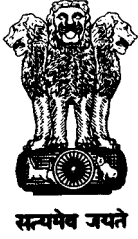


**Statement to the Commission on Population and Development
Acting as Preparatory Committee for the Special Session
of the General Assembly**

As written



INDIA
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Statement by

H.E. Mr. Y.N. Chaturvedi

Secretary

Department of Family Welfare

Government of India

**at the 32nd Session of the
Commission on Population and Development**

**acting as the Preparatory Committee for the
Special Session of the General Assembly**

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New York

Mr. Chairman,

At the outset, we would like to associate ourselves fully with the statement delivered by Guyana, Chairman of the Group of 77. We have carefully studied all the documents before this Prepcom and appreciate the painstaking attention to detail, demonstrated by the Secretariat in their preparation.

2. Nearly five years after Cairo, we are meeting here to prepare for the Special Session of the General Assembly for the Review and Appraisal of the Implementation of the Programme of Action of the ICPD. We are aware that considerable progress has been made by various countries in implementing various key areas of the ICPD **PoA** through policy reformulation, programme redesign, increased partnership and collaboration and increased resource allocation. In India several policy initiatives and programme changes have been introduced in the recent past and despite being one of the world's most populous countries, with an almost **unique** range of cultural and socio-economic diversity, our country's progress in health and other related developmental sectors has been significant. India, being a democracy in the real sense, an individual's freedom for **decision-making** takes a prominent place in the implementation of any programme. We have, therefore, emphasised popularisation of policies and programmes to promote informed decision making.

3. India's policy on population has been contextual and broad-based. It has never treated population as a number game. It has **aimed** to stabilise population of the **country** at a level consistent with requirement of social and economic development of the country. The poor and underprivileged have been the object of prominent attention. An extensive three tier system of health care has been developed all over the country which provides all primary health care and much of **specialised** health care free of cost to all those who need it. Primary health care is delivered through Rural Sub-Centres (one for every 5000 population) and the Primary Health Centres (one for every 30,000 population). Citizens have the choice to approach either the Government Health System or the Non-Government Health System, which is even larger than the Government system.

4. A reduction in the population growth rate has been **recognised** as one of the priority objectives in the recently approved Ninth Five Year Plan. Our current high population growth rate is due mainly to the large numbers in the reproductive age group, and because of a high fertility rate due to an unmet need for contraception and in some part because a somewhat high IMR puts a premium on fertility. While the population growth contributed by the large population in the reproductive age group would continue, the other two factors need effective and prompt remedial action. The enabling objective of the Ninth Five Year Plan therefore is to reduce population growth rates by meeting all the felt-needs for contraception and reducing the infant and maternal mortality rates. IMR has been more than halved in India, from 146 in 1951 to 72 in 1996, further declines are expected by the turn of the century. Similarly couple protection rate has also increased significantly from 10.4% in 1970 to 45.4% in 1997 though, India, as a large country, demonstrates significant regional variations in these indices.

5. India has been developing a liberal policy framework for both health and population issues. As early as 1971, India enacted the Medical Termination of Pregnancy Act that balances right of foetus with that of the mother. It must be ensured that abortions do not become a method of

contraception. We are attempting to address illegal and unsafe abortions through competently trained and qualified medical personnel. We have also enacted a law to ban sex determination to prevent female foeticide.

6. We have initiated several programmes for promoting child survival and safe motherhood, education of girls and empowerment of women. In this context, we welcomed the ICPD outcome, which concretised international consensus on the way we had been ourselves trying to develop. India was a party to ICPD recommendations and continues to support them strongly.

7. The ICPD consensus has helped us to strengthen efforts for according primacy to the choice of citizens, central role to women's perspective and prominence to the quality of care.

8. Our present programme for Reproductive and Child Health is based on a three pronged strategy addressing maternal health, child survival and contraception issues, concurrently and in an integrated manner. Although we have achieved notable progress in ensuring maternal safety, child survival and couple protection rate, a lot still remains to be done. We are presently seeking to maximise institutional deliveries for reducing maternal and neonatal deaths. We are emphasising **counselling** and IEC through local organisations so that citizens can make informed choices in matters relating to contraception.

