The present status of recommendations under Part "A" is as under:—

| Accepted and implemented | 16 |
|--------------------------|----|
| Accepted-in-principle | 10 |
| Long term — Futuristic | 03 |
| Not accepted | 02 |

Since amendments in AllMS Act, Rules and Regulations have wider implications, a High Powered Committee comprising of eminent persons having experience in the field of administration and education has been constituted under the chairmanship of Secretary (H&FW) to examine recommendations under Part "B".

Achievements of National Population Policy 2000

- 934. SHRIMATI SHOBHANA BHARTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- (a) whether the National Population Policy 2000 has been implemented by Government in letter and spirit;
- (b) if so, the details of Government's achievements in this regard since it was implemented;
- (c) whether population growth is continuing unabated and various schemes of the Central and State Governments have not been able to address the problem effectively;
 - (d) if so, the reasons therefor;
- (e) whether Government now proposes to finalize a more comprehensive programme on population stabilization in consultation with the State Governments; and
 - (f) if so, the details thereof?
- THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) National Population Policy, 2000 has been implemented with varying degree of success across different States of the country. As per the Sample Registration Survey, conducted by Registrar General of India, the Total Fertility Rate (TFR) has declined from 3.2 in 2000 to 2.6 in 2008. Similarly, Infant Mortality Rate has declined from 68 to 53. The Crude Birth Rate declined from 25.8 to 22.8 and Death Rate has also come down from 8.5 to 7.4 during the same period.
- (c) and (d) The Family Welfare Programme in India is voluntary in nature, which enables a couple to adopt the family planning methods, best suited to them according to their choice, without any compulsion or targets.
- (e) and (f) The Government of India has launched National Rural Health Mission in the year 2005 in line with the objective of addressing the issue of population stabilisation as envisaged by National Population Policy-2000, *i.e.* the need to simultaneously address issues of child survival; maternal health and contraception while increasing outreach and coverage of a comprehensive package of reproductive and child health service. The main components of the programme are convergence of service delivery at the village level for basic health care, family planning and maternal and child health related services; and empower women for improved health and nutrition to ensure child health and survival and meet the unmet need for family welfare services.

The strategy is also to promote male participation in Family Planning. Population stabilization requires greater convergent action to influence the wider determinants of health care like female literacy, sanitation, nutrition, gender and social empowerment, early childhood development, marriage after 18, spacing of children and behavioural changes etc.

The following specific initiatives have been taken in pursuance of the objectives of NPP 2000/NRHM towards population stabilisation:—

- National Family Planning Insurance Scheme has been started since November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also provides indemnity insurance cover to doctors.
- Compensation Package for Sterilization was increased in September, 2007 in family planning *i.e.* in Vasectomy from Rs. 800/- to Rs. 1500/- and tubectomy from Rs. 800/- to Rs. 1000/- in public facilities and to a uniform amount of Rs. 1500/- in accredited private health facilities for all categories in all States for vasectomy.
- Promoting acceptance of No Scalpel Vasectomy to ensure male participation.
- Promoting IUD 380A intensively as a spacing method because of its longevity of 10 years and advantages over other IUDs.
- Fixed day Fixed Place Family Planning Services round the year made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NRHM.

Re-emergence of measles

935. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that there are signs of re-emergence of measles, the highly contagious viral disease which mostly affects children; and
 - (b) if so, the details of action plan to prevent it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per the available data there is no re-emergence of measles, although there has been an improvement in reporting of measles cases with strengthening of surveillance in some State. Government of India is currently providing single dose of measles vaccine to infants at 9 months under routine immunization. It is planned to provide a second dose of measles vaccine to further measles cases and deaths.

Withdrawal of cashless mediclaim facility by insurance companies

936. MS. SUSHILA TIRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that the private insurance companies have withdrawn cashless hospitalization facility;
 - (b) if so, the reasons therefor;
 - (c) whether these mediclaim insurance policies have become almost redundant; and