

(d) The measures being taken to promote the small family norm include:

Reorientation of information, education and communication efforts, involvement of voluntary and non-Governmental organisations, improving the quality and outreach of services with special emphasis on the low performing states and districts, introduction of new contraceptives and improving the quality and availability of existing ones: strengthening maternal and child health and revitalising the training of medical and para-medical personnel.

#### **Provision for low cost family planning methods**

996. SHRI ASHWANI KUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that family planning has become quite costly in the recent past and is likely to become even costlier in future;

(b) if so, what action Government are contemplating to provide low cost family planning methods to encourage the family planning programme; and

(c) whether Government propose to involve the non-allopathic doctors in the villages in the Family Planning Programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The cost of providing family Planning services for prevention of one birth is very low in comparison to the total cost involved in providing services and facilities for bringing up and supporting an individual person and this would be the position in future also.

(b) Different contraceptive devices/methods are offered under the Family Welfare Programme for adoption by the individual acceptors best suited to their choice. There are made available either free of charge or on subsidised cost under social marketing schemes. Con-

tinuous efforts are on to evolve more acceptable, effective and low cost methods of contraception. As maternal and Child health care is an integral part of the Family Welfare Programme and closely related to family planning, immunisation coverage and other important maternal and child health care interventions are provided to the people free or cost.

(c) Yes, Sir.

#### **Incentive for small family norms**

997. SHRI MURLIDHAR CHANDRAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Development Council at its 3-day meeting held on 23rd December, 1991, had considered realistic incentives and disincentives to encourage small family norms;

(b) if so, what decisions were taken therein in this regard; and

(c) what steps have since been taken to implement the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (c) The National Development Council in its meeting held on 23-24th December, 1991 considered, *inter-alia*, the following two papers:—

(i) Population Control: Perspective and Planning. (Prepared by the Planning Commission)

(ii) Population Control: Challenges and Strategies.

(Prepared by the Department of Family Welfare)

A new formula for the distribution of Central assistance to non-special Category Central assistance to non-special Category formula, 7.5 per cent of Central assistance would be linked to performance under various sectors including population control.

A seven member committee headed by the Chief Minister of Kerala has been constituted to look into various aspects of population control programmes and make recommendations for formulation of a National Population Policy and working out appropriate strategies for effective population control measures.

**Regulation of capitation fee in medical colleges**

998. SHRI VIREN J. SHAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to direct the medical colleges in the country to admit a certain percentage of students purely on merit, through a legislation seeking to regulate capitation fee being charged from students;

(b) if so, what are the salient features of the proposal; and

(c) by when such a Bill is likely to be introduced in Parliament?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) A Bill to amend Indian Medical Council Act, 1956, providing for admission of a certain number of seats on merit on the basis of All India Examination and prohibition of collection of capitation fee by medical colleges and fixation of tuition fee by the Medical Council of India was already introduced in Rajya Sabha in 1987. There is a provision for penalties for contravention of the relevant provisions in regard to collection of capitation fee.

(c) No definite time limit can be given at present regarding consideration of the Bill and passing by Parliament.

**New family Planning scheme for U.P.**

999. SHRI SHANTI TYAGI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have worked out a new family planning scheme for Uttar Pradesh;

(b) if so, the salient features thereof; and

(c) whether Government have invited suggestions/comments from various voluntary organisations and experts engaged in the task in the U.P. State before finalising the scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) A new Family Planning project is being developed for Uttar Pradesh, on the basis of an offer of assistance amounting to \$ 325 million received from United States Agency for International Development. It will be implemented over a period of 10 years beginning from the date of its actual operationalisation-Initially, the project would be launched in 32 poor performing districts, which had a birth rate of 39 per 1000 population or more as per 1981 census.

Broadly speaking, the project aims at decreasing the Total Fertility Rate in U.P. from a level of 5.4 (1981) to less than 4 and increasing Couple Protection Rate from about 35.5 per cent (March, 1991) to 50 per cent by 2002 A.D. The project would aim at identifying the gaps in different districts between the requirement and the actual availability of services so as to prepare need-based strategies to bridge the gaps.

Special attention would be paid to (i) improving the quality and outreach of services, (ii) promoting spacing methods of family planning to cover younger age couples with high fertility potential, (iii) evolving comprehensive and innovative communication programmes which address the needs and concerns of both husbands and wives for effective demand gene-