

## Population and Family Welfare

10.47 India accounts for sixteen per cent of global population with the risk of achieving the dubious distinction of becoming the most populous country in the world by about 2050. The problem of population growth needs to be addressed effectively. The estimated population projections as pre age groups are at table 10.8.

10.48 The last two decades, however, have witnessed improvement in all the important health indicators (Table 10.9).

10.49 Considerable progress has been achieved in the socio-demographic parameters over the last two decades. However, the country continues to lag behind several other countries in the region (Table 10.10). The Tenth Plan targeted a reduction in Infant Mortality Rate (IMR) to 45 per 1,000 by 2007 and 28 per 1,000 by 2012, reduction in Maternal Mortality Rate (MMR) to 2 per 1,000 live births by 2007 and 1 per 1,000 live births

Year	2001	2006	2011	2016	2021	2026
Total	1027	1114	1197	1275	1347	1411
Under Age15	363	360	351	343	337	328
15-64	622	702	780	854	916	967
65+	42	52	66	78	94	116

**Source : Office of the Registrar General, India.**

by 2012 and reduction in decadal growth rate of the population between 2001-2011 to 16.2 per cent. As against an allocation of Rs.15,120 crore for the Ninth Five Year Plan, the allocation for Family Welfare is Rs.27,125 crore for the Tenth Plan. For the Annual Plan 2004-05, the allocation increased to Rs.5500 crore from Rs.4700 crore in 2003-04(RE).

10.50 The National Population Policy, 2000 aims at achieving net replacement levels of total fertility rate by 2010 through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to

Sl. No.	Parameter	1951	1981	1991	Current level
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	25.0 (2002)
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	8.1 (2002)
3	Total Fertility Rate (TFR) (Per woman)	6.0	4.5	3.6	3.1 (2001)
4	Maternal Mortality Rate (MMR) (per 100,000 live births)	NA	NA	437 (1992-93) NFHS	407 (1998)
5	Infant Mortality Rate (IMR) (Per 1000 live births)	146 (1951-61)	110	80	63 (2002)
6	Child (0-4 years) Mortality Rate , per 1000 children	57.3 (1972)	41.2	26.5	19.3 (2001)
7	Couple protection Rate (per cent)	10.4 (1971)	22.8	44.1	48.2 (1998-99) NFHS
8	Life Expectancy at Birth				
	Male	37.2	54.1	59.7 (1991-95)	63.9 (2001-06)
	Female	36.2	54.7	60.9 (1991-95)	66.9 (2001-06)

**Note :** The dates in the brackets indicate years for which latest information is available.  
**NFHS :** National Family Health Survey    **NA :** Not Available  
**Source :** Ministry of Health & Family Welfare and Office of the Registrar General, India.

Country	Life expectancy at birth (years)	Under-five mortality rate ( per 1,000 live births)		Infant mortality rate ( per 1,000 live births)		Maternal mortality ratio (per 100,000 live births)
	2000-05	1990	2002	1990	2002	2000
China	71	49	39	38	31	56
<b>India</b>	<b>64</b>	<b>123</b>	<b>93</b>	<b>80</b>	<b>67</b>	<b>540</b>
Nepal	60	145	91	100	66	740
Pakistan	61	128	107	96	83	500
Sri Lanka	72	23	19	19	17	92
Bangladesh	61	144	77	96	51	380
South Asia	63	126	95	84	69	NA

**NA : Not available.**  
**Source: UNDP, Human Development Report 2004**

achieve population stabilization by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environment protection. Detailed measures to achieve these objectives were discussed in the Economic Survey for last year.

10.51 Under the mandate of NCMP of the Government, the expenditure in the health sector is proposed to increase from 0.9 per cent of GDP to 2-3 per cent of GDP over the next five years. To augment health care services in the rural areas of the country, a National Rural Health Mission has been conceptualized. The proposal to launch the mission is under consideration. The National Rural Health Mission (2005-09) shall cover the whole country with special focus on 18 States, which have either weak socio-demographic indicators and/or primary health infrastructure. These States are (UP, MP, Rajasthan, Bihar, Jharkhand, Chhattisgarh, Orissa, Uttaranchal), the North – East States. Himachal Pradesh and Jammu and Kashmir.

10.52 The Government is implementing Reproductive and Child Health Programme for achieving Population Stabilization, by addressing the issues of contraception, Maternal and Child Health Programme with stress on sustained behavioral change, communication and improved access on quality and family planning services, especially in the high fertility States. The National Rural

Health Mission aims to create a comprehensive Budget Head by integrating all vertical health programmes of the Departments of Health and Family Welfare, namely, RCH II, Malaria, National Leprosy Eradication, National Kala – Azar, National Iodine Deficiency Disorder and the National Blindness Control Programme.

10.53 The Mother NGO (MNGO) programme of the Department of Family Welfare continued to be implemented. MNGOs grant projects to smaller NGOs called Field NGOs (FNGOs) in allocated districts. The underlining philosophy of the MNGO Scheme is one of nurturing and capacity building which includes assessing the gaps in information or RCH services in the project area; building strong institutional capacity at the State, district/field level and advocacy and awareness generation. Currently, 125 MNGOs are working covering 221 districts of the country.

10.54 Under the National Maternity Benefit Scheme (NMBS), an amount of Rs.161 crore has been released to the districts. However, NMBS was not able to address the maternal health per se. It was observed that the scheme did not have any impact in reducing maternal mortality. It was also felt that there is a need for a comprehensive package of services for women during pregnancy and child birth. Therefore, Janani Suraksha Yojna (JSY) would replace NMBS and cater to essential emergency obstetric care to the poor women and also facilitate the poor women to receive

the health services in the health centre by introducing a village level worker called ASHA. The focus of the scheme would be to enhance the institutional delivery. During 2004, facilitated by a high quality of pulse immunization programme, the number of polio cases has declined drastically to 133 cases, as on 4th February 2005, from 28,257 in 1987.

10.55 A Reproductive and Child Health Programme is scheduled to commence from April 2005 for a five-year period. This

encompasses the entire National Family Welfare Programme and is based on decentralized planning. The programme will be funded by the Central Government with partial funding support by World Bank, DFID and UNFPA as pooled financing. The USAID and European Union are the other development partners supporting the programme from outside the pool and UNICEF and WHO will be providing technical assistance for the programme.