diseases including mental health issues, injuries and the health impacts of climate change.**
- Astana incorporates '**universal health coverage'** that is at the centre of the health related Sustainable Development Goal (SDG).
- The UN High-Level Meeting (UN HLM) on Universal Health Coverage took place on 23 September 2019 during the United Nations General Assembly (UNGA) high-level week

Achievements of National Population Policy: 4th Feb 2020

Press Information Bureau
Government of India

National Education Policy 2020

Ministry of Health and Family Welfare

National Population Policy

Posted On: 04 FEB 2020 1:38PM by PIB Delhi

National Population Policy formulated in the year 2000, reaffirms the Government's commitment towards voluntary and informed choice, target free approach and achievement of replacement level of fertility by simultaneously addressing the issues of contraception, maternal health and child survival.

The National Family Planning Programme of the Ministry of Health & Family Welfare is guided by the tenets of the National Population Policy 2000 and oversees its implementation. Under this program the service delivery data is triangulated and further the program is regularly reviewed through annual review meetings, supportive supervision visits, common review missions etc.

As a result of the Government's efforts, the successes achieved are enumerated below:

- The Total Fertility Rate (TFR) has declined from 2.9 in 2005 to 2.2 in 2017 (SRS).
- 25 out of 37 States/UTs have already achieved replacement level fertility of 2.1 or less.
- The Decadal growth rate has declined from 21.54% in 1999-2000 to 17.64 % during 2001-11.
- The Crude Birth Rate (CBR) has declined from 23.8 to 20.2 from 2005 to 2017 (SRS).
- The Teenage birth rate has halved from 16 % (NFHS III) to 8 % (NFHS IV).

The Minister of State (Health and Family Welfare), Sh Ashwini Kumar Choubey stated this in a written reply in the Rajya Sabha here today.

https://pib.gov.in/PressReleseDetailm.aspx?PRID=1601839

National Health Policy 2017

- Reduction of TFR to 2.1 at national and sub-national level by 2025 (TFR-2018: 2.2)
- Increase Life Expectancy at birth from 67.5 to 70 by 2025 (Life Expectancy at birth- 13-17:69)
- Reduce infant mortality rate to 28 by 2019. (IMR-2018:32)
- Reduce neo-natal mortality to 16 and still birth rate to “single digit” by 2025. (neo-natal mortality rate -2018:23 & still birth rate-2018:4)
- Reduce Under Five Mortality to 23 by 2025 and MMR from current levels to 100 by 2020. (Under five mortality rate-2018:36 & MMR-2016-18: 113)

Population Control Bill/Law 2020

- The **Population Control Bill, 2019** (or, **Population Regulation Bill, 2019**) was introduced in the Rajya Sabha in July 2019 by Rakesh Sinha to control the population growth of India.
- **On 7 February 2020, the Constitution (Amendment) Bill, 2020 was introduced in the Rajya Sabha by Anil Desai, a Shiv Sena MP.**
- To promote small family norms by offering incentives in taxes, employment, education etc. to its people who keep their family limited to two children and shall withdraw every concession from and deprive such incentives to those not adhering to small family norm, to keep the growing population under control.
- The 2020 bill proposes to introduce a two-child policy per couple and aims to incentivize its adoption through various measures such as educational benefits, taxation cuts, home loans, free healthcare, and better employment opportunities. **The 2019 bill proposed by Sinha talks about introducing penalties for couples not adhering to the two-child policy such as debarment from contesting in elections and ineligibility for government jobs.**

Thank you