

Adoption of two-child norm policy

1692. PROF. M.V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the States which have adopted the two-child norm as a policy;
- (b) whether these States have performed better in achieving replacement levels than those which did not adopt two-child norm;
- (c) whether Government is aware of any study which provides evidence on effectiveness of two-child norm; and
- (d) if so, the details thereof and the evidence they presented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per information available, Assam and Maharashtra have adopted policy of 'two child norm' for deciding eligibility for contesting Panchayat and Legislative elections, and for applying in Government service.

(b) There is no correlation between Total Fertility Rate of a State and the 'two child norm' in the State population policy.

(c) and (d) No.

International commitments on Family Planning

1693. PROF. M.V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the amount India has invested so far with respect to its commitment at the Family Planning Summit (FP2020) in 2012 to invest 3 billion dollar in family planning;
- (b) the current status of the commitment pertaining to ensure that 74 per cent of the demand for contraceptives is satisfied by 2020; and
- (c) what proportion of the family planning initiatives has been focused on spacing methods?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) From 2012 to 2019 India has already allocated \$2.8 billion for Family Planning as part of FP 2020 commitment.

(b) As per Track 20 estimates, the demand satisfied by contraceptives in India is 74.3%.

(c) Most initiatives in Family Planning program are focussed on spacing methods. List of Family planning initiatives is given in the Statement.

Statement

*Initiatives taken by the Government under the Family
Planning Programme*

1. Mission Parivar Vikas- The Government has launched Mission Parivar Vikas for substantially increasing access to contraceptives and family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states. These districts are from the states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam that itself constitutes 44% of the country's population.
2. New Contraceptive Choices- New contraceptives viz. Injectable contraceptive and Centchroman have been added to the existing basket of choices.
3. A new method of IUCD insertion immediately after delivery i.e. post-partum IUCD (PPIUCD) has been introduced.
4. Redesigned Contraceptive Packaging - The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to increase the demand for these commodities.
5. Compensation scheme for sterilization acceptors - Under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations.
6. Clinical Outreach Teams (COT) Scheme - The scheme has been launched in 146 Mission Parivar Vikas districts for providing Family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.

7. Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries.
8. Scheme for ASHAs to Ensure spacing in births.
9. Scheme for provision of Pregnancy Testing Kits in the drug kits of ASHAs for use in communities.
10. Family Planning Logistic Management and Information System (FP-LMIS): A dedicated software to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
11. National Family Planning Indemnity Scheme (NFPIS) under which clients are insured in the eventualities of death, complication and failure following sterilization.
12. Ensuring quality of care in Family Planning services by establishing Quality Assurance Committees in all states and districts.
13. Appointment of dedicated RMNCH+A counselors at high case load facilities.
14. Improved Demand generation activities through a 360 degree media campaign.

Iodised salt causing thyroid problems

1694. DR. K.V.P. RAMACHANDRA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the attention of Government is drawn to newspaper reports that unnecessary use of iodised salt is causing hypothyroid problem in people, if so, the details thereof;

(b) whether it is also in the notice of Government that anti-caking agents used in the table salt are cancerous, if so, the details thereof; and

(c) whether it is also a fact that Government is permitting marketing of iodised salt without monitoring sodium and iodine level, against WHO recommendation?