

(c) whether both the countries have shown their positive response in the matter and as such have agreed to send their teams to visit India and adopt its model for eradicating polio; and

(d) the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Yes. It is a fact that India's two key neighbouring countries, Afghanistan and Pakistan, have high polio burden and as such it runs a high risk of importing the virus. As per WHO data source, these are the only two countries worldwide that have persistent transmission due to wild polio virus in year 2013-2014 and remain endemic.

Details of cases as under:

Neighbouring countries	Total No. of cases in 2014	Total No. of cases in 2015 (as on 22nd April, 15)
Pakistan	306	21
Afghanistan	28	1

(b) and (c) Yes. India has extended a helping hand to them in an attempt to form a united front to eradicate the disease. Both the countries have shown their positive response in the matter and as such have agreed to send their teams to visit India and adopt its model for eradicating polio.

(d) Polio has been successfully eradicated from most of the SAARC nations including India. However, polio remains endemic in Afghanistan and Pakistan. Until poliovirus transmission is interrupted in these countries, all countries remain at risk of importation of polio, especially India which shares border with Pakistan and has lots of Afghanistan nationals visiting India on frequent basis. The Polio Programme of India now serves as a model health programme globally. India has already indicated its willingness through Ministry of External Affairs (MEA) to host technical missions from Pakistan and Afghanistan during National/Sub-National Immunization Days.

Population growth

1027. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether birth rate in India is greater than that of China and if this trend continues, India will surpass the population of China by 2025 A.D.;

- (b) if so, Government's response thereto;
- (c) whether it is a fact that population control measures taken by Government are ineffective and need to be revived immediately;
- (d) if so, Government's reaction thereto; and
- (e) the details of concrete steps taken or proposed to be taken by the Government to check population growth in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA): (a) Yes.

(b) As per World Population Prospects – The 2012 Revision, the population of India will cross the population of China by 2028.

(c) No.

(d) As a result of the efforts of the Government, the decadal growth rate of the country has declined significantly from 21.54% for the period 1991-2000 to 17.64% during 2001-11. The Total Fertility Rate (TFR) also declined from 3.6 in 1991 to 2.3 in 2013 as per Sample Registration System (SRS). 24 States/UTs have achieved the replacement TFR of 2.1 or less.

(e) The details are given in the Statement.

Statement

Strategies for attaining population stabilization

Interventions under family planning program:

1. Scheme for *Home delivery of contraceptives by ASHAs* at doorstep of beneficiaries: The Government has launched a scheme to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. 8.85 ASHAs are now distributing contraceptives at the door step.
2. Scheme for ASHAs *to ensure spacing in births*: The scheme is operational from 16th May, 2012. Under this scheme, services of ASHAs are being utilised for counselling of newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.

3. *Pregnancy testing kits* have been made an integral part of ASHA kit and are being used to diagnose pregnancy early, so as to ensure early registration of pregnancy/safe abortion services.
4. A new family planning method, *i.e. post-partum IUCD (PPIUCD)* has been introduced in the program. PPIUCD services are being provided by trained health providers in Government hospitals, within 48 hours after the delivery.
5. Basket of choice has been expanded with introduction of a new *IUCD-375* of 5 years effectivity, in addition to the already existing *IUCD-380A* of 10 years effectivity.
6. Dedicated counsellors (*RMNCH counsellors*) are placed at high case load facilities for providing family planning counselling to clients.
7. Celebration of *World Population Day 11th July and Fortnight*: The event is observed over a month long period, split into fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery and has been made a mandatory activity from 2012-13 and starts from 27th June each year.
8. Other On-going interventions:
 - **Assured delivery of family planning services** for both IUCD and sterilisation.
 - **National Family Planning Indemnity Scheme' (NFPIS)** under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
 - **Compensation scheme** for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (and team) for conducting sterilisations.
 - More emphasis on Spacing methods like IUCD.
 - Availability of Fixed Day Static Services at all facilities.
 - **Quality care in Family Planning** services by establishing Quality Assurance Committees at State and district levels.
 - Contraceptives supply management up to peripheral facilities.

- **Demand generation activities** in the form of display of posters, billboards and other audio and video materials in the various facilities.

Following strategies have been taken up by Jansankhya Sthirata Kosh/National Population Stabilization Fund as Population Control Measures:

Advocacy and IEC activities: JSK as a part of its awareness and advocacy efforts on population stabilization, has established networks and partnerships with other ministries, development partners, private sectors, corporate and professional bodies for spreading its activities at the national, state, district and block level.

Prerna Strategy: JSK has launched this strategy for helping to push up the age of marriage of girls and delay in first child and spacing in second child birth in the interest of health of young mothers and infants. The couple who adopt this strategy awarded suitably. This helps to change the mindsets of the community.

Santushti Strategy: Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode. The private hospitals/nursing home who achieved target to 10 or more are suitably awarded as per strategy.

Enforcing of Clinical Establishments (Registration and Regulation) Act, 2010

1028. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Clinical Establishments (Registration and Regulation) Act, 2010 that provide immediate medical treatment to the serious patients and pregnant women free of cost, is being implemented only in a few States;

(b) if so, the names of States/UTs where this act is not applicable, along with the reasons therefor; and

(c) the steps taken/being taken by Government to enforce Clinical Establishments (Registration and Regulation) Act, 2010 in all the States and UTs of the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) and (b) Yes. The Clinical Establishments (Registration and Regulation) Act, 2010 has been adopted by 9 States namely Uttar Pradesh, Uttarakhand, Rajasthan, Bihar, Jharkhand, Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh and all Union Territories (UTs), except Delhi. All other States have not adopted the Act as yet and, therefore, its provisions cannot be enforced