9. We have tried to improve transparency and objectivity in monitoring of services availed of by citizens, by networking 16 professional institutions, many outside the Government to determine which services are reaching citizens and to what extent. Such objective assessment at district level would help the system to reorient itself and address weaknesses as they manifest themselves. In this perspective we are connecting all district medical establishments, Population Research Centres and State as well as national level institutions through E-mail and Internet so that they can mutually support each other.

10. We in India have initiated concerted efforts in, an extremely important area, the protection of the girl child. We have adopted the National Plan of Action for the Girl Child (1991-2000). Parliament has enacted legislation to ban sex determination to prevent female foeticide. Gender ideology, where traditionally women's primary role was considered as mothers and housewives, is gradually undergoing a change and noteworthy enhancement has been achieved in women's education and participation in the work force, thereby increasing their role as economic partners. In view of our commitment towards implementation of the ICPD POA, during the current Five Year Development Plan (1997-2002), concerted efforts are being made towards empowerment of women by creating an enabling environment with requisite policies and programmes as well as legislative support. The Plan itself had the benefit of inputs **from** representatives of women, thus setting up a planning process in which they participated, and making the plan gender responsive. A draft National Policy for the Empowerment of Women has been evolved in 1996 which focuses on changing societal attitudes to women and calls for efforts to eliminate gender-based discrimination in order to promote women's empowerment. Efforts are also being made to promote women's participation in the political process at the federal level, through reservation of the seats in the Parliament for women.

11. With regard to education, the District Primary Education Programme (DPEP), initiated in our country in 1994 responds to the call for **universalisation** of primary education which is one of the basic principles laid down by the ICPD. It focuses on improving access to, enrolment in and retention by the school system of the girl child through educational incentives, flexible timings, gender sensitive curricula and text books, more female teachers etc. Other initiatives are being implemented to narrow the gender gap in educational attainment and to remove gender-based discrimination in various aspects of services, e.g. education, employment, policy positions and decision making. Women and girls are trained in skills through National/Regional Vocational Training Institutes for Women so as to make them economically independent. Several schemes for women's empowerment have been initiated, like Indira Mahila **Yojana**, Rural Women Development and Empowerment Project. On the incorporation of a gender perspective in population, reproductive and sexual health and overall development programmes and the empowerment of women, which are benchmarks for achievement of the goals of ICPD POA, over the years India has, moved from women's welfare to women's development to women's empowerment, with clear results.

12. One of the important reforms of the Family Welfare Programme in India was the policy decision to withdraw the system of monitoring **family** welfare programmes with a method specific target system. This Target Free Approach was later replaced by a Community Need Based approach. It has resulted in a major shift in the programme with a focus on decentralised, need based, participatory planning and a monitoring system which emphasises the quality of care and delivery of essential reproductive health services. This approach is fully reflected in the ongoing RCH Programme, being implemented nation-wide.

13. In the post ICPD period, various initiatives started by the Government through the different programmes and consultations **culminated** in the Reproductive and Child Health (RCH) approach to population control and the launching of the RCH programme, delivered through the primary health care system. Under this programme, its essential components i.e. Family Planning, Safe Motherhood and Child Survival, Reproductive Tract Infection/Sexually **Transmitted** Infections (RTI/STI) etc. of the RCH are delivered as an integrated package. The emphasis is on client-centred, demand-driven, high quality, integrated services. Partnership with **NGOs** and private sector is an important feature, and the programme is being implemented in a decentralised manner, based on a district-specific approach. As a result, the district and community levels have begun to receive, as well as to generate much more information on population and reproductive health issues, and this in turn has helped them to develop and implement *appropriate RCH programmes.

14. In view of its complexity and the paradigm shift in the RCH programme, and in order to ensure the quality of care, special emphasis is given on ensuring reorientation and competency development among personnel at all levels. This will be achieved through well co-ordinated, systematic and continuous training. Special emphasis is given to skill-based hands-on training for clinical services, adequately supported by **specialised** management and communication training. Government, **NGOs** and corporate institutions are all involved.

15. We **recognise** the importance of a free flow of information on population and reproductive health. Accordingly, issues related to reproductive rights and sexual health, including HIV/AIDS, issues are being considered under Information, Education and Communication (IEC)

activities for reproductive health. Even though these activities on various aspects related to RCH are ongoing in India, a comprehensive IEC strategy is also being evolved.

