



10.45 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 achieve population stabilization by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environment protection. Crude birth rate has come down, but needs to come down faster in view of the declining crude death rate (Table 10.8).

10.46 While considerable progress has been achieved in the socio-demographic parameters over the last two decades, the country continues to lag behind several other countries in the region (Table 10.9). The Tenth Plan targets 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 ratio (MMR) to 2 per 1,000 live births by 2007 and 1 per 1,000 live births by 2012, and a 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.26,126 crore for the Tenth Plan. For the Annual Plan, the allocation increased to Rs. 6,424 crore in 2005-06(BE) from Rs. 5,300 crore in 2004-05 (RE).

10.47 NCMP mandates health care as one of the seven thrust areas, wherein it is

proposed to increase the expenditure in health sector as a proportion of GDP from 0.9 per cent to 2-3 per cent over the next five years. Accordingly, NRHM has been launched on April 12, 2005 for a period of 7 years (2005-2012) (Box 10.5). NRHM includes the second phase of Reproductive and Child Health (RCH) Programme. The RCH Programme Phase-II has been launched with effect from April 1, 2005 for a period of 5 years. It intends to improve the performance of the family welfare programme in reducing maternal and infant morbidity and mortality and unwanted pregnancies, and lead to population stabilization. Reoriented and revitalized to give a pro-outcome and pro-poor focus, the programme is envisaged as an umbrella programme by integrating all the related and interlinked stand-alone schemes into a single composite programme. With a sector-wide approach to family welfare, the programme adopts a decentralized process by inviting each State/UT to prepare its own programme implementation plan based upon a situational analysis of ground realities and requirements.

10.48 Janani Suraksha Yojana (JSY), a safe motherhood intervention programme, is an integrated package of services and cash benefit launched all over India on April 12, 2005. The main objectives are to reduce maternal and infant mortality by promoting institutional delivery and making available quality care in pregnancy, delivery and post delivery by linking

**Table 10.9 : India's global position in terms of socio-demographic parameters**

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)
		1990	2003	1990	2003	
	2000-05	1990	2003	1990	2003	2005
China	71	49	37	38	30	56
<b>India</b>	<b>63</b>	<b>123</b>	<b>87</b>	<b>80</b>	<b>63</b>	<b>540</b>
Nepal	61	145	82	100	61	740
Pakistan	63	128	103	96	81	500
Sri Lanka	74	23	15	19	13	92
Bangladesh	63	144	69	96	46	380
South Asia	63	126	91	84	66	NA

NA : Not available.  
Source : UNDP, Human Development Report 2005.

### Box 10.5 : National Rural Health Mission (NRHM) and Family welfare

Vision of NRHM	Target outcome
<ul style="list-style-type: none"> <li>● To be implemented throughout the country with special focus on 18 States with weak public health indicators and/or weak infrastructure.</li> <li>● To improve the availability of and access to quality health care.</li> <li>● To build synergy between health and determinants of good health like nutrition, sanitation, hygiene and safe drinking water.</li> <li>● To mainstream the Indian Systems of Medicines to facilitate comprehensive health care.</li> <li>● To increase the absorptive capacity of the health delivery system to enable it to handle increased allocations.</li> <li>● To involve the community over the planning process.</li> <li>● Upgradation of infrastructure.</li> <li>● Capacity building.</li> <li>● Increasing the fund allocation for health sector.</li> </ul>	<ul style="list-style-type: none"> <li>● IMR to be reduced to 30/1000 live births by 2012.</li> <li>● MMR to be reduced to 100/100,000 live births by 2012.</li> <li>● TFR reduced to 2.1 by 2012.</li> <li>● Malaria Mortality to be reduced by 50 per cent by 2010, and 60 per cent by 2012.</li> <li>● Elimination of Kala Azar mortality by 2010.</li> <li>● Filariasis to be reduced by 70 per cent by 2010, 80 per cent by 2012 and eliminated by 2015.</li> <li>● Dengue mortality to be reduced by 50 per cent by 2010 and sustaining it at that level till 2012.</li> <li>● Cataract operations increasing to 46 lakh per annum.</li> <li>● Leprosy prevalence rate to be reduced from 1.8 per 10,000 in 2005 to less than 1 per 10,000 thereafter.</li> <li>● TB DOTS series – Maintain 85 per cent cure rate through entire Mission period.</li> </ul>

delivery care to ante-natal check-up and neo-natal care along with appropriate referral and transport assistance, in the BPL groups.

10.49 The Mother NGO (MNGO) programme of the Department of Family Welfare continued to be implemented in all the States. MNGOs receive grant-in-aid from Government of India through the State Standing Committee on Voluntary Action (SCOVA) and provide funds to ground level NGOs called Field NGOs (FNGOs) in their allocated districts. The underlying philosophy of the MNGO scheme is one of nurturing and capacity building, which includes assessing the gaps in information on RCH services in the project area; building strong institutional capacity at the State, district, and field levels; advocacy and awareness generation; and facilitate service delivery in the underserved and unserved areas. Currently, 215 MNGOs are working in 324 districts of the country.

10.50 Under the immunization programme,

vaccines are given to infants and pregnant women for controlling vaccine-preventable diseases, namely childhood Tuberculosis (BCG), Diphtheria, Pertussis and Neonatal Tetanus (DPT), Measles and Poliomyelitis (OPV). Significant achievement has been made under this programme. At the beginning of the programme in 1985-86, vaccine coverage level ranged between 29 per cent for BCG and 41 per cent for DPT. As per the latest figures available for 2004-05, the provisional percentage coverage for DPT, BCG, Measles, TT vaccine (pregnant women) and OPV are 93.6, 99.9, 90.3, 78.6 and 94.2, respectively.

10.51 India has made remarkable progress in controlling the spread of wild polio virus in the country with only 65 polio cases reported in the country in 2005. In order to achieve zero transmission in 2006, efforts for 100 per cent vaccination of children up to 5 years of age in Supplementary Immunization Rounds need to continue.