16. The pattern of population growth and structure in India clearly indicates the need to focus on the young and the ageing, since a large proportion of the country's population is young, while simultaneously the proportion of the ageing is growing, resulting **from** the increased life expectancy. A draft National Youth Policy has been developed with a thrust on youth empowerment and gender justice. Objectives of the policy include increased access of young people to all information and services including reproductive health, promotion of social environment to prevent **HIV/STD**, drug abuse etc. as well as provision of opportunities for education, skill development and employment of youth. The education sector in India has played a significant role in this and "University Talk AIDS" programme and telephone **counselling** through selected universities are some of the other efforts focussing on this group.

17. A draft National Policy for the Aged has also been recently developed. This covers major thrust areas like economic support, shelter and productive role of the aged in developmental activities in addition to health.

18. We are trying, therefore, to move towards sustained social and economic development with regard to the implementation of the ICPD Programme of Action and specifically regarding reproductive health. However, there are various hurdles and constraints in almost every field. For example, even though efforts for improving health of women and children as well as for women's empowerment are being initiated through policies and programmes, the risk to women during pregnancy and child birth has not been reduced adequately yet. Measures for child development are not fully adequate and women's enrolment and retention in schools is not what we wish these to be.

19. The health care of the aged and adolescents needs much more emphasis and support. A strategy for health care of adolescents in school, out of school, those in stress, such as street children and children in prostitution, needs to be evolved. Considering the vulnerability of adolescents to HIV/AIDS, there is a need to specifically focus on adolescent sexual health needs. The gap between policies and actual implementation of programmes needs to be bridged, particularly on gender equity and male participation.

20. We strongly believe that the Special Session of the General Assembly for the Review and Appraisal of the Implementation of the **PoA** of the ICPD should provide us clear guidelines and direction regarding future actions to be taken to enhance our achievements in implementing the POA.

2 1 . My delegation is committed to constructively and actively participating in these discussions. Allow me to briefly refer to some of the items in the Report of the Secretary General on Proposals for Key Actions for the further Implementation of the Programme. We believe that the further Implementation must be guided by the development imperative and perspective, as imbuing the Cairo **PoA**, in addition to a rights-based perspective. The two indeed are complementary and supportive of each other. This caveat would apply to several key actions and paragraphs like 52, 68, 83 and 85 of the Report.

22. We strongly believe that further work by Governments to improve the understanding of the links between globalisation, poverty and migration is required, as indicated in paragraph 23 of the Report. At the same time, such studies should not become a mechanism for further restricting the flow of immigrants. **After** all, in a truly globalised world, the **free** movement of **labour** as a factor of production must be encouraged and facilitated. Governments should therefore review legislations that result in inordinate and excessive Government control in this area, even when all other areas are being significantly liberalised and deregulated.

23. We support the measures by the Secretary General for eradication of poverty and ensuring sustained economic growth and development. Concerted efforts are required to ensure that the international economic environment is favourable and supportive of the efforts of developing countries in this regard. The macro-economic policies of a country do not function in a vacuum but are informed and greatly influenced by the prevailing international scenario. Similarly, we believe that there is an urgent need for the developing countries, with the assistance of the international community, to develop and implement programmes to guarantee a minimum level of consumption for their citizens, specially the poor and the disadvantaged.

24. A brief word about indicators. These must be selected in a manner which ensures that there are no onerous costs for their collection, analysis and dissemination, specially on the developing countries. We have some proposals on this section, which we will make in the Working Group.

Mr. Chairman,

25. As a democratic country, devoted to social uplift, India is committed to increasing social sector spending in its budget and plan outlays. The total plan expenditure on social services in the Central Plan outlay, taking into account the expenditure on development of rural areas, exceeds 23%. However, we continue to see the **20:20** Initiative as a voluntary initiative among interested donor and recipient countries, as agreed during the World Summit on Social Development and not as a prescriptive formulation or even the most important factor in additional resource mobilisation. In fact, the clear need is for meeting the commitments towards the “costed package” in a timely manner. There is also the imperative to arrest and reverse the steady decline in ODA.

26. Lastly, Mr. Chairman, we would like to register our strong support for trilateral South-South cooperation, with financial assistance of the international community, as a key action, outlined by the Secretary General in paragraph 123.

Thank you, Mr. Chairman.